ADDITIONAL N	IOTES:
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## MASTER BUILDERS Pre-Handover Checklist

Job Number:	Inspection Date:						
Client Name:							
Job Address:							
Clients Signature:	Date:						
Supervisor:							
Supervisors Signature:	Date:						
Municipality:							

INTERIOR		Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Lounge	Dining	Kitchen	Family	Toilet	Bathroom	Ensuite	Laundry	Powder	Other
Doors	Sticking														
	Handles														
	Locks														
	Track														
	Stops														
	Frame														
	Paint														
Light	Switches														
	Fittings														
Paint															
Windows	Winders		L												
	Sliders						,								
	Sticking						•								
	Seals														
	Scratches														
	Breaks														
	Robes														
	Linen														
Cupboards	Doors														
	Handles														
	Shelves														
	Drawers														

Notes:



INTERIOR		Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Lounge	Dining	Kitchen	Family	Toilet	Bathroom	Ensuite	Laundry	Powder	Other
Locks & Latches															
Cabinetry	Bench Tops														
	Surfaces														
	Scratches														
	Doors														
	Drawers														
Taps	Leaking														
Basin, Bath	Chips														
& Toilets	Scratches														
Wall Tiles	Tiles														
	Grout														
	Caulking														
	Bench Tops														
Shower	Operation														
Screens	Scratches														
	Leaking														
Floor Tiles	Tiles														
	Grout														
	Joins														
Other Floor Coverings															

EXTERIOR	Park Cale	
Taps	Leaking	
Waste Pipes	Leaking	
Stairs & Balust	rading	
External Steps		
Landing Heigh	t	
Paving	Expansion Joints	
	Expansion Foam	
Brickwork	Plumb	
	Jointing	
	Mortar Strength	
	Scaffold Holes	
	Sills	
	Chips	
	Expansion Joints	
	Weep Holes	
	Subfloor Ventilation	
Render	Weepholes Clear	
Roof Tiles	Bedded	
	Pointed	
	Gutters Clean	
Site Clean & Ba	ıck	
Fill to Slab		
Garage	Remote	
	Floor Clean	

Notes:	
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