

GharCheck.in

PROPERTY INSPECTION CHECKLIST


Professional Home Inspection & Snagging Services

Inspector Name	_____
Inspection Date	_____
Client Name	_____
Contact Number	_____
City	_____
Builder / Project	_____
Property Address	_____
Property Type	_____
Flat / Unit No.	_____
Floor No.	_____
Handover / Possession Date	_____


OK = Acceptable / No issue


Defect = Issue found / note it

N/A = Not applicable

 CIVIL & STRUCTURAL FINISH			
Status	Defect	Inspection Item	Remarks / Observations
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Wall surface finish — cracks, uneven plaster, hollowness	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Wall alignment and plumb (vertical)	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Beam/column finish — honeycombing, exposed rebar	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Floor level across rooms (drainage slope check)	Notes: _____ —

<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Ceiling finish — cracks, sagging, uneven paint	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Staircase / common area finish quality	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Terrace / roof surface condition	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	External wall plaster — cracks, peeling, efflorescence	Notes: _____ —

 TILE & FLOORING			
Status	Defect?	Inspection Item	Remarks / Observations
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Tile hollow spots (tap test — hall/bedroom/kitchen)	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Tile hollow spots (tap test — bathrooms)	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Tile hollow spots (tap test — balconies/terraces)	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Tile lippage / uneven edges between tiles	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Tile cracks or chips	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Grout lines — missing, incomplete, cracked	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Flooring slope in wet areas (water flow direction)	Notes: _____ —
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Skirting tile — gaps, cracks, alignment	Notes: _____ —

 SEEPAGE & WATERPROOFING			
Status	Defect?	Inspection Item	Remarks / Observations
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Moisture meter reading — walls (all rooms)	Notes: _____ —

<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Moisture meter reading — ceiling	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Bathroom walls — moisture / seepage signs	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Kitchen area — seepage around sink / slab	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Bathroom floor waterproofing — wet area check	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Balcony floor slope and drainage	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Terrace parapet and waterproofing integrity	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Toilet drain slopes — correct fall direction	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Visible staining or tide marks from previous leakage	Notes: _____

⚡ ELECTRICAL			
Status	Defect?	Inspection Item	Remarks / Observations
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	All power sockets — tested (live/functional)	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Polarity check — all circuits	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Earthing check — all sockets	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Light points — all functioning	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	DB (Distribution Box) panel — labels, MCBs, ELCB	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	AC points — phase/neutral/earth verified	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Geyser / exhaust wiring and socket type	Notes: _____

<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Conduit quality — flush, not exposed	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Switch plates — alignment, gaps, loose fittings	Notes: _____


 **PLUMBING & SANITARY**

Status	Defect?	Inspection Item	Remarks / Observations
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Water supply — pressure check (all taps)	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Hot water supply — kitchen and bathrooms	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Drain flow — kitchen, bathrooms, balconies	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	WC flush — tank fill, flush power, no wob.	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Wash basin — tap, drain, waste plumbing	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Shower / overhead — flow and pressure	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Pipe fittings — no visible leaks at joints	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Manhole covers — flush, sealed, accessible	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Under-counter plumbing — no leaks or loose joints	Notes: _____

 **DOORS & WINDOWS**

Status	Defect?	Inspection Item	Remarks / Observations
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Main entrance door — alignment, closing, locks	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Internal doors — smooth operation, handles, latches	Notes: _____

<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Door frame gaps — no visible daylight gaps at frame	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Windows — frame alignment, smooth sliding/casement	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Window grills / mesh — properly fitted	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Window sealing — no gap with wall / frame	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Balcony door / French door — sliding track, lock	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Ventilation openings — clear, correct size	Notes: _____

 KITCHEN			
Status	Defect?	Inspection Item	Remarks / Observations
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Platform / countertop — level, cracks, finish	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Sink fitment — seal, no gap at wall	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Kitchen drain slope toward sink	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Overhead cabinets (if provided) — alignment, hinges	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Chimney/exhaust point — correctly positioned	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Mosaic / dado tiles — hollow or cracked	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Gas pipeline point — capped, labeled	Notes: _____

 BATHROOMS			
Status	Defect?	Inspection Item	Remarks / Observations

<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Dado tiles — hollow spots, cracks, grout gaps	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Bathroom floor slope toward drain	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Mirror / fixture fitment (if provided)	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Door — waterproof material, smooth close	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Exhaust point — placed correctly	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Wall-mounted fixtures (towel rod, etc.) — secure	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Toilet seat — stable, correct fitment	Notes: _____

🎨 PAINTWORK & FINISHING			
Status	Defect?	Inspection Item	Remarks / Observations
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Internal paint — uniform coat, no patches or brush marks	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Wall corners — even finish, no gaps or cracks	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Ceiling paint — uniform, no stains or roller marks	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	External paint — uniform, no fading or peeling	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Balcony paint/texture — uniform and weather sealed	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Sealants at wall-floor junction — continuous, not cracked	Notes: _____

🏠 COMMON AREAS & EXTERNAL			
Status	Defect?	Inspection Item	Remarks / Observations

<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Lift lobby finish — walls, flooring, ceiling	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Staircase handrail — secure, continuous	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Common passage lighting	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Society parking area — marking, drainage	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Building entrance gate / intercom	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Overhead water tank — accessible, covered	Notes: _____
<input type="checkbox"/> OK	<input type="checkbox"/> Defect	Society compound wall finish	Notes: _____

INSPECTION SUMMARY & SIGN-OFF

Civil & Structural Finish	Total Checked: _____	Defects Found: _____	Critical: _____
Tile & Flooring	Total Checked: _____	Defects Found: _____	Critical: _____
Seepage & Waterproofing	Total Checked: _____	Defects Found: _____	Critical: _____
Electrical	Total Checked: _____	Defects Found: _____	Critical: _____
Plumbing & Sanitary	Total Checked: _____	Defects Found: _____	Critical: _____
Door & Windows	Total Checked: _____	Defects Found: _____	Critical: _____
Kitchen	Total Checked: _____	Defects Found: _____	Critical: _____
Bathrooms	Total Checked: _____	Defects Found: _____	Critical: _____
Paintwork & Finishing	Total Checked: _____	Defects Found: _____	Critical: _____
Common Areas & External	Total Checked: _____	Defects Found: _____	Critical: _____

<p>Overall Assessment</p> <p><input type="checkbox"/> Ready for Handover Action Needed <input type="checkbox"/> Defects — Builder</p> <p><input type="checkbox"/> Critical Defects Found — Do Not Accept Possession</p>	<p>Total Items Checked: _____</p> <p>Total Defects Found: _____</p> <p>Critical Issues: _____</p>
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<p>Inspector Signature</p> <p>Sign: _____</p> <p>Date: _____</p>	<p>Client Acknowledgement</p> <p>Sign: _____</p> <p>Date: _____</p>
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Additional Notes / Observations

Write any additional observations, photo references, or builder communication notes here: