**New Home Punch List Template**

|  |  |  |
| --- | --- | --- |
| **Location** | **Prepared By** | **Date** |
|   | Name | MM/DD/YY |
|  |  |  |  |  |  |
| Things to Remember for Final Walkthrough |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Allow Several Days Between Inspection And Closing |  | Name |  |
|  | Make Sure All Issues Are Addressed And Fixed |  |  |  |
|  | Do Not Rush! |  |  |  |
|  | Get It In Writing |  |  |  |
|  |   |  |   |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Heating and Cooling |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Raise And Lower Thermostat To Ensure Proper Function |  | Name |  |
|  | Check All Vents / Radiators For Proper Function |  |  |  |
|  | Allow Heat To Run And Shut Off Automatically |  |  |  |
|  | Allow A/C To Run And Shut Off Automatically |  |  |  |
|  | Locate Cold Air Returns. Check For Proper Placement |  |   |  |
|  |   |  |  |  |
|  |   |  |   |  |
|  |  |  |  |  |  |
| Electrical |  |  |  |  |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Turn On And Off All Switches And Fixtures |  | Name |  |
|  | Plug A Radio Or Lamp Into Each Outlet |  |   |  |
|  | Test Doorbell |  |  |  |
|  | Check That Heavy Duty Lines Exist Where Needed |  |  |  |
|  |  |  |   |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Plumbing |  |  |  |  |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Turn On And Off All Faucets |  | Name |  |
|  | Allow Water To Run For Several Minutes |  |  |  |
|  | Check Drainage In Each Basin |  |  |  |
|  | Check For Leaks And Drips |  |  |  |
|  |  |  |   |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Ceilings, Walls, and Floors |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Inspect All Finishes For Color And Quality |  | Name |  |
|  | Inspect Drywall For Seems, Nails, Cracks, And Holes |  |  |  |
|  | Inspect Moldings For Quality And Gaps |  |  |  |
|  | Inspect All Tiling For Missing Grout, Cracks, And Chips |  |  |  |
|  | Check For Scuffs And Scratches |  |   |  |
|  | Ensure Carpeting Is Free Of Ripples And Tears |  |   |  |
|  | Look At All Ceilings For Signs Of Cracks Or Moisture |  |   |  |
|  |  |  |   |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Doors |  |  |  |  |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Check That All Doors Open Easily And Properly |  | Name |  |
|  | Ensure Latches Catch  |  |  |  |
|  | Open Doors To Check For Proper Stopper Alignment |  |  |  |
|  | Check All Door Locks For Functionality |  |  |  |
|  | Check For Gaps Under Doors At Thresholds |  |   |  |
|  |   |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Windows |  |  |  |  |
| **X** | **Task / Item** | **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Inspect All Glass For Breaks And Cracks |   | Name |  |
|  | Open And Close All Windows |   |  |  |
|  | Check For Air Leaks By Holding A Match Or Lighter |   |  |  |
|  | Check That Screens Are In Good Condition |   |  |  |
|  | Check Hardware, Locks, And Hinges |   |   |  |
|  |  |   |  |  |
|  |  |   |  |  |
|  |  |  |  |  |  |
| Kitchen |  |  |  |  |
| **X** | **Task / Item** | **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Inspect Cabinetry Fixtures And Finishes |  | Name |  |
|  | Inspect Countertops For Cracks And Scratches |  |  |  |
|  | Check Cabinetry For Sturdy Shelving And Hinges |  |  |  |
|  | Check Drawers For Smooth Opening And Closing |  |  |  |
|  | Check Appliance Functionality And Proper Hook-Ups |  |   |  |
|  |   |  |  |  |
|  |  |  |   |  |
|  |  |  |  |  |  |
| Bath |  |  |  |  |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Allow Showers / Tub Fixtures To Run |  | Name |  |
|  | Check For Proper Flow And Temperature |  |  |  |
|  | Allow Water To "Puddle" To Check For Proper Drainage |  |  |  |
|  | Check Basins For Chips / Cracks |  |  |  |
|  | Flush Toilets |  |   |  |
|  | Check That Toilets Are Properly Set For Safety And Leaks |  |  |  |
|  | Check Cabinets, Closets, And Floors For Moisture |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Exterior, Porches, and Decks |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Check Siding / Brick For Condition And Even Coverage |  | Name |  |
|  | Check Siding / Brick For Appearance |  |  |  |
|  | Check Gutters, Downspouts, And Drainage Areas |   |  |  |
|  | Check Sidewalks And Porch And Patio Floors For Cracks |  |  |  |
|  | Ensure Sturdiness Of All Railings |  |  |  |
|  | Check For Loose / Exposed Nails And Screws |  |  |  |
|  | Check Sturdiness Of Porches And Decks |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Attic and Basement |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Check For Moisture / Mold |  | Name |  |
|  | Inspect Walls, Floors, And Ceilings For Water Damage |  |  |  |
|  | Inspect All HVAC Systems |  |  |  |
|  | Check Ventilation System Elements |  |  |  |
|  | Inspect For Signs Of Infestation |  |   |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Garage and Additional Structures |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  | Inspect Doors |  | Name |  |
|  | Ensure That Any Remote Door Openers Are Available |  |  |  |
|  | Ask About Any Lock Codes |  |  |  |
|  | Check Floors For Cracks And Proper Drainage |  |  |  |
|  |  |  |   |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |   |   |
| Miscellaneous |  |  |  |  |
| **X** | **Task / Item** |  **Additional Information**  | **Responsible Party** | **Date Completed** |
|  |  |  | Name |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |   |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Additional Comments |  |  |
|   |  |  |

DISCLAIMER

Any articles, templates, or information provided by Smartsheet on the website are for reference only. While we strive to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the website or the information, articles, templates, or related graphics contained on the website. Any reliance you place on such information is therefore strictly at your own risk.