U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-6089 Rev. (06-06)	**Multi-Purpose Inspection Report**	
Occupant Name/Rank	Lease #	Date

Inspection (check one): ☐ Annual ☐ For Cause ☐ Other

Address of Location:

Kitchen	**Note Discrepancies**
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (clean, waxed)	_____
Window, blind, sill, screens (clean)	_____
Cabinets (clean inside, outside	_____
Counter (clean, stain-free)	_____
Light fixtures (clean, bulbs)	_____
Sink (clean, stain-free)	_____
Refrigerator (clean inside, outside)	_____
Stove (clean inside, outside)	_____
Dishwasher/Disposal (clean, working)	_____
Range Hood (clean, working properly)	_____
Other	_____

Dining Room	
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (carpet professionally cleaned	_____
Window, blind, sill, screens (clean)	_____
Light fixtures (clean, working)	_____
Doors (clean, chip-free)	_____
Other	_____

Living Room	
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (carpet professionally cleaned	_____
Window, blind, sill, screens (clean)	_____
Light fixtures (clean, working)	_____
Doors (clean, chip-free)	_____
Other	_____

Reset

Multi-Purpose Inspection Report (continued)

Family Bathroom	**Note Discrepancies**
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (clean, waxed)	_____
Window, blind, sill, screens (clean)	_____
Light fixtures (clean, working)	_____
Medicine cabinet (clean inside, outside)	_____
Towel bars/accessories (clean)	_____
Sink (clean, chip, stain-free)	_____

Family Bathroom	
Toilet/seat (clean, stain-free)	_____
Tub/shower/rod (clean, chip-free/stain)	_____
Cabinets/vanity (clean, burn-free)	_____
Vent/fan (clean, working properly)	_____
Other	_____

Hall/Stairs	
Ceiling/wall (clean, spot free)	_____
Floor (carpet professionally cleaned)	_____
Windows, blinds, sill, screens (clean)	_____
Light fixtures (clean, working)	_____
Doors (clean, chip free)	_____
Other	_____

Hall Half-Bathroom	
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (clean, waxed)	_____
Window, blind, sill, screens (clean)	_____
Towel bar/accessories (clean)	_____
Medicine cabinet (clean inside, outside)	_____
Sink (clean, chip/stain-free)	_____
Toilet/seat (clean, chip/stain-free)	_____
Counter/vanity (clean, chip/stain-free)	_____

Bedroom #1	
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (clean, waxed)	_____

Reset

Multi-Purpose Inspection Report (continued)

Bedroom #1 (continued)	**Note Discrepancies**
Window, blind, sill, screens (clean)	_____
Light fixtures/outlets (working)	_____
Doors (clean, chip free)	_____
Closets (clean, lights working	_____
Other	_____
Bedroom #2	
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (clean, waxed)	_____
Window, blind, sill, screens (clean)	_____
Bathroom #2	
Light fixtures/outlets (working)	_____
Doors (clean, chip free)	_____
Closets (clean, lights working	_____
Other	_____
Bedroom #3	
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (clean, waxed)	_____
Window, blind, sill, screens (clean)	_____
Light fixtures/outlets (working)	_____
Doors (clean, chip free)	_____
Closets (clean, lights working	_____
Other	_____
Bedroom #4	
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (clean, waxed)	_____
Window, blind, sill, screens (clean)	_____
Light fixtures/outlets (working)	_____
Doors (clean, chip free)	_____
Closets (clean, lights working	_____
Other	_____

Reset

Multi-Purpose Inspection Report (continued)

Den/Study	**Note Discrepancies**
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Floor (clean, waxed)	_____
Other	_____

Utility Room	
Ceiling (clean, spot free)	_____
Walls (clean, spot free)	_____
Washer, dryer, hook-ups (good shape)	_____
Light/outlets (working)	_____
Doors (clean, chip-free)	_____
Other	_____

Exterior	
Outside of home (clean, undamaged)	_____
Walkways (clean, spot-free)	_____
Driveway (clean, oil-free)	_____
Porch, deck, patio (clean, undamaged)	_____
Lawn, trees, shrubbery (cut, trimmed)	_____
Fence, shed (working, undamaged)	_____
Doors, lights (clean, chip-free, working	_____
Other	_____

Lessor Signature:	Date:
Govt. Representative Signature:	Date:
Signature of Assigned Occupant: (if present)	Date:

Reset