



CHECKLIST

Vacation rental inventory checklist of amenities and installations

☐

Check-in

☐

Check-out

Name(s) of guest(s):

Check-in date:

Check-out date:

KITCHEN

VERY GOOD

GOOD

OK

BAD

COMMENTS

Kitchen Stove

☐☐☐☐

Range hood

☐☐☐☐

Oven

☐☐☐☐

Microwave

☐☐☐☐

Fridge/Freezer

☐☐☐☐

Sink and faucet

☐☐☐☐

Dishwasher

☐☐☐☐

Washing Machine

☐☐☐☐

Clothes dryer

☐☐☐☐

Smoke detector

☐☐☐☐

Carbon monoxide detector

☐☐☐☐

Coffee machine

☐☐☐☐

Rice cooker

☐☐☐☐

Storage / cupboards

☐☐☐☐

Table(s)

☐☐☐☐

Chair(s)

☐☐☐☐

Kitchen counter top

☐☐☐☐

Cutlery

☐☐☐☐

Dinnerware

☐☐☐☐



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KITCHEN

VERY GOOD

GOOD

OK

BAD

COMMENTS

Doors / Carpentry

☐☐☐☐

Windows/Drapes/Shutters

☐☐☐☐

Ceiling

☐☐☐☐

Floors

☐☐☐☐

Walls

☐☐☐☐

Heater / Cooling / Pipes

☐☐☐☐

Lighting

☐☐☐☐

DINING ROOM

VERY GOOD

GOOD

OK

BAD

COMMENTS

Table(s)

☐☐☐☐

Chair(s)

☐☐☐☐

Baby Chair

☐☐☐☐

Doors / Carpentry

☐☐☐☐

Windows/Drapes/Shutters

☐☐☐☐

Ceiling

☐☐☐☐

Floors

☐☐☐☐

Walls

☐☐☐☐

Heater / Cooling / Pipes

☐☐☐☐

Lighting

☐☐☐☐



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ROOM(S)	VERY GOOD	GOOD	OK	BAD	COMMENTS
Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Baby crib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comforter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bed sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pillows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedside table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heater / Cooling / Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors / Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows/Drapes/Shutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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LIVING ROOM

VERY GOOD

GOOD

OK

BAD

COMMENTS

TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sofa/Couch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Coffee Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Storage cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DVD/Books/Magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Kids Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Doors / Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windows/Drapes/Shutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Heater / Cooling / Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



CHECKLIST

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BATHROOM

VERY GOOD

GOOD

OK

BAD

COMMENTS

Bath / Shower

☐☐☐☐

WC

☐☐☐☐

Storage cabinet

☐☐☐☐

Sink and tap

☐☐☐☐

Towels

☐☐☐☐

Bath mat

☐☐☐☐

Shower curtain

☐☐☐☐

Lighting

☐☐☐☐

Heater / Cooling / Pipes

☐☐☐☐

Doors / Carpentry

☐☐☐☐

Windows/Drapes/Shutters

☐☐☐☐

Ceiling

☐☐☐☐

Floors

☐☐☐☐

Walls

☐☐☐☐

OTHERS

VERY GOOD

GOOD

OK

BAD

COMMENTS

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐



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Signed in _____, the _____, in _____ original copies, each party acknowledges having received one. The parties agree to the terms of this document, as evidenced by the signatures set forth below.

Property address:

Owner (or representative)

Guest(s)

OBSERVATIONS AND COMMENTS