

**HABITAT FOR HUMANITY  
QUALITY INSPECTION  
(INTERNAL PUNCH LIST)**

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ HFH # \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Check as complete or note work required: Initial & Date Completed

1. Carpet \_\_\_\_\_

2. Tile \_\_\_\_\_

3. Extra Tile Available \_\_\_\_\_

4. Window Glass \_\_\_\_\_

5. Window Screens \_\_\_\_\_

6. Vanity Tops & Bath Accessories \_\_\_\_\_

7. Kitchen Sink \_\_\_\_\_

8. Doors \_\_\_\_\_

9. Kitchen Cabinets/Countertops \_\_\_\_\_

10. Plumbing Fixtures \_\_\_\_\_

11. Electric Fixtures \_\_\_\_\_

12. A/C \_\_\_\_\_

13. Mirrors \_\_\_\_\_

14. Drywall \_\_\_\_\_

15. Interior Paint \_\_\_\_\_

16. Appliances \_\_\_\_\_

17. Roof Shingles \_\_\_\_\_

18. Exterior Painting \_\_\_\_\_

19. Landscape \_\_\_\_\_

Date for Walk-Through \_\_\_\_\_