



Viewing Checklist

PROPERTY FACTS

Address

Property Type

Price

Seller's Name

Estate Agent

Date and Time of First Viewing

Date and Time of Second Viewing

YOUR IMPRESSIONS

EXTERIOR

STATE OF REPAIR

INTERIOR

STATE OF REPAIR

	MARKS OUT OF 10			MARKS OUT OF 10	
	First Visit	Second Visit		First Visit	Second Visit
Paint	<input type="text"/>	<input type="text"/>	Kitchen	<input type="text"/>	<input type="text"/>
Walls and Pointing	<input type="text"/>	<input type="text"/>	Bathroom	<input type="text"/>	<input type="text"/>
Roof	<input type="text"/>	<input type="text"/>	Living Room	<input type="text"/>	<input type="text"/>
Window Frames	<input type="text"/>	<input type="text"/>	Dining Room	<input type="text"/>	<input type="text"/>
Drains/Gutters	<input type="text"/>	<input type="text"/>	Hall	<input type="text"/>	<input type="text"/>
Garden	<input type="text"/>	<input type="text"/>	Bedrooms	<input type="text"/>	<input type="text"/>

GENERAL

Gas	<input type="text"/>	<input type="text"/>	Noise	<input type="text"/>	<input type="text"/>
Electric	<input type="text"/>	<input type="text"/>	Work	<input type="text"/>	<input type="text"/>
Solid Fuel	<input type="text"/>	<input type="text"/>	Shops	<input type="text"/>	<input type="text"/>
Car Parking	<input type="text"/>	<input type="text"/>	Public Transport	<input type="text"/>	<input type="text"/>
Garage	<input type="text"/>	<input type="text"/>	Schools	<input type="text"/>	<input type="text"/>

ANY OTHER COMMENTS