Inventory Check Template

Introduction

Welcome to the Eagle Eye PM Inventory Check Template. This comprehensive document is designed to accurately record the condition of your property at the start and end of a tenancy, protecting both landlords and tenants. Please read the instructions carefully before proceeding.

Instructions

Photos are Crucial: Take clear, well-lit, dated photos of every item and area. Link photos to notes using the numbering/lettering system.

Condition Codes: Use N (New), G (Good), F (Fair), P (Poor), D (Damaged).

Notes: Be detailed. All notes must have a corresponding number and letter and be marked on the photo.

Inspection: Conduct a joint check-in/check-out with all parties present.

Digital Copies: Keep digital copies of the completed inventory and all photos.

Fire Safety: All smoke and carbon monoxide alarms must be tested and documented.

Gas Safety: A valid Gas Safety Certificate (CP12) must be provided.

Electrical Safety: Evidence of electrical safety checks (EICR) should be provided.

Property Details

Property Address: _____

Landlord Name: _____

Landlord Contact Information (Phone/Email):

_____

Tenant Name(s): _____

Tenant Contact Information (Phone/Email):

_____

Date of Inventory: _____

Check-in/Check-out: (Circle one) Check-in / Check-out

Room-by-Room Breakdown

1. Hallway

1.A Walls: Condition: _____, Notes: _____, Photo: _____

1.B Ceiling: Condition: _____, Notes: _____, Photo: _____

1.C Flooring: Flooring Type: (Laminate/Carpet/Tile/Other) _____, Condition: _____, Notes: _____, Photo: _____

1.D Lighting: Condition: _____, Notes: _____, Photo: _____

1.E Radiator: Condition: _____, Notes: _____, Photo: _____

1.F Smoke Alarm: (Working/Not Working) _____, Installation Date: _____, Last Checked Date: _____, Expiry Date: _____, Notes: _____, Photo: _____

1.G Carbon Monoxide Alarm: (Working/Not Working) _____, Installation Date: _____, Last Checked Date: _____, Expiry Date: _____, Notes: _____, Photo: _____

1.H Front Door: Condition: _____, Notes: _____, Photo: _____

1.I Electrical Sockets: Condition: _____, Working Order: _____, EICR Provided: (Yes/No) _____, EICR Date: _____, Notes: _____, Photo: _____

1.J Light Switches: Condition: _____, Working Order: _____, Notes: _____, Photo: _____

1.K Other Items (e.g., Coat rack): Item: _____, Quantity: _____, Condition: _____, Notes: _____, Photo: _____

2. Living Room

2.A Walls: Condition: _____, Notes: _____, Photo: _____

2.B Ceiling: Condition: _____, Notes: _____, Photo: _____

2.C Flooring: Flooring Type: (Laminate/Carpet/Tile/Other) _____, Condition: _____, Notes: _____, Photo: _____

2.D Windows: Window Type: (Double Glazed/Single Glazed/Other) _____, Condition: _____, Notes: _____, Photo: _____

2.E Doors: Condition: _____, Notes: _____, Photo: _____

2.F Lighting: Condition: _____, Notes: _____, Photo: _____

2.G Radiator: Condition: _____, Notes: _____, Photo: _____

2.H Smoke Alarm: (Working/Not Working) _____, Installation Date: _____, Last Checked Date: _____, Expiry Date: _____, Notes: _____, Photo: _____

2.I Carbon Monoxide Alarm: (Working/Not Working) _____, Installation Date: _____, Last Checked Date: _____, Expiry Date: _____, Notes: _____, Photo: _____

2.J Electrical Sockets: Condition: _____, Working Order: _____, EICR Provided: (Yes/No) _____, EICR Date: _____, Notes: _____, Photo: _____

2.K Light Switches: Condition: _____, Working Order: _____, Notes: _____, Photo: _____

2.L Furniture: Item: _____, Quantity: _____, Condition: _____, Notes: _____, Photo: _____

3. Kitchen

3.A Oven/Hob: Make/Model: _____, Condition: _____, Cleanliness: _____, Working Order: _____, Gas Safety Certificate Provided: (Yes/No) _____, Gas Safety Certificate Date: _____, Notes: _____, Photo: _____

3.B Boiler: Make/Model: _____, Condition: _____, Working Order: _____, Gas Safety Certificate Provided: (Yes/No) _____, Gas Safety Certificate Date: _____, Last Serviced Date: _____, Notes: _____, Photo: _____

3.C Refrigerator: Make/Model: _____, Condition: _____, Cleanliness: _____, Working Order: _____, Notes: _____, Photo: _____

3.D Dishwasher: Make/Model: _____, Condition: _____, Cleanliness: _____, Working Order: _____, Notes: _____, Photo: _____

3.E Cupboards/Drawers: Condition: _____, Cleanliness: _____, Notes: _____, Photo: _____

3.F Sink & Taps: Condition: _____, Working Order: _____, Leaks: (Yes/No) _____, Notes: _____, Photo: _____

3.G Countertops: Condition: _____, Cleanliness: _____, Notes: _____, Photo: _____

3.H Electrical Sockets: Condition: _____, Working Order: _____, EICR Provided: (Yes/No) _____, EICR Date: _____, Notes: _____, Photo: _____

3.I Light Switches: Condition: _____, Working Order: _____, Notes: _____, Photo: _____

4. Bathroom

4.A Walls: Condition: _____, Notes: _____, Photo: _____

4.B Ceiling: Condition: _____, Notes: _____, Photo: _____

4.C Flooring: Flooring Type: (Laminate/Carpet/Tile/Other) _____, Condition: _____, Notes: _____, Photo: _____

4.D Toilet: Condition: _____, Working Order: _____, Cleanliness: _____, Notes: _____, Photo: _____

4.E Sink: Condition: _____, Working Order: _____, Cleanliness: _____, Notes: _____, Photo: _____

4.F Bath/Shower: Condition: _____, Working Order: _____, Cleanliness: _____, Notes: _____, Photo: _____

4.G Tiles & Grout: Condition: _____, Cleanliness: _____, Notes: _____, Photo: _____

4.H Extractor Fan: (Working/Not Working) _____, Notes: _____, Photo: _____

4.I Electrical Sockets: Condition: _____, Working Order: _____, EICR Provided: (Yes/No) _____, EICR Date: _____, Notes: _____, Photo: _____

4.J Light Switches: Condition: _____, Working Order: _____, Notes: _____, Photo: _____

5. Bedroom 1

5.A Walls: Condition: _____, Notes: _____, Photo: _____

5.B Ceiling: Condition: _____, Notes: _____, Photo: _____

5.C Flooring: Flooring Type: (Laminate/Carpet/Tile/Other) _____, Condition: _____, Notes: _____, Photo: _____

5.D Windows: Window Type: (Double Glazed/Single Glazed/Other) _____, Condition: _____, Notes: _____, Photo: _____

5.E Doors: Condition: _____, Notes: _____, Photo: _____

5.F Lighting: Condition: _____, Notes: _____, Photo: _____

5.G Radiator: Condition: _____, Notes: _____, Photo: _____

5.H Smoke Alarm: (Working/Not Working) _____, Installation Date: _____, Last Checked Date: _____, Expiry Date: _____, Notes: _____, Photo: _____

5.I Carbon Monoxide Alarm: (Working/Not Working) _____, Installation Date: _____, Last Checked Date: _____, Expiry Date: _____, Notes: _____, Photo: _____

5.J Electrical Sockets: Condition: _____, Working Order: _____, EICR Provided: (Yes/No) _____, EICR Date: _____, Notes: _____, Photo: _____

5.K Light Switches: Condition: _____, Working Order: _____, Notes: _____, Photo: _____

6. External Areas

6.A Garden: Condition: _____, Maintenance: _____, Notes: _____, Photo: _____

6.B Driveway/Parking: Condition: _____, Notes: _____, Photo: _____

6.C External Doors & Windows: Condition: _____, Security: _____, Notes: _____, Photo: _____

7. Meter Readings

7.A Electricity: Current Reading: _____, Date: _____, Photo: _____

7.B Gas: Current Reading: _____, Date: _____, Photo: _____

7.C Water: Current Reading: _____, Date: _____, Photo: _____

8. Key Inventory

8.A Number of Keys Provided: _____

8.B Type of Keys (Front Door, Back Door, etc.):

_____

Notes Section

Tenant/Landlord Signatures

Tenant Signature(s): _____,
Date: _____

Landlord Signature: _____, Date: _____

Disclaimer

This Inventory Check Template is provided for informational purposes only. Eagle Eye PM recommends seeking legal advice for specific circumstances.