

PROJECT COMPLETION · AVR

# Handover Checklist.

Final walk-through checklist completed by Add Value Renovations Ltd and the Owner before the keys are handed over. Tick each item as inspected. Note any remedial items in the Comments column.

<b>OWNER'S NAME</b> _____	<b>POSSESSION DATE</b> _____
<b>ADDRESS</b> _____	<b>GUARANTEE NO.</b> _____
<b>SUBURB</b> _____	<b>TOWN / CITY</b> _____

## EXTERIOR GROUND WORKS

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Ground Levels		
<input type="checkbox"/>	Drive / Paths		
<input type="checkbox"/>	Fencing		
<input type="checkbox"/>	Retaining Walls		
<input type="checkbox"/>	Drainage		

## EXTERIOR HOUSE ITEMS

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Roof		
<input type="checkbox"/>	Fascia / Gutter / Downpipes		
<input type="checkbox"/>	Window / Door Frames		
<input type="checkbox"/>	Glass		
<input type="checkbox"/>	Wall Cladding		
<input type="checkbox"/>	Painting		
<input type="checkbox"/>	Exterior Lights		
<input type="checkbox"/>	Gas Supply		
<input type="checkbox"/>	Water Supply		
<input type="checkbox"/>	Power Supply		

— ENTRANCE / HALL

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Smoke Alarms		
<input type="checkbox"/>	Walls / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Doors / Windows		
<input type="checkbox"/>	Lights / Switches / Power Points		

— KITCHEN

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Cabinets / Doors		
<input type="checkbox"/>	Bench Tops		
<input type="checkbox"/>	Sink / Taps / Plug		
<input type="checkbox"/>	Water Filter		
<input type="checkbox"/>	Splash Backs		
<input type="checkbox"/>	Oven		
<input type="checkbox"/>	Cook Top		
<input type="checkbox"/>	Dishwasher		
<input type="checkbox"/>	Waste Master		
<input type="checkbox"/>	Range Hood		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		

— LIVING, DINING, LOUNGE

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Doors / Windows		
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		
<input type="checkbox"/>	Fire Place		

— TOILET

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Toilet		
<input type="checkbox"/>	Hand Basin / Taps / Plug		
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		

— BATHROOM

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Vanity Cabinets		
<input type="checkbox"/>	Sink / Taps / Plug		
<input type="checkbox"/>	Bath / Taps / Plug		
<input type="checkbox"/>	Shower		
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		
<input type="checkbox"/>	Wall Heater		
<input type="checkbox"/>	Extractor Fan		

— EN SUITE

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Vanity Cabinets		
<input type="checkbox"/>	Sink / Taps / Plug		
<input type="checkbox"/>	Bath / Taps / Plug		
<input type="checkbox"/>	Shower		
<input type="checkbox"/>	Lights / Switches / Power Points		
<input type="checkbox"/>	Wall Heater		
<input type="checkbox"/>	Extractor Fan		

— **MASTER BEDROOM**

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		
<input type="checkbox"/>	Doors / Windows		

— **BEDROOM 2**

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		
<input type="checkbox"/>	Doors / Windows		

— **BEDROOM 3**

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		
<input type="checkbox"/>	Doors / Windows		

— **BEDROOM 4**

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		
<input type="checkbox"/>	Doors / Windows		

**— GARAGE**

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Garage Door / Openers		
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		
<input type="checkbox"/>	Central Vac		
<input type="checkbox"/>	Fuse Board Re-set		

**— LAUNDRY**

OK	ITEM	COMMENTS / REMEDIAL	DATE DONE
<input type="checkbox"/>	Cabinets / Doors		
<input type="checkbox"/>	Bench Tops		
<input type="checkbox"/>	Tub / Taps / Plug		
<input type="checkbox"/>	Wall / Ceilings		
<input type="checkbox"/>	Floor Coverings		
<input type="checkbox"/>	Lights / Switches / Power Points		

**— DEMONSTRATE / CHECK ON HANDOVER**

KITCHEN DEMO	BATHROOM / EN SUITE DEMO	GARAGE & LAUNDRY DEMO
Manuals in kitchen drawer	Vanity waste	Garage door
Dishwasher	Shower slider	Garage door opener
Wastemaster	Shower waste	Tub waste
Cook top	Plumbing connections	Power points
Oven	Wall heater	Fuse board
Kitchen master switches	Extractor fans	
Extractor fan		

**Signed by Builder & Owner**

**BUILDER'S SIGNATURE**

**PRINT NAME**

\_\_\_\_\_

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**OWNER'S SIGNATURE**

**PRINT NAME**