RE 71-14

Rev. 5-2007

**STATE OF OHIO**

**DEPARTMENT OF TRANSPORTATION**

**MOVE IN AND MOVE OUT INSPECTION FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ODOT Lease No. |  | County: |  | | | | |
|  | | Route: |  | | | | |
| Property Manager for ODOT | | Section: |  | | | | |
|  | | Parcel(s): |  | | | | |
|  | | State Job No.: | |  | | | |
|  | | PID |  | | | | |
|  | | Begin Rental Date: | | | | |  |
| ODOT Address and Phone Number | | Ending Rental Date: | | | | |  |
|  | | Rental Amount: | | |  | | |
|  | | Pmt. Due Date: | | |  | | |
| Tenant Name and Phone Number | | Tenant Site or P.M. | | | |  | |
|  | |  | | | | | |
|  | |  | | | | | |
| Tenant Address | | Location of State Owned Property | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ITEM** | **Condition** | |
|  | **Move-In** | **Move-Out** |
| KITCHEN | Floor/Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Range |  |  |
| Refrigerator |  |  |
| Dishwasher |  |  |
| Sink/Faucets³ |  |  |
| Countertop |  |  |
| Cabinets |  |  |
| Lighting¹ |  |  |
| Doors/Trim |  |  |
| Windows/Coverings |  |  |
| Closets/Pantry² |  |  |
| Screens |  |  |
| Electrical Outlets |  |  |
| Exhaust Fan |  |  |
|  |  |  |  |

**MOVE IN AND MOVE OUT INSPECTION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ITEM** | **Condition** | |
|  | **Move-In** | **Move-Out** |
| DINING ROOM | Floor/Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Coverings |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Doors/Trim |  |  |
| Closets² |  |  |
| Screens |  |  |
|  |  |  |
| ENTRANCE HALLS | Steps and Landings |  |  |
| Handrails |  |  |
| Doors/Trim |  |  |
| Hardware/Locks |  |  |
| Floors/Coverings |  |  |
| Walls/Coverings |  |  |
| Ceilings |  |  |
| Windows/Coverings |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Closets² |  |  |
|  |  |  |
| BEDROOM (specify) | Doors/Trim and Locks |  |  |
| Floor Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Covering |  |  |
| Closets² |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Screens |  |  |
|  |  |  |
| BEDROOM (specify) | Doors/Trim and Locks |  |  |
| Floor Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Covering |  |  |
| Closets² |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Screens |  |  |
|  |  |  |

**MOVE IN AND MOVE OUT INSPECTION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ITEM** | **Condition** | |
|  | **Move-In** | **Move-Out** |
| BEDROOM (specify) | Doors/Trim and Locks |  |  |
| Floor Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Covering |  |  |
| Closets² |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Screens |  |  |
|  |  |  |
| BEDROOM (specify) | Doors/Trim and Locks |  |  |
| Floor Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Covering |  |  |
| Closets² |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Screens |  |  |
|  |  |  |
| BATHROOM (specify) | Sink/Facuets³ |  |  |
| Shower/Tub³ |  |  |
| Shower Curtain/Door |  |  |
| Towel Rack |  |  |
| Toilet |  |  |
| Doors/Trim/Locks |  |  |
| Floor/Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Coverings |  |  |
| Closets² |  |  |
| Cabinets |  |  |
| Exhaust Fan |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Screens |  |  |
|  |  |  |

**MOVE IN AND MOVE OUT INSPECTION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ITEM** | **Condition** | |
|  | **Move-In** | **Move-Out** |
| BATHROOM (specify) | Sink/Facuets³ |  |  |
| Shower/Tub³ |  |  |
| Shower Curtain/Door |  |  |
| Towel Rack |  |  |
| Toilet |  |  |
| Doors/Trim/Locks |  |  |
| Floor/Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Coverings |  |  |
| Closets² |  |  |
| Cabinets |  |  |
| Exhaust Fan |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Screens |  |  |
|  |  |  |
| BATHROOM (specify) | Sink/Facuets³ |  |  |
| Shower/Tub³ |  |  |
| Shower Curtain/Door |  |  |
| Towel Rack |  |  |
| Toilet |  |  |
| Doors/Trim/Locks |  |  |
| Floor/Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Coverings |  |  |
| Closets² |  |  |
| Cabinets |  |  |
| Exhaust Fan |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Screens |  |  |
|  |  |  |
| OTHER ROOM (specify) | Doors/Trim/Locks |  |  |
| Floor/Coverings |  |  |
| Walls/Coverings |  |  |
| Ceiling |  |  |
| Windows/Coverings |  |  |
| Closets² |  |  |
| Lighting¹ |  |  |
| Electrical Outlets |  |  |
| Screens |  |  |
|  |  |  |

**MOVE IN AND MOVE OUT INSPECTION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
|  | **ITEM** | **Condition** | |
|  | **Move-In** | **Move-Out** |
| EXTERIOR | Roof and Components |  |  |
| Gutters/Downspouts |  |  |
| Siding |  |  |
| Walks/Driveways/Patios |  |  |
| Windows/Doors |  |  |
| Yard Condition |  |  |
|  |  |  |
|  | BASEMENT |  |  |
|  | General Condition |  |  |
|  |  |  |  |
|  | OTHER EQUIPMENT/ITEMS |  |  |
|  | Heating Equipment |  |  |
|  | Air-Conditioning Unit(s) |  |  |
|  | Hot-Water Heater |  |  |
|  | Thermostat |  |  |
|  | Door Bell |  |  |
|  |  |  |  |

1. Fixtures, Bulbs, Switches, and Timers

2. Floor/Walls/Ceiling, Shelves/Rods, Lighting

3. Water pressure and Hot water

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Move-In**  This inspection report represents the condition of the unit.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ODOT Representative at Inspection  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have inspected the rental unit and found it to be in good and/or average condition, excepting the items noted above. I recognize that I am responsible for keeping the rental unit in good and/or average condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the rental unit to its original condition.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Resident’s Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Resident’s Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | **Move-Out**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Regional Property Manager Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Agree with move-out inspection  \_\_\_\_ Disagree with move-out inspection  If disagree, list specific items of disagreement.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Resident’s Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Resident’s Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |