

# QA-Final Residential Interior Checklist

## Section HB.04.00

### Common hallway area

**Inspector instructions:** On next checkpoint take a picture from hallway of entry door with apartme

<b>Residence entry door</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Hallway Light fixtures</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Hallway Walls and Ceiling/finishes</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					

### FOYER/HALL

<b>Viewport</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Foyer/Hallway Walls and Ceiling</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Foyer/Hallway Trim/Doors</b>	FTQ	QC	<input checked="" type="checkbox"/>	NA		
Observations	<hr/>					
<b>Foyer/Hallway Flooring</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Foyer/Hallway Electrical</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Foyer Smoke Detector</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Foyer/Hallway Closet</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					

### KITCHEN

<b>Kitchen Upper Cabinets</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Kitchen Lower Cabinets and drawers</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen Countertops</b>	FTQ	QC	<input checked="" type="checkbox"/>	NA		
Observations	<hr/>					
<b>Kitchen Backsplash</b>	FTQ	QC	<input checked="" type="checkbox"/>	NA		
Observations	<hr/>					
<b>Kitchen faucets, disposal</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen Range/Cooktop</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen Microwave</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen Dishwasher</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Refrigerator</b>	FTQ	QC	<input checked="" type="checkbox"/>	NA		
Observations	<hr/>					
<b>Kitchen Electrical</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen Trim</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen Flooring</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Kitchen Walls and Ceiling</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen Windows</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen Pantry</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Kitchen HVAC</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					

**Instructions:** Take picture survey of kitchen documenting good condition of cabinets, countertops, an

<b>Picture survey of kitchen</b>		
Observations	<hr/>	

### LAUNDRY

<b>Laundry Walls and Ceiling</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Laundry Trim/Doors</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Laundry Flooring</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Laundry Electrical</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Laundry Dryer Vent</b>	FTQ	QC	<input checked="" type="checkbox"/>	NA		
Observations	<hr/>					
<b>Laundry Cabinets/Tops/Shelves</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Laundry Plumbing</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Laundry Appliances</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					

### Master Bedroom

<b>Master Bedroom Walls and Ceiling</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bedroom Trim/Doors</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bedroom Flooring</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bedroom Windows</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Master Bedroom Electrical</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bedroom Smoke Detector</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Master Bedroom Closet</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bedroom HVAC</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					

### Master Bath

<b>Master Bath Walls and Ceiling</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bath Trim/Door</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Master Bath Floors</b>	FTQ	QC	<input checked="" type="checkbox"/>	NA		
Observations	<hr/>					
<b>Master Bath Windows</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bath Electrical</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master bath Linen Closet</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bath HVAC</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bath Shower Tile</b>	FTQ	QC	<input checked="" type="checkbox"/>	NA		
Observations	<hr/>					
<b>Master Bath Shower Enclosure/Mirrors</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bath Cabinets</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bath Plumbing and Toilet</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Master Bath Countertops</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					

**Inspector instructions:** Additional living areas includes office, dining room, study, etc...

<b>Enter inspection for inspect Additional Living Area</b>	<input type="text"/>
<b>Add LIVING AREA Issue</b>	<input type="button" value="+"/>

### General INTERIOR

**Instructions:** If the feature is not applicable check N/A

<b>Electrical/Warranty Sticker on Breaker panel</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Fireplace</b>	FTQ	QC	OPN	<input checked="" type="checkbox"/>		
Observations	<hr/>					
<b>Security system</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Internet connections</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Cable TV connections</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Electrical Panel neat and labeled</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Furnace/Air Handler</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>HVAC Condensate lines</b>	FTQ	QC	<input checked="" type="checkbox"/>	NA		
Observations	<hr/>					
<b>HVAC Control unit</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Warranty packages - HVAC/Heater/Appliances</b>	FTQ	<input checked="" type="checkbox"/>	OPN	NA		
Observations	<hr/>					
<b>Ceramic tile replacements</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Walls and Ceiling touch-up kit</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>Overall Cleanliness</b>	<input checked="" type="checkbox"/>	QC	OPN	NA		
Observations	<hr/>					
<b>General picture survey residence (9+)</b>						
Observations	<hr/>					

**Instructions:** Do not sign-off until you approve that all required corrections have been made.

<b>Approved for customer review. All work is complete, meets project specification and quality standard</b>	FTQ	QC	OPN	NA	<input checked="" type="checkbox"/>		
Observations	<hr/>						