

Move In / Move Out Inspection Form

APT NO.: _____ Date: _____ Time: _____

Inspection Criteria	Pre – Move			Post - Move		
	Yes	No	Details	Yes	No	Details
Ground and Lower Ground level lobby floor in good condition?						
Ground and Lower Ground Level lobby walls in good condition?						
Ground and Lower Ground Level lobby ceiling in good condition?						
Lift doors in good condition?						
Lift interior in good condition?						
Lift Floor carpet mat laid/removed?						
Lift protective pads erected / removed?						
Corridor flooring on apartment level in good condition?						
Corridor walls on apartment level in good condition?						
Corridor ceiling on apartment level in good condition?						
Apartment door and architrave in good condition?						
Basement level lift lobby area in good condition?						
Loading dock and surrounding area in good condition?						
Other Areas						
Building Manager to Complete	Signature: _____ Print Name: _____			Signature: _____ Print Name: _____		
Residents / Contractors to Complete	Signature: _____ Print Name: _____			Signature: _____ Print Name: _____		