

PIDS HOME AND PROPERTY INSPECTION CHECKLIST



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Email: info@pidsinspection.com					
Website: https://pidsinspection.com/					
Date:		Clients's Name:			
Address:					
Street:					
City:					
State/Province:					
Postal/ Zip Code:					
Country:					

ARCHITECTURAL	ITEMS	INSPECTED	STATUS	REMARKS	OVERALL RATING
KITCHEN	Cabinets and Drawers	<input type="checkbox"/>			
	Dishwasher	<input type="checkbox"/>			
	Garbage Disposal	<input type="checkbox"/>			
	Oven	<input type="checkbox"/>			
	Kitchen Hood	<input type="checkbox"/>			
	Refrigerator	<input type="checkbox"/>			
	Sink	<input type="checkbox"/>			
	Stove	<input type="checkbox"/>			
	Counter	<input type="checkbox"/>			
	Walls	<input type="checkbox"/>			
	Ceiling	<input type="checkbox"/>			
	Floor	<input type="checkbox"/>			
	Skirting	<input type="checkbox"/>			
	Outlets and Switches	<input type="checkbox"/>			
	Window and ventilation	<input type="checkbox"/>			
	Lighting fixtures	<input type="checkbox"/>			
	Plumbing Fixtures	<input type="checkbox"/>			
Kitchen furniture	<input type="checkbox"/>				
BATHROOM	Cabinets and Drawers	<input type="checkbox"/>			
	Walls	<input type="checkbox"/>			
	Ceiling	<input type="checkbox"/>			
	Floor	<input type="checkbox"/>			
	Skirting	<input type="checkbox"/>			
	Sink	<input type="checkbox"/>			
	Toilet	<input type="checkbox"/>			
	Shower Panels	<input type="checkbox"/>			
	Outlets and Switches	<input type="checkbox"/>			
	Lighting fixtures	<input type="checkbox"/>			
	Plumbing Fixtures	<input type="checkbox"/>			
	Shower and shower tray	<input type="checkbox"/>			
	Mirror	<input type="checkbox"/>			
	Window and ventilation	<input type="checkbox"/>			
Floor Drain	<input type="checkbox"/>				
Outlets and Switches	<input type="checkbox"/>				
BEDROOM	Cabinets and Drawers	<input type="checkbox"/>			
	Bed	<input type="checkbox"/>			
	Wardrobe	<input type="checkbox"/>			
	Walls	<input type="checkbox"/>			
	Ceiling	<input type="checkbox"/>			
	Floor	<input type="checkbox"/>			
	Mirrors	<input type="checkbox"/>			
	Lighting fixtures	<input type="checkbox"/>			
	Skirting	<input type="checkbox"/>			
	Door	<input type="checkbox"/>			
	Windows	<input type="checkbox"/>			
	Outlets and Switches	<input type="checkbox"/>			
LIVING AREA	Skirting	<input type="checkbox"/>			
	Ceiling	<input type="checkbox"/>			
	Floor	<input type="checkbox"/>			
	Lighting fixtures	<input type="checkbox"/>			
	Outlets and Switches	<input type="checkbox"/>			
Walls	<input type="checkbox"/>				

	TV	<input type="checkbox"/>		
	Sofa	<input type="checkbox"/>		
	Living area table	<input type="checkbox"/>		
	Door	<input type="checkbox"/>		
	Windows	<input type="checkbox"/>		
HALLWAY	Skirting	<input type="checkbox"/>		
	Ceiling	<input type="checkbox"/>		
	Floor	<input type="checkbox"/>		
	Lighting fixtures	<input type="checkbox"/>		
	Outlets and Switches	<input type="checkbox"/>		
	Walls	<input type="checkbox"/>		
	Door	<input type="checkbox"/>		
	Windows	<input type="checkbox"/>		
EXTERIOR AREA	Back Doors	<input type="checkbox"/>		
	Deck, porch, patio	<input type="checkbox"/>		
	Doorbell	<input type="checkbox"/>		
	Driveway	<input type="checkbox"/>		
	Front Doors	<input type="checkbox"/>		
	Garage Doors	<input type="checkbox"/>		
	House Number	<input type="checkbox"/>		
	Mailbox	<input type="checkbox"/>		
	Outdoor Lights	<input type="checkbox"/>		
	Paint and Trim	<input type="checkbox"/>		
	Exterior wall finishes	<input type="checkbox"/>		
	Parking	<input type="checkbox"/>		
	Sidewalks	<input type="checkbox"/>		
	Perimeter Wall/Fencing	<input type="checkbox"/>		
Garden	<input type="checkbox"/>			
MEP SYSTEM, SAFETY AND UTILITIES	Plumbing Fixtures	<input type="checkbox"/>		
	HVAC system	<input type="checkbox"/>		
	Water heater	<input type="checkbox"/>		
	Heating and Cooling	<input type="checkbox"/>		
	Fireplace	<input type="checkbox"/>		
	Electrical system	<input type="checkbox"/>		
	Gas lines and boiler	<input type="checkbox"/>		
	Water supply and plumbing	<input type="checkbox"/>		
	Sewer or septic system (if app	<input type="checkbox"/>		
	Smoke detectors	<input type="checkbox"/>		
	Carbon monoxide alarms	<input type="checkbox"/>		
	Fire extinguishers	<input type="checkbox"/>		
	Emergency exits	<input type="checkbox"/>		
	Stairs and railings	<input type="checkbox"/>		
	Thermostat	<input type="checkbox"/>		
Vents and Radiators	<input type="checkbox"/>			
	Air returns	<input type="checkbox"/>		
GARAGE	Ceiling	<input type="checkbox"/>		
	Doors	<input type="checkbox"/>		
	Floors	<input type="checkbox"/>		
	Storage	<input type="checkbox"/>		
	Walls	<input type="checkbox"/>		
	Windows	<input type="checkbox"/>		
	Lighting fixtures	<input type="checkbox"/>		
	Outlets and Switches	<input type="checkbox"/>		
ROOFING SYSTEM	Chimney	<input type="checkbox"/>		
	Gutters and Downspouts	<input type="checkbox"/>		
	Soffits and Fascia	<input type="checkbox"/>		
	Roofing system	<input type="checkbox"/>		
	Roofing Insulation	<input type="checkbox"/>		
EXTERNAL ACCESSORIES	Drainage	<input type="checkbox"/>		
	Fences and Gates	<input type="checkbox"/>		
	Retaining Wall	<input type="checkbox"/>		
	Shed	<input type="checkbox"/>		
	Sprinklers	<input type="checkbox"/>		
	Swimming Pool	<input type="checkbox"/>		
	Lighting fixtures	<input type="checkbox"/>		
	Perimeter Wall/Fencing	<input type="checkbox"/>		
	Outdoor outlets and Switches	<input type="checkbox"/>		
	External pavement	<input type="checkbox"/>		
	Garden	<input type="checkbox"/>		
	Ceiling structure	<input type="checkbox"/>		

STRUCTURAL SYSTEM	Wall structure	<input type="checkbox"/>		
	Beams	<input type="checkbox"/>		
	Slab	<input type="checkbox"/>		
	Foundation	<input type="checkbox"/>		
	Attic	<input type="checkbox"/>		
	Basement	<input type="checkbox"/>		
THERMAL INSULATION	Ceiling	<input type="checkbox"/>		
	Wall	<input type="checkbox"/>		
	Doors and Windows	<input type="checkbox"/>		
	Ventilation	<input type="checkbox"/>		
	Roofing	<input type="checkbox"/>		
	Attic	<input type="checkbox"/>		
1	Any structural movement, including indication of any subsidence and large cracks on internal/external walls, columns and ceilings?			
2	Any major stains/burns/damage to flooring			
3	Details of any defects/works to be carried out			
4	Any existence of molds?			
5	Is there any evidence of termite damage or rotted wood?			
6	Any evidence of water leaks and moisture damaged?			
Inspector's Name:				
Date:				
Signature:				