

# Office of Housing and Construction Standards

# **Condition Inspection Report**

|  | SEE INSTRUCT                        | IONS FO  | R COMPLETIN        | G FOF    | RM ON  | LAST PAGE         |                | #R                       | TB – 2   |
|--|-------------------------------------|----------|--------------------|----------|--------|-------------------|----------------|--------------------------|----------|
| LEGAL NAME OF LANDLORD (if entry is a business name, enter the full legal business name) |                                     |          |                    |          |        | E.POSSESSION DATE |                |                          |          |
|  |                                     |          |                    |          |        |                   |                |                          |          |
| last name, first &   |                                     |          |                    |          |        |                   |                | <u>, month yea</u>       |          |
| ANDLORD'S  | ADDRESS FOR SERVICE                 |          |                    |          |        |                   | F.MOVE         | -IN INSPECTION           | ON DAT   |
| unit # stree   | t address                           | city     |                    | pro      | ovince | postal code       | dav            | month year               | -        |
|  | OF TENANT                           |          |                    |          |        |                   | -              | -OUT DATE                |          |
| LOAL HAME  | OI IEIVAITI                         |          |                    |          |        |                   |                | OOT DATE                 |          |
|  | 0                                   |          |                    |          |        |                   |                |                          |          |
|  | & middle names  RENTAL UNIT         |          |                    |          |        |                   |                | y month year -OUT INSPEC |          |
| DDKE33 OF  | RENTAL UNIT                         |          |                    |          |        |                   |                | -OUT INSPEC              | TION L   |
|  |                                     |          |                    |          |        |                   |                |                          |          |
| unit # stree   |                                     | city     |                    | pro      | ovince | postal code       | day            | month yea                | <u>r</u> |
| GAL NAME   | OF TENANT'S AGENT (if app           | licable) |                    |          |        |                   |                |                          |          |
| On Move-In   |                                     |          |                    | On Move- | Out    |                   |                |                          |          |
| dition Codes:  | D = Damaged                         |          | Condition at       |          |        |                   | Condition at   |                          |          |
| Good   | S = Scratched                       |          | Beginning of Tenar | ncy      |        |                   | End of Tenancy |                          |          |
| Fair   | B = Broken                          |          |                    |          |        |                   |                |                          |          |
| Poor<br>Missing  | DT = Dirty<br>ST = Stained          |          | COMMENT            |          | CODE   |                   | COMMEN         | Γ                        | COD      |
|  |                                     |          |                    |          |        |                   |                |                          |          |
| ITRY   | Walls and Trim                      |          |                    |          |        |                   |                |                          |          |
|  | Ceilings                            |          |                    |          |        |                   |                |                          |          |
|  | Closets                             |          |                    |          |        |                   |                |                          |          |
|  | Lighting Fixtures/Ceiling Fan/Bulbs |          |                    |          |        |                   |                |                          |          |
|  | Windows/Coverings/Screens           |          |                    |          |        |                   |                |                          |          |
|  | Electrical Outlets                  |          |                    |          |        |                   |                |                          |          |
|  | Floor Carpet                        |          |                    |          |        |                   |                |                          |          |
|  |                                     |          |                    |          |        |                   |                |                          |          |
| ITCHEN   | Ceiling                             |          |                    |          |        |                   |                |                          |          |
|  | Walls and Trim                      |          |                    |          |        |                   |                |                          |          |
|  | Floor/Carpet                        |          |                    |          |        |                   |                |                          |          |
|  | Countertop                          |          |                    |          |        |                   |                |                          |          |
|  | Cabinets and Doors                  |          |                    |          |        |                   |                |                          |          |
|  | Stove/Stove Top                     |          |                    |          |        |                   |                |                          |          |
|  | Oven                                |          |                    |          |        |                   |                |                          |          |
|  | Exhaust Hood and Fan                |          |                    |          |        |                   |                |                          |          |
|  | Taps, Sink and Stoppers             |          |                    |          |        |                   |                |                          |          |
|  | Refrigerator                        |          |                    |          |        |                   |                |                          |          |
|  | Crisper/Shelves                     |          |                    |          |        |                   |                |                          |          |
|  | Freezer                             |          |                    |          |        | 1                 |                |                          |          |
|  | Door/Exterior                       |          |                    |          |        | 1                 |                |                          |          |
|  | Closet(s)                           |          |                    |          |        | -                 |                |                          |          |
|  | Dishwasher                          |          |                    |          |        | 1                 |                |                          |          |
|  | Lighting Fixtures/Bulbs             |          |                    |          |        | 1                 |                |                          |          |
|  | Windows/Coverings/Screens           |          |                    |          |        |                   |                |                          |          |
|  | Electrical Outlets                  |          |                    |          |        |                   |                |                          |          |
|  | Coiling                             |          |                    |          |        | +                 |                |                          |          |
| VING ROOM  | Ceiling Walls and Trim              |          |                    |          |        | 1                 |                |                          |          |
|  |                                     |          |                    |          |        | 1                 |                |                          |          |
|  | Floor/Carpet                        |          |                    |          |        |                   |                |                          |          |
|  | Air Conditioner/Cover               |          |                    |          |        |                   |                |                          |          |
|  | Fireplace                           |          |                    |          |        |                   |                |                          |          |
|  | TV Cable/Adaptor                    |          |                    |          |        |                   |                |                          |          |
|  | Closet(s)                           |          |                    |          |        | -                 |                |                          |          |
|  | Lighting Fixtures/Ceiling Fan/Bulbs |          |                    |          |        | -                 |                |                          |          |
|  | Windows/Coverings/Screens           |          |                    |          |        |                   |                |                          |          |
|  | Electrical Outlets                  |          |                    |          |        |                   |                |                          |          |
|  |                                     |          |                    |          |        |                   |                |                          |          |

|                    |                                     | COMMENT | CODE | COMMENT | CODE |
|--------------------|-------------------------------------|---------|------|---------|------|
| M. DINING ROOM     | Ceiling                             |         |      |         |      |
|                    | Walls and Trim                      |         |      |         |      |
|                    | Floor/Carpet                        |         |      |         |      |
|                    | Lighting Fixtures/Ceiling Fan/Bulbs |         |      |         |      |
|                    | Window/Coverings/Screens            |         |      |         |      |
|                    | Electrical Outlets                  |         |      |         |      |
|                    |                                     |         |      |         |      |
| N. STAIRWELL       | Treads and Landings                 |         |      |         |      |
| and HALL           | Railing/Bannister                   |         |      |         |      |
|                    | Walls and Trim                      |         |      |         |      |
|                    | Ceilings                            |         |      |         |      |
|                    |                                     |         |      |         |      |
|                    | Closets                             |         |      |         |      |
|                    | Lighting Fixtures/Ceiling Fan/Bulbs |         |      |         |      |
|                    | Windows/Coverings/Screens           |         |      |         |      |
|                    | Electrical Outlets                  |         |      |         |      |
|                    |                                     |         |      |         |      |
| O. MAIN            | Ceiling                             |         |      |         |      |
| BATHROOM           | Walls and Trim                      |         |      |         |      |
|                    | Floor/Carpet                        |         |      |         |      |
|                    | Cabinets and Mirror                 |         |      |         |      |
|                    | Tub/Shower/Taps/Stopper             |         |      |         |      |
|                    | Sink/Stopper/Taps                   |         |      |         |      |
|                    | Toilet                              |         |      |         |      |
|                    | Door                                |         |      |         |      |
|                    | Lighting Fixtures/Ceiling Fan/Bulbs |         |      |         |      |
|                    | Windows/Coverings/Screens           |         |      |         |      |
|                    | Electrical Outlets                  |         |      |         |      |
|                    |                                     |         |      |         |      |
| P. MASTER          | Ceiling                             |         |      |         |      |
| BEDROOM (1)        | Walls and Trim                      |         |      |         |      |
|                    | Floor/Carpet                        |         |      |         |      |
|                    |                                     |         |      |         |      |
|                    | Closet(s)                           |         |      |         |      |
|                    | Doors                               |         |      |         |      |
|                    | Lighting Fixtures/Ceiling Fan/Bulbs |         |      |         |      |
|                    | Windows/Coverings/Screens           |         |      |         |      |
|                    | Electrical Outlets                  |         |      |         |      |
|                    |                                     |         |      |         |      |
| Q. BEDROOM (2)     | Ceiling                             |         |      |         |      |
|                    | Walls and Trim                      |         |      |         |      |
|                    | Floor/Carpet                        |         |      |         |      |
|                    | Closet(s)                           |         |      |         |      |
|                    | Doors                               |         |      |         |      |
|                    | Lighting Fixtures/Ceiling Fan/Bulbs |         |      |         |      |
|                    | Windows/Coverings/Screens           |         |      |         |      |
|                    | Electrical Outlets                  |         |      |         |      |
|                    |                                     |         |      |         |      |
| R. EXTERIOR        | Front and Rear Entrances            |         |      |         |      |
|                    | Patio/Balcony Doors                 |         |      |         |      |
|                    | Garbage Containers                  |         |      |         |      |
|                    | Glass and Frames                    |         |      |         |      |
|                    | Stucco and/or Siding                |         |      |         |      |
|                    |                                     |         |      |         |      |
|                    | Lighting Fixtures/Bulbs             |         |      |         |      |
|                    | Grounds and Walks                   |         |      |         |      |
|                    | Electrical Outlets                  |         |      |         |      |
|                    |                                     |         |      |         |      |
| S. UTILITY ROOM    |                                     |         |      |         |      |
|                    | Electrical Outlets                  |         |      |         |      |
|                    |                                     |         |      |         |      |
| T. GARAGE          | Electrical Outlets                  |         |      |         |      |
| OR PARKING<br>AREA |                                     |         |      |         |      |
| ANEA.              |                                     |         |      |         |      |
| ·                  | •                                   |         |      |         |      |

|  |  | COMMENT                                  | CODE               | COMMENT              | CODE      |  |
|--|--|--|--------------------|----------------------|-----------|--|
| U. BASEMENT  | Stair and Stairwell  |  |                    |                      |           |  |
|  | Walls and Floor/Carpet   |  |                    |                      |           |  |
|  | Furnace, Water Heater, Plumbing  |  |                    |                      |           |  |
|  | Windows/Coverings/Screens  |  |                    |                      |           |  |
|  | Lighting Fixtures/Bulbs  |  |                    |                      |           |  |
|  | Electrical Outlets   |  |                    |                      |           |  |
|  |  |  |                    |                      |           |  |
| V. STORAGE   |  |  |                    |                      |           |  |
| V. STURAGE   |  |  |                    |                      |           |  |
|  |  |  |                    |                      |           |  |
| W. KEYS AND<br>CONTROLS  | TYPE OF KEY OR CONTROL   | # ISSUED AT START OF TE                  | ENANCY             | # RETURNED AT END OF | TENANCY   |  |
|  | Building Entrance Keys   |  |                    |                      |           |  |
|  | Rental Unit Entrance Main Locks  |  |                    |                      |           |  |
|  | Rental Unit Deadbolt   |  |                    |                      |           |  |
|  | Parking Remote Control   |  |                    |                      |           |  |
|  |  |  |                    |                      |           |  |
| do not ag  | t this report fairly represents<br>ree that this report fairly rep   | resents the condition of the             | rental unit for th |                      |           |  |
| 1. I, (Tenant's  | · <del></del>  |  |                    |                      |           |  |
|  | t this report fairly represents<br>ree that this report fairly rep   |  |                    | e following reasons: |           |  |
|  |  |  |                    |                      |           |  |
|  | osit:  |  |                    |                      |           |  |
| Date (dd/mm/   | /yy):  | Signature o                              | of Tenant:         |                      |           |  |
| 3. Landlord  | 's Signature: (on Move-In)_  | (0                                       | n Move-Out)        |                      | _         |  |
| 4. Tenant's  | Signature: (on Move-In)_   | (01                                      | n Move-Out)        |                      | _         |  |
| 5. Tenant's  | Forwarding Address:  | 1  |                    |                      |           |  |
|  |  |  |                    |                      |           |  |
| unit# s  | street address   | cit                                      | V                  | province po          | stal code |  |
| 6. Landlord  |  | Cit                                      | J                  | ριονίποε μο          | otal ood  |  |
| & Addres   | sat  |  |                    |                      |           |  |
| End of Tenancy: last name, first & middle names (if entry for landlord is a business name, enter full legal business name) |  |  |                    |                      |           |  |
|  | and the state of t | ( only for fariations to a business file |                    |                      |           |  |
|  |  |  |                    |                      |           |  |
|  |  | city                                     | ,                  | province po          | stal code |  |
| unit # s   | treet address  |  |                    |                      |           |  |

## INSTRUCTIONS FOR COMPLETING RENTAL UNIT CONDITION REPORT

The landlord and tenant or their representatives are to view the condition of the rental unit together and record the condition of the rental unit at the time of move-in and at the time of move-out by the tenant.

This form is provided as a sample only. If this form is not used, landlords and tenants must ensure that their form complies with the Residential Tenancy Regulation (Part 3, sections 19 & 20).

If the landlord or tenant complete improvements, it is recommended that a new condition inspection report is completed or an addendum signed by both parties is attached to this report.

### At the Start of the Tenancy:

- 1. Box A: Insert the legal name of the landlord.
- Box B: Insert the landlord's address for service at the start of the tenancy.
- 3. Box C: Insert the legal name of the tenant.
- Box D: Insert the address of the rental unit, including suite or apartment number and street address as set out in the tenancy agreement.
- 5. Box E: Insert the date the tenant is entitled to possession of the rental unit.
- 6. Box F: Insert the date the move-in inspection is conducted.
- 7. Box I: Insert the names of the person who carries out the inspection on behalf of the tenant, if not the tenant.
- Boxes J, K, L, M, N, O, P, Q, R, S, T, U and V: Use the "Comment" and "Code" columns under the heading "Condition at Beginning of Tenancy" to record the code that best describes the condition of the premises at the beginning of the tenancy for each of the rooms or areas of the rental unit listed in these boxes. Under the Code column list the code for the word that best describes the state of repair or damage, and the code that best describes the state of cleanliness of the unit. If condition and cleanliness are both good, use the . If not, only one code for condition and one code for cleanliness (DT or ST), should be used. Use the comment column to provide details, if necessary, to better describe the condition described by the codes. FOR EXAMPLE: if the ceiling had 3 small holes in it and was clean, on the "ceiling" line you would insert in the Code column the code letter "D" to indicate that the ceiling was damaged and would write the words "3 small holes" in the comment column to describe the damage. If the ceiling was also dirty, you would also insert the letters DT in the Code column. Blank lines should be used to add items such as furniture and electrical connections that are not specified on the form. Tenants can use the "comments" column to note any specific disagreement with the landlord's assessment.
- Box W: Keys and Controls. Use this section to record the number of keys or controls given to the tenants at the beginning of the tenancy. Keys and controls include metal or plastic door keys, and remote controls to open secured parking gates or garage doors.
- 10. Box X: Use this box to list repairs that need to be done at the start of the tenancy.

- 11. Box Y: If the tenant disagrees with the report, check "disagree, for the following reasons", note the parts of the report that he or she disagrees with, if any, and set out the condition that he or she thinks best describes that part of the rental unit, and then sign and date this box. If the tenant agrees with report, check "agree", and sign and date the box.
- 12. Box 3: The landlord is to sign in this box on move-in, indicating that the report has been completed.
- 13. Box 4: The tenant, or the tenant's agent, is to sign in this box on move-in, indicating that the report has been completed.
- 14. The landlord should give the tenant a signed copy of this report immediately, if possible, or must provide a signed copy to the tenant within 7 days of the inspection.

### At the End of the Tenancy:

- 15. Box G: Insert the date the tenant moves out of the rental unit.
- 16. Box H: Insert the date the move-out inspection is carried out.
- 17. Box I: Insert the names of the person who carries out the inspection on behalf of the tenant, if not the tenant.
- 18. Boxes J, K, L, M, N, O, P, Q, R, S, T, U and V: Following the procedure set out in (8), using the column for "Condition at End of Tenancy".
- 19. Box W: Record the number of keys or controls returned by the tenants at the end of the tenancy.
- 20. Box Z: Use this box to list all damage to the rental unit or residential property for which the tenant is responsible.
- 21. Box 1: If the tenant disagrees with the report, check "do not agree, for the following reasons", note the parts of the report that he or she disagrees with, if any, and set out the condition that he or she thinks best describes that part of the rental unit, and then sign and date this box.. If the tenant agrees with report, check "agree", and sign and date the box.
- 22. Box 2: If, at the end of the tenancy, the tenant agrees that the landlord may retain all or a part of the security deposit or the pet damage deposit to pay a liability or obligation owed by the tenant to the landlord, the tenant should set out details of the amounts to be deducted, and what each amount is for. The tenant's agent cannot agree to deductions from the security or pet damage deposit without authorization from the tenant.
- 23. Box 3: The landlord is to sign in this box on move-out, indicating that the report has been completed.
- 24. Box 4: The tenant, or the tenant's agent, is to sign in this box on move-out, indicating that the report has been completed.
- 25. Box 5: The tenant, or the tenant's agent, is to insert the tenant's forwarding address in this space so that the landlord will have an address to forward the security deposit and mail, to the tenant
- 26. Box 6: The landlord is to insert his or her name and current mailing address in this space so that the tenant may know where and how to contact the landlord in the future.
- 27. The landlord should give the tenant a signed copy of this report immediately, if possible. If the landlord needs to have a copy made, a signed copy must be provided to the tenant within 15 days after the later of, the date the inspection was completed, and the date the landlord receives the tenant's forwarding address in writing.

FOR MORE INFORMATION . . . visit our Web site: www.rto.gov.bc.ca

**OR** call the Residential Tenancy Branch at:

• In the Lower Mainland 604 660-1020 • Victoria 387-1602 • elsewhere in B.C. call toll free: 1 800 665-8779