

STATE OWNED HOUSING – RESIDENCE INSPECTION CHECKLIST

DFW 1026 (Rev. 07/28/26) Page 1 of 7

FOR MOVE-IN AND MOVE-OUT INSPECTIONS

- This form is utilized for SOH residence Move-in and Move-out inspections.
- Utilize the DFW 1026A for Annual Inspections.
- The purpose of the form is to document a residence's current condition and note any new or existing damage or repair needs.
- Utilize the summary findings/comments section capture additional details such as recent repairs, anticipated repairs or items that require further detailed description.
- For any repair needs following the move in, communicate with your Site/Facility Manager and submit a request via the Facility Maintenance Request here: <https://intranet.wildlife.ca.gov/portal/tabid/2974/Default.aspx>

Region Select One	Facility Name	Facility Reporting Structure and Project No.		
Full Name of Employee		Employee Classification	Employee Position No.	Bargaining Unit No.
Residence Type Select One	Move-in Inspection Date	Move-out Inspection Date	Move-out Date (If Different)	
Full Name of Additional Occupant		Phone No.		
Full Name of Additional Occupant		Phone No.		
Full Name of Additional Occupant		Phone No.		

Based on a visual inspection, note applicable category below and where appropriate, make comments

Area	N = New A = Acceptable Condition C = Cleaning Needed R = Repair or Replace N/A = Not Applicable	Comments
Living Room	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Door (interior)	Select One	
Outlets, switches, light fixtures, fans	Select One	
Coat Closet	Select One	
Drapes, blinds	Select One	
Windows, locks, screens	Select One	
Fireplace/Wood Stove	Select One	
Other	Select One	
Dining Room	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Door (interior)	Select One	
Outlets, switches, light fixtures, fans	Select One	
Drapes, blinds	Select One	
Windows, locks, screens	Select One	

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Dining Room (Cont.)		
Fireplace/Wood Stove	Select One	
Other	Select One	
Kitchen	Yes	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Door (interior)	Select One	
Outlets, switches, light fixtures, fans	Select One	
Windows, locks, screens	Select One	
Ground fault interrupter (GFI)	Select One	
Cabinets/Counters	Select One	
Sink, faucet, disposal	Select One	
Stove	Select One	☐ State-owned ☐ Resident owned
Oven	Select One	☐ State-owned ☐ Resident owned
Refrigerator	Select One	☐ State-owned ☐ Resident owned
Dishwasher	Select One	☐ State-owned ☐ Resident owned
Microwave	Select One	☐ State-owned ☐ Resident owned
Fire Extinguisher	Select One	Type: A ☐ B ☐ C ☐ Cert. date: Gauge/Condition:
Other	Select One	
Hallways	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Closet	Select One	
Stairs/Steps	Select One	
Outlets, switches, light fixtures, fans	Select One	
Smoke detector	Select One	
Carbon Monoxide detector	Select One	
Other	Select One	
Bedroom #1	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Outlets, switches, light fixtures, fans	Select One	
Drapes, blinds	Select One	
Windows, locks, screens	Select One	
Door(s)	Select One	
Smoke detector	Select One	
Closet (doors, rods)	Select One	
Other	Select One	

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Bedroom #2	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Outlets, switches, light fixtures, fans	Select One	
Drapes, blinds	Select One	
Windows, locks, screens	Select One	
Door(s)	Select One	
Closet (doors, rods)	Select One	
Smoke detector	Select One	
Other	Select One	
Bedroom #3	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Outlets, switches, light fixtures, fans	Select One	
Drapes, blinds	Select One	
Windows, locks, screens	Select One	
Door(s)	Select One	
Smoke detector	Select One	
Closet (doors, rods)	Select One	
Other	Select One	
Bedroom #4	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Outlets, switches, light fixtures, fans	Select One	
Drapes, blinds	Select One	
Windows, locks, screens	Select One	
Door(s)	Select One	
Closet (doors, rods)	Select One	
Smoke detector	Select One	
Other	Select One	
Bathroom #1	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Outlets, switches, light fixtures	Select One	
Exhaust fan	Select One	
Ground fault interrupter (GFI)	Select One	
Sink, faucet, cabinet, mirror	Select One	
Bathtub	Select One	
Shower	Select One	

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Bathroom #1 (Cont'd)		
Toilet	Select One	
Towel rack(s)	Select One	
Windows, locks, screens	Select One	
Drapes, blinds, obscured window	Select One	
Other	Select One	
Bathroom #2	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Outlets, switches, light fixtures	Select One	
Exhaust fan	Select One	
Ground fault interrupter (GFI)	Select One	
Sink, faucet, cabinet, mirror	Select One	
Bathtub	Select One	
Shower	Select One	
Toilet	Select One	
Towel rack(s)	Select One	
Windows, locks, screens	Select One	
Drapes, blinds, obscured window	Select One	
Other	Select One	
Laundry, Utility Room, Basement/Other	Select One	
Walls (paint, holes)	Select One	
Flooring (type)	Select One	
Ceiling (paint, holes)	Select One	
Outlets, switches, light fixtures, fans	Select One	
Fire Extinguisher	Select One	Type: A ☐ B ☐ C ☐ Cert. date: Gauge/Condition:
Drapes, blinds	Select One	
Windows, locks, screen	Select One	
Sink, faucet, cabinet	Select One	
Other	Select One	
Exterior	Select One	
Entry doors, screens, locks, deadbolts	Select One	
Patio door, screen	Select One	
Foundation	Select One	
Paint	Select One	
Light fixtures (porch, grounds)	Select One	
Sidewalk, porch, stairs, railing	Select One	
Outlets, switches, light fixtures	Select One	

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Exterior (Cont'd)		
Ground fault interrupter (GFI)	Select One	
Roof	Select One	
Patio or Deck	Select One	
Other	Select One	
Grounds/Landscaping	Select One	
Landscaping (lawn, garden, shrubs, trees)	Select One	
Sprinklers or Irrigation	Select One	
Parking Area	Select One	
Other	Select One	
Systems	Select One	
Heating System	Select One	
Air Conditioner	Select One	
Plumbing, Water heater, filters	Select One	Does water heater have a restraining strap (earthquake bracing)? Select One
Electric panel, connections (Trailer pad)	Select One	
Septic or Sewer	Select One	
Other	Select One	
Utility Services/Metering	Select One	
Gas (Natural)	Select One	If metered, where: ☐ Unit ☐ Facility If metered at unit, provide current meter reading:
Propane (Bulk Tank)	Select One	If metered, where: ☐ Unit ☐ Facility If metered at unit, provide current meter (or gauge) reading:
Electric	Select One	If metered, where: ☐ Unit ☐ Facility If metered at unit, provide current meter reading:
Garage/Outbuilding	Select One	
Walls (paint, holes)	Select One	
Floor	Select One	
Ceiling, finished or N/A	Select One	
Windows, locks, screen	Select One	
Outlets, switches, light fixtures	Select One	
Ground fault interrupter (GFI)	Select One	
Garage door (vehicle entrance)	Select One	
Other	Select One	
Entry door(s), screens, locks, deadbolts	Select One	If door is connected to house, is it self-closing? Select One
Fire Extinguisher	Select One	Type: A ☐ B ☐ C ☐ Cert. date: Gauge/Condition:
Other	Select One	

FOR MOVE-IN AND MOVE-OUT INSPECTIONS

Agreement and Signatures: The following have participated in the inspection and agree with the inspection findings except where noted. Please note name(s) of other person(s) present.		
Name (please print)	Signature	Date
Employee/Tenant		
Employee/Tenant		
Facility Manager		
Regional Administrative Officer (or Designee, if applicable)		

(Space for additional comments and details on next page)

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Summary Findings / Comments