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| BUILDING CONDITION FORM |
| To be completed annually by the group representative or member of staff that is responsible for or based at the property |
| Group:  | Type property: |
| Address: |
| **Person completing the inspection:**  | **Date:** |
|  | **Condition** |  | **Condition** |
| **Roof covering:** |  | **Window and doors** |  |
| Main roof |  | Main entrance  |  |
| Dormer roof |  | Rear entrance |  |
| Gutters and fall pipes |  | Front windows |  |
| Fascias and soffits |  | Side windows |  |
| Flashings |  | Rear windows |  |
|  |  |  |  |
|  |  |  |  |
| **Brickwork:** |  | Outside areas |  |
| Main building |  | Entrance gate |  |
| Garage |  | Perimeter fencing |  |
|  |  | Car parking areas |  |
|  |  | Walkways |  |
|  |  |  |  |
|  |  |  |  |
| **General comments:**Add categories not covered above. |
| **Completion date:**  | **Signature:**  |