



Routine Inspection

Name	<input type="text"/>	Date	<input type="text"/>
Home Telephone	<input type="text"/>	Email	<input type="text"/>
Work or Mobile Telephone	<input type="text"/>	Tenant	<input type="text"/>
Property	<input type="text"/>		
	<input type="text"/>		

Please select and fill in the below, if it applies to you:

Leaks occurring in the property i.e. from under sinks, toilets, washing machines, hot water cylinders or from the roof?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Blocked sinks, shower or drains?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Problems with the toilet(s) flushing or filling?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Problems with appliances not working properly ie: oven, hob, vacuum, microwave, dishwasher, washing machine, tumble drier, iron?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Power points or light switches faulty/not working?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Lights not working even after changing the bulb?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Blinds or curtains/rails which are not secure and/or not in good working order?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Doors or windows that are not reasonably secure?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Bathroom or range hood fans not working?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you have answered YES to any of the above or there is some other problem we can help with, please tell us more about it below.

Has there been a change in tenants occupying the property?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Signed