

Building Handover Inspection Checklist

Date: _____

No.	1 st Inspection			2 nd Inspection		Remarks
	Location	Description of Defect	Photo No.	Done	Not Done	
1.	Main Entrance	Floor				
		Wall				
		ceiling				
		Other				
2.	Foyer	Floor				
		Wall				
		ceiling				
		Other				
3.	Living Room	Floor				
		Wall				
		ceiling				
		Other				
4.	Master Bedroom	Floor				
		Wall				
		ceiling				
		Other				
5.	Bedroom 1	Floor				
		Wall				
		ceiling				
		Other				
6.	Bedroom 2	Floor				
		Wall				
		ceiling				
		Other				
7.	Common Bathroom	Floor				
		Wall				
		ceiling				
		Other				