

# HANDYMAN HOME HEALTH CHECK

*Complimentary surface-level inspection • We can help fix it today*

Client:

Date:

Address:

Rep:

Status: GREEN = Good YELLOW = Needs Attention RED = Needs Repair / Quote

## EXTERIOR

|                                     |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Fascia / soffit condition           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visible wood rot                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior caulking / paint gaps      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gutters / downspouts visible issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deck boards / railing condition     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fence / gate function               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof/ Missing shingles visual       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## DOORS / WINDOWS

|                                |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Weather stripping / thresholds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Door hardware / locks          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Window caulking / seals        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screens / broken glass         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## SAFETY / SECURITY

|                                 |                          |                          |                          |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Handrails / trip hazards        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke / CO detector present     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GFCI areas visible / accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| loose outlets/switches/covers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Notes:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## INTERIOR

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Drywall Holes            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring Missing/Damaged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fans/Hanging lights      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dryer Vent clear         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC Filter              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## BATHROOM 1

|                                  |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Mold / organic growth indicators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loose tile / wall damage         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixtures leaking / loose         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drain cracks / slow drain signs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilet movement/Leak             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## BATHROOM 2

|                                  |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Mold / organic growth indicators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loose tile / wall damage         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixtures leaking / loose         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caulking separated / missing     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilet movement/Leak             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Kitchen

|                                   |                          |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Mold / organic growth indicators  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loose tile / wall damage          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixtures leaking / loose          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caulking separated / missing      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen sink base / visible leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## RECOMMENDED REPAIRS / ESTIMATE OPPORTUNITIES

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Technician Name

Estimated Repair Range \$

*This is a complimentary surface-level visual check only. It is not a code inspection, structural inspection, or full home inspection.*

Call/Text: 279-200-4022 | [www.copperbondconstruction.com](http://www.copperbondconstruction.com) |