



residential tenancies authority

# Form 1a Entry Condition Report – General Tenancies

Residential Tenancies Act 1994 (Section 42)

## Here's What You Do:

1. Inspect the premises and mark the "Clean/Undamaged/Working" column as appropriate for each item in the premises. Where a mark is not appropriate for the item, write a description in the "Other items or comments" column. **X = Yes BLANK = No**
2. If there are any items in the room that are not listed, you can add them to the "Other items or comments" column. You can also use the spare space to detail additional items.
3. Print three (3) copies. Give two (2) copies to the Tenant/s, explaining to them they must return one (1) signed copy to you within three (3) business days.
4. Sign each page (3).
5. Ask the Tenant/s to sign your copy of Page 3. This will acknowledge they have received the Entry Condition Report from you. You can discard this copy when you receive the signed copy back from the Tenant/s.
6. Ideally, you will encourage the Tenant/s to talk to you if there are items where they disagree with your assessment of the condition of the premises. If appropriate, you might decide to record any agreement you reach in the "Additional Comments/Information" section.
7. When you receive the signed copy from the Tenant/s, retain it so you can compare it with the condition of the premises at the end of the tenancy. You need to retain your copy of the Entry Condition Report for at least six months after the tenancy agreement ends.

## Here's What The Tenant Does:

1. Inspects the premises and comments on any item where they disagree with the Lessor's/Agent's report, or where they believe the report does not reflect the true condition of the premises.
2. Signs EACH PAGE of the report.
3. Returns a signed copy of each page to the Lessor/Agent within three (3) business days and retains a copy so they can prepare the Exit Condition Report at the end of the tenancy.

**The Act contains penalties for non-compliance with its requirements for preparing, signing and providing copies of the condition reports.**

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

Address of rental premises		Postcode 4209
Name of Tenant/s		
Name of Lessor/Agent	<b>INNOVA MANAGEMENT</b>	Water Reading

**Form 1a**  
**Entry Condition Report**  
**- General Tenancies – Page 1**  
Residential Tenancies Act 1994 (Section 42)

Lessor/Agent Other items or comments (if any)		Clean	Undamaged	Working	Item BLANK = No X = Yes	Tenant Comment on Lessor's/Agent's Report
Entry		<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"/>	Power Points	
Lounge Room		<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"/>	TV/Power Points	
Dining Room		<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"/>	TV/TV Booster/Power Points	
Kitchen / Meals		<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"/>	Cupboards/drawers	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bench Tops/Tiling	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink/Disposal Unit/Taps	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stove Top/Griller	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan/Rangehood	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points		
Family Room		<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"/>	Power Points	

Lessor/Agent Signature

Tenant's Signature/s

Tenant – Sign and return to Lessor/Agent and make a copy for your records

## Entry Condition Report – General Tenancies – Page 2

Lessor/Agent Other items or comments (if any)		Clean	Undamaged	Working	Item BLANK = No X = Yes	Tenant Comment on Lessor's/Agent's Report
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	
Ensuite		<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	
		<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	
Bedroom 2		<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	
Bedroom 3		<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	
Bedroom 4		<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	

Lessor/Agent  
Signature

Tenant's  
Signature/s

Tenant – Sign and return to Lessor/Agent and make a copy for your records

## Entry Condition Report – General Tenancies – Page 3

Lessor/Agent Other items or comments (if any)		Clean	Undamaged	Working	Item BLANK = No X = Yes	Tenant Comment on Lessor's/Agent'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"/>	Heater		
Toilet		<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"/>	Cistern		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toile Brush		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points		
	Laundry		<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		
General			<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"/>	Wheelie & Recycle Bins		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garden Shed			

Tenant – Sign and return to Lessor/Agent and make a copy for your records

Lessor/Agent  
Signature

Tenant's  
Signature/s

**ADDITIONAL COMMENTS**  
**(Refer to Attached Inventory List if Furnished)**

Lessor/Agent Signature	Date
	/ /

Tenant's Signature	Date
	/ /

Additional Comments / Information

Tenant's Signature	Date
	/ /

Tenant's Signature	Date
	/ /