

CLEANING CHECKLIST



GENERAL

- Vacuum and clean all sliding door and window tracks.
- Sweep or mop all non carpeted floors, removing any marks.
- Clean Carpets by registered Carpet Cleaner to Australian Standard. Supply paid invoice copy.
- Fumigate for Fleas – by registered Pest Company, if pets were kept at property. Supply paid invoice copy which specifies service details.
- Clean light fittings – gently remove light fittings and clean.
- Clean marks off walls, ceilings and light switches.
- Clean skirting boards, windows including frames, sills and tracks, above cupboards, picture rails, architraves and both sides of all doors, all other fittings, and insect/security screens etc.
- Clean curtains and blinds. Refer to Agent for method advice.
- Remove all cobwebs and insect marks and nests.

KITCHEN

- Clean inside and outside of all cupboards and doors.
- Clean inside, outside and around stove.
- Clean inside and outside of oven, griller, doors, trays, racks, glass.
- Clean inside, outside and behind refrigerator and dishwasher and microwave space.
- Clean sink, especially drain holes, drainers and tap ware.
- Range hood exhaust and filter- filter can be removed and cleaned.
- Dishwasher – wipe over internal door, remove debris from bottom drainer (if applicable)

BATHROOM

- Clean all walls, floors, mirrors and windows and window tracks.
- Clean inside and outside all cupboards and drawers.
- Clean toilet, bath, shower recess, remove soap residue on tiles and shower screens, clean sink, tap ware, towel rails.
- Clean water outlet in shower and bath of hair and soap build up.
- Clean in wardrobes, shelves, drawers and mirrored doors. Remove scuff marks.
- Shower curtain washed with bleach or replaced if applicable.

LAUNDRY

- Clean behind, inside and around washing machine space.
- Clean equipment and filters if applicable.
- Clean inside, outside and behind dryer. Remove lint.
- Clean inside, outside and around laundry tub, cabinets, shelves, drawers, tap ware.
- Clean all walls and floors, ceiling.

AIR-CONDITIONERS

- Clean all air conditioner units and filters.

VERANDAH, DECKS, OUTDOOR AREAS

- Sweep and mop, clean railings, glass and light fittings.
- Remove all cobwebs etc.

GARAGE, CARPORT, DRIVEWAY

- Sweep out and remove any oil residue from concrete, pavers, paths, driveways.
- Empty Council bins and place bins out on footpath for next collection
- Close and lock garage door, if applicable.

GARDENS AND LAWNS, POOL

- Mow lawn, trim all edges, weed gardens, general garden tidy, remove all rubbish.
- Return pool to condition as per condition report at start of the tenancy and supply Pool Test report to Agent – Report to be completed on the end of tenancy date.

IF FURNISHED

- Ensure all items are clean and are located in original rooms as per Inventory list.

The above cleaning is a guide only and additional cleaning maybe required”

Here's what the tenant does

1. Completes the details at the top of page 2.
2. Inspects the premises and marks the 'Clean/Undamaged/Working' column as appropriate for each item in the premises. Where a mark is not appropriate for the item, writes a description in the 'Other items or comments (if any)' column.
3. If there are any items in the room that are not listed, adds them to the 'Other items or comments (if any)' column. The spare space can be used for details about additional items or attach supporting documentation.
4. Compares this report with the *Entry Condition Report* (Form 1a) completed at the beginning of the tenancy. Note any changes in the condition on this form.
5. Signs EACH PAGE of the report and, as soon as practicable after the agreement ends, gives a copy to the lessor/lessor's agent.
6. Talks to the lessor/agent if there are items where they disagree with the lessor/agent's assessment of the condition of the premises. Any agreement reached can be recorded in the 'Additional comments/information' section. If agreement cannot be reached then they can access the RTA's Dispute Resolution Service.
7. Retains the signed copy of the report received from the lessor/agent for their records.

Here's what the lessor/agent does

1. Inspects the premises and comments on any item where they disagree with the tenant/s report, or where they believe the report does not reflect the true condition of the premises.
2. Compares the condition of the premises at the end of the tenancy with the *Entry Condition Report* (Form 1a) that was completed at the beginning of the tenancy.
3. Signs EACH PAGE of the report.
4. Returns a signed copy of each page to the tenant/s within three (3) business days and retains a copy for at least one year after the tenancy agreement ends.

Water meter reading					
Date:		/	/		

If you require further information or assistance, contact the Residential Tenancies Authority on 1300 366 311.

Form 14a
Exit Condition Report –
General Tenancies – Page 2
Residential Tenancies and Rooming Accommodation Act 2008 (Section 66)

Address of rental premises	Postcode
Name of tenant/s	
Name of lessor/agent	

Lessor/agent – sign and return to tenant – keep a copy for your records

Tenant		Item		Lessor / agent
Other items or comments (if any)		Comment on tenant's report		
Clean	Unranged	Working	Clean	Working
Entry			<input type="checkbox"/> Doors/Walls <input type="checkbox"/> Windows/Screens <input type="checkbox"/> Blinds/Curtains <input type="checkbox"/> Ceiling/Light Fittings <input type="checkbox"/> Floor/Floor Coverings <input type="checkbox"/> Power Points	
Lounge Room			<input type="checkbox"/> Doors/Walls <input type="checkbox"/> Windows/Screens <input type="checkbox"/> Blinds/Curtains <input type="checkbox"/> Ceiling/Light Fittings <input type="checkbox"/> Floor/Floor Coverings <input type="checkbox"/> TV/Power Points	
Dining Room			<input type="checkbox"/> Doors/Walls <input type="checkbox"/> Windows/Screens <input type="checkbox"/> Blinds/Curtains <input type="checkbox"/> Ceiling/Light Fittings <input type="checkbox"/> Floor/Floor Coverings <input type="checkbox"/> TV/Power Points	
Kitchen / Meals			<input type="checkbox"/> Doors/Walls <input type="checkbox"/> Windows/Screens <input type="checkbox"/> Blinds/Curtains <input type="checkbox"/> Ceiling/Light Fittings <input type="checkbox"/> Floor/Floor Coverings <input type="checkbox"/> Cupboards/Drawers <input type="checkbox"/> Bench Tops/Filling <input type="checkbox"/> Sink/Disposal Unit/Taps <input type="checkbox"/> Stove Top/Griller <input type="checkbox"/> Oven <input type="checkbox"/> Exhaust Fan/Rangehood <input type="checkbox"/> Dishwasher <input type="checkbox"/> Power Points	
Family Room			<input type="checkbox"/> Doors/Walls <input type="checkbox"/> Windows/Screens <input type="checkbox"/> Blinds/Curtains <input type="checkbox"/> Ceiling/Light Fittings <input type="checkbox"/> Floor/Floor Coverings <input type="checkbox"/> Power Points	

Tenant/s signature	3.	Lessor/agent's signature
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Lessor/agent – sign and return to tenant – keep a copy for your records

Tenant Other items or comments (if any)		Item			Lessor / agent Comment on tenant's report
		Clean	Undamaged	Working	
Bedroom 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls/Tiling
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains
Ensuite		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bath
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Shower Screen
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wash Basin/Vanity
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirror/Cabinet
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Towel Rails
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls
Bedroom 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains
Bedroom 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points
Bedroom 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	

1.

2.

3.

Tenant/s signature

Lessor/agent's signature

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Tenant	Other items or comments (if any)	Clean	Unranged	Working	Item
Lessor / agent	Comment on tenant's report				
Bathroom		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls/Tiling
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bath
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Shower Screen
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wash Basin/Vanity
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirror/Cabinet
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Towel Rails
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Floor Coverings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wash Tubs
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing Machine/Dryer
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security Devices
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balcony/Porch/Deck
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage/Carport/Storeroom
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gates/Fences
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounds/Garden
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staircases/Railings
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Number/Letter box
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paving/Pergola
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water System
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keys/Locks/Remotes
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool/Equipment
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheeile & Recycle Bins
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garden Shed
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air conditioners/Fans
Laundry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments/information (supporting documentation can be attached)

Tenant 1 signature _____ Date / / _____
 Forwarding address _____
 Postcode _____

Tenant 2 signature _____ Date / / _____
 Forwarding address _____
 Postcode _____

Lessor/agent's signature _____ Date / / _____
 Tenant 3 signature _____ Date / / _____
 Forwarding address _____
 Postcode _____