

Home Watch Visit Checklist

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Client & Property Info

Client Name:	_____	Property Address:	_____
Visit Date:	_____	Time In / Out:	_____
Performed By:	_____	Weather:	_____

Checklist Details

1. Exterior — Property & Grounds

#	Item	OK	Issue	N/A	Notes
1.1. General Walkaround					
1.1.1	Perform a 360-degree walk of the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.2	Look for signs of vandalism, burglary, or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.3	Check for noticeable drainage problems or standing water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2. Structure & Surfaces					
1.2.1	Inspect siding, soffits, windows, screens, gutters, and roof (from ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3. Water & Utilities					
1.3.1	Confirm water meter is not running and spigots are not leaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3.2	Confirm exterior lights are working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4. Mail & Deliveries					
1.4.1	Collect mail and packages; remove flyers and door tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Exterior — Lawn, Garden & Pool

#	Item	OK	Issue	N/A	Notes
2.1. Lawn & Garden					
2.1.1	Check lawn and plants for stress; water plants as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.1.2	Confirm lawn/landscape service was completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.1.3	Check irrigation controller and sprinkler operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#	Item	OK	Issue	N/A	Notes
2.2. Pool / Spa					
2.2.1	Check water level, skimmer and debris, and that the pump is running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Interior — Security & Access

#	Item	OK	Issue	N/A	Notes
3.1. Windows & Doors					
3.1.1	Confirm all doors and windows are closed and locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.1.2	Confirm garage door is closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.1.3	Look for water damage or intrusion signs on frames and sills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2. Security System					
3.2.1	Verify security system armed/disarmed status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Interior — Environment & Utilities

#	Item	OK	Issue	N/A	Notes
4.1. HVAC					
4.1.1	Check AC/heat function, thermostat setting, and humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.1.2	Inspect vents and condensation lines; replace filters if instructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2. Plumbing					
4.2.1	Run faucets and flush toilets; check under sinks for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2.2	Check water heater for leaks or corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3. Electrical & Safety					
4.3.1	Inspect breaker panel for tripped breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3.2	Test smoke and CO detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4. General Interior					
4.4.1	Check ceilings and walls for leaks, odors, mold, or pests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Interior — Appliances & Other

#	Item	OK	Issue	N/A	Notes
5.1. Appliances					
5.1.1	Check refrigerator/freezer temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#	Item	OK	Issue	N/A	Notes
5.1.2	Run garbage disposal and dishwasher (if instructed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.1.3	Inspect washing machine connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2. Additional Items					
5.2.1	Check vehicle battery/chargers, golf cart, or boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2.2	Test hurricane shutters and storm protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Departure Tasks

#	Item	OK	Issue	N/A	Notes
6.1. Final Checks					
6.1.1	Confirm lights and thermostat are set as instructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.1.2	Turn off water / water-heater valves (if instructed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.1.3	Arm the security system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.1.4	Lock all doors and windows on the way out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Services (billable)

Additional Service / Task	Done	Fee	Notes
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Final Notes

Completed by (print)

Signature

Date

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