

This form documents the condition of the home at the time of pre-delivery inspection.

Property Information

Project / Development Name:

Builder / Vendor:

Unit / Lot Number:

Municipal Address:

City / Province / Postal Code:

Inspection Date:

Purchaser 1 Information

Purchaser Name:

Phone:

Email:

Purchaser 2 Information

Purchaser Name:

Phone:

Email:

Inspector / Builder Representative

Name:

Company:

Date:

Instructions

Please record any damaged, incomplete, missing, or non-operational items observed during the inspection.

This form is intended to document observed conditions at the time of inspection and may be used as a reference for future service or warranty requests.

SYSTEMS CHECKLIST

<u>Section A: Damaged, Incomplete, or Missing</u>	<u>Section B: Operating Condition</u>
Windows, glazing, screens – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Windows & doors – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Interior doors & hardware – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Door locks & latches – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Exterior doors & hardware – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Faucets & plumbing fixtures – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Cabinets, countertops, millwork – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Toilets & drains – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Flooring (tile/hardwood/vinyl/carpet) – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Electrical outlets & fixtures – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Walls, ceilings, trim – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Exhaust fans (kitchen / bath) – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Mirrors & glass – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Heating system – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Fixtures & finishes – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Air conditioning – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Appliances (if provided) – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Hot water system (if prov.) – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted
Exterior finishes (if applicable) – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted	Ventilation (HRV/ERV) – <input type="checkbox"/> Acceptable <input type="checkbox"/> Issue noted

Deficiencies / Notes

Deficiency / Punch List

Items Not Assessed

List any items that could not be inspected due to inaccessibility, incomplete installation, or site conditions.

GENERAL NOTES

General observations, clarifications, or notes

ACKNOWLEDGEMENT**Purchaser Acknowledgement**

I acknowledge that this inspection documents visible conditions at the time of inspection.

Builder / Representative Acknowledgement

The above items have been recorded for reference and follow-up as applicable.

Purchaser Name:	Name:
Signature:	Signature:
Date:	Date:
Purchaser 2 Name:	
Signature:	
Date:	