

JOINT INSPECTION CHECKLIST

COMPLETE WITH GUEST(S) IN PERSON AFTER CHECK-IN AND AT CHECK-OUT

All Guests and Guarantors are Jointly Responsible for all Damages, Repairs and Cleaning Fees

Property Address: _____ Property Name/ #: _____ Guest(s) Name _____

DAY	DATE	SERVICE REP NAME	VISIT TYPE	FURNITURE/BEDDING
			<input type="checkbox"/> CheckIn <input type="checkbox"/> CheckOut <input type="checkbox"/> Emergency	<input type="checkbox"/> Furnished <input type="checkbox"/> UnFurnishd

√	KITCHEN/ BATHROOMS	Condition / Standards: <i>(Checkmark=Clean/NoDamage)</i>	Comments/Issues/Damages/Repairs/Missing Item
	Toilets/faucets	Cleaned/shined/disinfected	<i>Verify plunger, snake, pan under each sink</i>
	Tub/shower/sink	Grout/tile clean, no mildew	
	Countertops	Wiped, disinfected, no damage	<i>No ammonia or hot pans on Granite tops (no Windex with ammonia)</i>
	Cabinets	Wipes, touchup scratches	
	Appliances	Oven sprayed, surfaces wiped	
	Lighting/electrical	Cleaned/dust/test/bulbs	
	Ceilings	Wipe fan blades, dust corners	
	Walls/windows	Glass, blinds, screens clean	
	Doors	Doors clean, locks work	
	Floors/baseboard	Vacuumed, mopped, scrubbed	<i>No water on hardwood floors (use dry mop as Swifter), no acid on Travertine stone</i>
	Inventory-Applian	Refrig/stove/dishw/microwave	<i>Appliances remain except for:</i>

√	LIVING/ BEDROOMS	Condition / Standards: <i>(Checkmark=Clean/NoDamage)</i>	Comments/Issues/Damages/Repairs/Missing Item
	HVAC/filters	Dust/vacuum, filters on-hand	<i>Replace/wash filters monthly</i>
	Water heater	Hot water 120 degrees or less	
	Lighting/electrical	Cleaned/dust/test/bulbs	
	Ceilings	Wipe fan blades, dust corners	
	Walls/windows	Glass, blinds, screens clean	
	Doors	Doors clean, locks work	
	Floors/baseboard	Vacuumed, mopped, scrubbed	
	Pest Control	Spray/ place roach motels	
	Inventory-Furnitu	Bed/desk/ chair, couch/table(s)	<i>Furniture remains except for:</i>

√	KEYS/CODES	Lost Keys are \$10 each	LockoutService \$25call (423-231-4980 Knox, 423-231-1266 Morristown)
	Front Door key(s)	<input type="checkbox"/> OneKeyFitsBoth <input type="checkbox"/> TwoKeys	RcvdInitials: _____ RtnDInitials: _____ <i>(LostKeys- ___ x \$10 = \$ ___)</i>
	Other/Shared key	<input type="checkbox"/> POBox <input type="checkbox"/> ExtDr <input type="checkbox"/> Laun <input type="checkbox"/> Pool	RcvdInitials: _____ RtnDInitials: _____ <i>(LostKeys- ___ x \$10 = \$ ___)</i>
	Codes	<input type="checkbox"/> MainDoor _____	<i>(Do not share codes, do not prop doors open, keep building secure)</i>

I acknowledge this Inspection was made on the date above and that the Conditions of the premises and Inventory of appliances and furniture is as noted. I received all keys/ codes as noted. I understand I am responsible for all minor repairs under \$50 at my expense. A copy of this Inspection will be emailed to me.

X Guest Name (printed): _____ Signature: _____ Date: _____

X Guest Name (printed): _____ Signature: _____ Date: _____

X Guest Name (printed): _____ Signature: _____ Date: _____

X Landlord (printed): _____ Signature: _____ Date: _____