[A blue and white sign

Description automatically generated](https://www.smartsheet.com/try-it?trp=12401&utm_source=template-word&utm_medium=content&utm_campaign=SEO)**New Home Punch List Template**

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