



Habitation Inspection	1	<input type="checkbox"/>	12 months
	2	<input type="checkbox"/>	24 months
	3	<input type="checkbox"/>	36 months

Name and Surname _____

Address _____

Phone _____ Email _____

Model _____ Reg _____ Odo _____

Overall condition of vehicle - (Roof Cleanliness / modifications / accident damage etc) _____

Previous owner details if not the original owner

Surname _____ Date of sale _____

Availability of previous leak test Y N

Weather conditions at time of check - Fine and dry / Humid / cloudy / rainy F H C R

Aeration of the vehicle before the check Y N

CHECK POINTS	Repairs Required		CHECK POINTS	Repairs Required	
SIDEWALLS			EXTERNAL OPENINGS		
Joint sidewalls / roof	Y	N	Windows R/L	Y	N
Joint of wall / rear wall	Y	N	Overcab Windows	Y	N
Joint of wall / front columns R/L	Y	N	Storage compartments R/L	Y	N
Joint roof / low profile roof	Y	N	Lights	Y	N
ROOF - TOP EXTERNAL CONDITION			Grey water discharge & fittings	Y	N
Rooflight	Y	N		Y	N
Kitchen suction stack	Y	N		Y	N
Toilet ventilation stack	Y	N	SHOWER AND BATHROOM		
Roof profiles R/L	Y	N	Shower box and handbasin wall joints	Y	N
Solar panel and cable entry	Y	N	Shower curtain alloy track security	Y	N
Aerial / Parabolic	Y	N	Shower and sink wastes security	Y	N

Service Centre Stamp _____ **Date of inspection** _____

Inspector Signature _____ **Customer signature** _____

A copy of this inspection must be provided to the selling dealer / failure to do so may void the warranty

Inspection Notes for Customer

Customer Acknowledgement _____