505-ODD-JOBS (505-633-5627) | serendipitousservices.com@gmail.com
Licensed & insured | Nevada business ID NV20260002347

Building Assessment and Unit Turn

Property _____ Unit _____ Building _____ Inspector _____

Inspection date _____ Move-out _____ Ready-by date _____ Start date _____

Record visible conditions, planned work, quantities, estimated labor, and completion. Mark items that do not apply in Notes.

Entry and Door Assessment

Item	Condition	Notes or damage description	Hours	Qty	Done / date
Front door and weather stripping	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Door frame and hinges	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Door knob deadbolt strike plate	[ ] OK [ ] Repair [ ] Replace [ ] Clean				

Main Living Space

Item	Condition	Notes or damage description	Hours	Qty	Done / date
Walls	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Patch / fill / touch-up notes			
Flooring	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Floorboards and baseboards	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Windows	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Lock condition			
Blinds and blind slats	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
AC or heater	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Operation / filter notes			
Ceiling	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Switches outlets cover plates	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Observed condition / test notes			
Closets	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Clothes dowel / track notes			
Doors and hardware	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Smoke detector	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Test date / batteries			
Fans and lights	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Observed operation / bulb type			

Paint needed [ ] Yes [ ] No Work type [ ] Touch-up [ ] Full paint Color or code _____

Assigned technician _____ Target completion _____

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Kitchen and Bathroom Assessment

Property _____ Unit _____ Building _____ Inspector _____

Inspection date _____ Move-out _____ Ready-by date _____ Start date _____

Kitchenette

Item	Condition	Notes or damage description	Hours	Qty	Done / date
Stove and hood	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Pans / filter notes			
Sink	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Secured / caulking notes			
Drain plumbing disposal	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Leaks / observed condition			
Baseboards and countertop	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Caulking / resurfacing notes			
Switches outlets cover plates	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Observed condition / test notes			
Hinges and hardware	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Cabinets	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Sanding / paint notes			
Fridge	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Lighting	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Bulb type			

Bathroom

Item	Condition	Notes or damage description	Hours	Qty	Done / date
Toilet and toilet seat	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Seated / secured / caulking			
Shower stall	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Shower head and drain	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Strainer / leaks / caulking			
Countertop and vanity	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Dimensions / resurfacing notes			
Medicine cabinet	[ ] OK [ ] Repair [ ] Replace [ ] Clean				
Towel rack	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Anchored condition			
Flooring and baseboards	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Caulking notes			
Switches outlets cover plates	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Observed condition / test notes			
Ceiling and fan	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Observed condition / test notes			
Lights	[ ] OK [ ] Repair [ ] Replace [ ] Clean	Bulb type			

Additional work or missing items _____

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Unit Turn Parts and Completion

Property _____ Unit _____ Building _____ Inspector _____

Inspection date _____ Move-out _____ Ready-by date _____ Start date _____

Estimated labor hours _____ **Estimated materials $**_____ **Estimated total $**_____

Parts to Order

Part or supply	Qty	Vendor or source	Ordered	Expected delivery	Cost

Vendor Coordination

Work or trade needed	Vendor and contact	Scheduled	Status or completion notes

Completion Review

Actual labor hours _____ Actual materials $_____ Actual total $_____

[ ] Planned work completed [ ] Parts received [ ] Cleaning completed [ ] Follow-up needed

Follow-up notes _____

Reviewed by _____ Review date _____ Unit ready date _____

Customer or property representative _____ Date _____

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