

Oishi's Property Management
 GENERAL / INSPECTION / LIGHT CLEANING CHECKLIST
 (Must be attached to invoice)

PPTY CODE _____

W/O# _____

General

Light

Inspection

Remodel/Renovation

PROPERTY _____ UNIT _____ VIDEO _____ DATE _____

COMPANY _____ SERVICE PERSON _____

**If an item below is NOT checked by OPM, it is the Vendor's responsibility to check/repair

ENTRANCE/HALLWAYS/

LIVING ROOM/BEDROOMS/DEN

	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>	<u>Comments</u>	<u>PICS</u>
1 Light fixtures & replace burnt out light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
2 Vents & air conditioners, ceiling fans	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
3 Walls	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
4 Doors, door frames, and jams	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
5 Window screens on both sides Windows, interior/exterior sliding tracks,	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
6 sills, and frames	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
7 Cabinets, shelves, and closets	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
8 Flooring, corners, baseboards	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
9 Outlets, switches, covers	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
10 Sliding screen/glass doors/tracks	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>

KITCHEN:

	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>	<u>Comments</u>	<u>PICS</u>
11 Light fixtures & replace burnt out light bulbs.	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
12 Vents	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
13 Walls	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
14 Countertops, sink, back splash (interior/exterior)	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
15 Cabinets and shelves	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
16 Flooring, corners, baseboards	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
17 Outlets, switches, covers	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>

APPLIANCES

	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>	<u>Comments</u>	<u>PICS</u>
18 Refrigerator (interior/exterior), behind, underneath	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
19 Range (interior/exterior)	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
20 Dishwasher (interior/exterior)	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
21 Washer/Dryer (interior/exterior), lint trap cleaned	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>

PICTURES REQUIRED FOR LIGHT AND INSPECTION

Oishi's Property Management
 GENERAL / INSPECTION / LIGHT CLEANING CHECKLIST
 (Must be attached to invoice)

PPTY CODE _____

W/O# _____

<u>BATHROOM(S)</u>	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>	<u>Comments</u>	<u>PICS</u>
22 Light fixtures & replace burnt out light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
23 Vents	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
24 Walls	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
25 Doors, door frames, and jams	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
26 Shower/bathtub, fixtures	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
27 Toilet	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
28 Sink fixtures and mirrors	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
29 Cabinets, shelves, and closets	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
30 Flooring, corners, baseboards	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>

<u>EXTERIOR</u>	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>	<u>Comments</u>	<u>PICS</u>
31 Light fixtures & replace burnt out light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
32 Walls, corners, baseboards	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
33 Flooring, corners, baseboards	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
34 Carport, storage					

<u>GARAGE AND PARKING STALL</u>	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>	<u>Comments</u>	<u>PICS</u>
35 Light fixtures & replace burnt out light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
36 Walls	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
37 Clean and degrease floor	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>
38 Removal of all personal items	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____	<input type="checkbox"/>

Additional Comments:

IN ORDER FOR PAYMENT, THIS CHECKLIST MUST ACCOMPANY ALL INVOICES.

TENANT ACKNOWLEDGEMENT OF COMPLETED WORK:

TENANT: _____ DATE: _____

Oishi's Property Management
GENERAL / INSPECTION / LIGHT CLEANING CHECKLIST
(Must be attached to invoice)

PPTY CODE _____

W/O# _____
