



HOMEOWNER REHABILITATION PROGRAM PROPERTY INSPECTION CHECKLIST

A. GENERAL INFORMATION

Property Address: _____

Homeowner Name: _____

Inspector Name: _____ **Date of Inspection:** _____

Year Constructed: _____ **Number of Bedrooms:** _____ **Number of Bathrooms:** _____

Type of Inspection: Initial Reinspection Special

Household type: Non-elderly Elderly/Disabled

Housing Type: Site-built Townhouse/Condominium Duplex/Triplex

Manufactured home affixed to land Manufactured home not affixed to land

B. SUMMARY DECISION ON THE UNIT

For each item, check one box only. In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; If "Inconclusive" write in details. Also, if "Pass" but there are some conditions present that need to addressed, write these in the space to the right.

- ◆ **Fail** - If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.
- ◆ **Inconclusive** - If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision. Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.
- ◆ **Pass** - If neither Fail or Inconclusive is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

C. INSPECTION CHECKLIST

LIVING ROOM

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Is there at least one outlet and one light fixture present? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
Window condition Is there at least one window? And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the living room meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

KITCHEN

General

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Kitchen Area Present Is the Kitchen Present?	<input type="checkbox"/>	<input type="checkbox"/>			
Stove or Range with Oven Is there a working oven, and a stove (or range) with top burners that work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the appliance free of potential hazards due to improper hookup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Refrigerator Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the appliance free of potential hazards due to improper hookup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sink Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen faucet Does the kitchen faucet have a low-flow faucet aerator of 1.5 gpm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Space for Storage, Preparation, and Serving of Food Is there space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)?	<input type="checkbox"/>	<input type="checkbox"/>			
Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Are there at least <u>two</u> GFCI outlet and one light fixture?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Window condition Is there at least one window?	<input type="checkbox"/>	<input type="checkbox"/>			
And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the kitchen meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

BATHROOM #1

General

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Bathroom Present Is a bathroom present?	<input type="checkbox"/>	<input type="checkbox"/>			
Flush Toilet in Enclosed Room Is there a working toilet in the unit?	<input type="checkbox"/>	<input type="checkbox"/>			
Fixed Wash Basin Is there a working, permanently installed wash basin with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>			
Is there a gas trap or P trap?	<input type="checkbox"/>	<input type="checkbox"/>			
Faucet Does the faucet have a low flow aerator 1.0 gpm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tub or Shower Is there a working tub or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>			
Showerhead Does the showerhead have a flow of 2.0 gpm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Are there at least <u>one</u> GFCI outlet and one light fixture? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
Window condition Is there at least one window? And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the bathroom meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

BATHROOM #2

General

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Bathroom Present Is a bathroom present?	<input type="checkbox"/>	<input type="checkbox"/>			
Flush Toilet in Enclosed Room Is there a working toilet in the unit?	<input type="checkbox"/>	<input type="checkbox"/>			
Fixed Wash Basin Is there a working, permanently installed wash basin with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>			
Is there a gas trap or P trap?	<input type="checkbox"/>	<input type="checkbox"/>			
Faucet Does the faucet have a low flow aerator 1.0 gpm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tub or Shower Is there a working tub or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>			
Showerhead Does the showerhead have a flow of 2.0 gpm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Are there at least <u>one</u> GFCI outlet and one light fixture? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
Window condition Is there at least one window? And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the bathroom meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

BEDROOM #1

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Is there at least one outlet and one light fixture present? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
Window condition Is there at least one window (Required for <u>egress</u>)? And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the bedroom meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

BEDROOM #2

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Is there at least one outlet and one light fixture present? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Window condition Is there at least one window (Required for <u>egress</u>)? And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the bedroom meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

BEDROOM #3

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Is there at least one outlet and one light fixture present? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
Window condition Is there at least one window (Required for <u>egress</u>)?	<input type="checkbox"/>	<input type="checkbox"/>			

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the bedroom meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

BEDROOM #4

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Is there at least one outlet and one light fixture present? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
Window condition Is there at least one window (Required for <u>egress</u>)?	<input type="checkbox"/>	<input type="checkbox"/>			

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the bedroom meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

OTHER ROOMS USED FOR LIVING AND HALLS

Room Code

1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
 2 = Dining Room or Dining Area
 3 = Second Living Room, Family Room, Den, Playroom, TV Room
 4 = Entrance Halls, Corridors, Halls, Staircases
 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
 6 = Other: _____

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Is there at least one outlet and one light fixture present? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
Window condition If room code is a 1, is there at least one window (required for egress)? And are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the room meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

LAUNDRY ROOM

General

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Ventilation Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Structural Requirements

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Walls Are the walls sound and free from hazardous defects, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration?	<input type="checkbox"/>	<input type="checkbox"/>			
Ceilings Is the ceiling sound and free from hazardous defects such as severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint)? Is the ceiling free of visible internal water damage that indicates roofing failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Floors Is the floor sound and free from hazardous defects, such as severe buckling or major movements under walking stress; damaged or missing parts?	<input type="checkbox"/>	<input type="checkbox"/>			

Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Electricity Are there at least <u>one</u> GFCI outlet and one light fixture? If yes, are all outlets and light fixtures working and installed properly?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
Window condition Are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-based paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not applicable	
Accessibility Needs Does the room meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

HEATING AND PLUMBING

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Safety of Heating Equipment Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation and Adequacy of Cooling Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Water Supply Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sewer Connection Is plumbing connected to an approved public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

BUILDING EXTERIOR

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Condition of Foundation Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Condition of Roof and Gutters Are the roof, gutters and downspouts sound and free from hazards.	<input type="checkbox"/>	<input type="checkbox"/>			
Condition of Exterior Surface Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
Exterior Walls/Siding Are the external walls/siding free from deteriorating, crumbling, or loose plaster or stucco, as well as broken, split, rotted, or buckled wall coverings?	<input type="checkbox"/>	<input type="checkbox"/>			
Faulty Weather Protection Is there any deteriorated or ineffective waterproofing of exterior walls, roof, foundation, or floors, including broken windows or doors?	<input type="checkbox"/>	<input type="checkbox"/>			
Lead-Based Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
Manufactured Homes: Tie Downs/Foundation If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
Porches Are all porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
Accessibility Needs Does the exterior meet all the accessibility needs of the household due to disability, handicap, or aging?	<input type="checkbox"/>	<input type="checkbox"/>			

HEALTH & SAFETY ISSUES & SUBSTANDARD CONDITIONS

Life-Threatening Health & Safety

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Carbon Monoxide Detector Is there a Carbon Monoxide Detector installed outside sleeping areas near bedroom or in areas containing fuel-burning equipment? Do the CO detector(s) produce an audio alarm, and in units occupied by the hearing impaired, is there a visual alarm system connected to the smoke detector? Are the CO detector(s) hardwired or powered by a 10-year non-rechargeable, primary battery source?	<input type="checkbox"/>	<input type="checkbox"/>			
Chimney/Fireplace/Wood Burning Stove Is the chimney, flue, and firebox free of damage or structural hazards, ensuring safe containment of fire and proper venting of smoke, fumes, and gases outside?	<input type="checkbox"/>	<input type="checkbox"/>			
Clothes Dryer Exhaust Ventilation Is the dryer transition duct present, securely attached, made of suitable material, and allowing free airflow?	<input type="checkbox"/>	<input type="checkbox"/>			
Egress Is the egress clear and free of obstruction allowing for safe exit?	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Is the overcurrent protection device (OCPD) in the service panel operable and free of visual damage?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Flammable and Combustible Items Is the property free of flammable or combustible items improperly stored on or near an ignition source?	<input type="checkbox"/>	<input type="checkbox"/>			
Foundation Does the foundation appear to be free of imminent danger of collapse or failure?	<input type="checkbox"/>	<input type="checkbox"/>			
Heating Ventilation and Air Conditioning (HVAC) Is the resident able to maintain a minimum temperature of 68°F through a safe heating source?	<input type="checkbox"/>	<input type="checkbox"/>			
Is the heating system or device fueled by combustion properly aligned, connected, free of damage and is there a functioning exhaust vent, combustion chamber cover and gas shutoff valve?	<input type="checkbox"/>	<input type="checkbox"/>			
Is the unit free of natural gas, propane or oil leak?	<input type="checkbox"/>	<input type="checkbox"/>			
Leaks Is the property free of any evidence of gas or water leakage that could present a danger of fire or electrical shock?	<input type="checkbox"/>	<input type="checkbox"/>			
Smoke Alarm Are smoke detectors installed where required?	<input type="checkbox"/>	<input type="checkbox"/>			
Do the smoke detector(s) produce an audio alarm, and in units occupied by the hearing impaired, is there a visual alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>			
Are the smoke detector(s) hardwired or a 10-year non-rechargeable, sealed, tamper-resistant primary battery-powered smoke alarm devices?	<input type="checkbox"/>	<input type="checkbox"/>			
Stairs and Rails (Interior and Exterior) Are all stairs and railings sound and free of hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
Water Heater Is the water heater located, equipped, and installed safely with adequate venting, relief valves, and discharge lines, and is the chimney or flue piping clear, properly aligned, and free of damage, with the gas shutoff valve correctly installed?	<input type="checkbox"/>	<input type="checkbox"/>			
Other Potentially Hazardous Features Is the property free of any other potentially hazardous features? If yes, explain the hazard and the means of control.	<input type="checkbox"/>	<input type="checkbox"/>			

Substandard Conditions

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Attached Garages If there is an attached garage, is it separated from the residence and its attic area in accordance with the Building Code, and are the openings between the garage and residence equipped with a properly fire-rated self-closing door?	<input type="checkbox"/>	<input type="checkbox"/>			
Evidence of Infestation Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
Hazardous Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Item Description	Yes, Pass	No, Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass, comment on details of unit pre-condition.	Date Confirmed Complete
Is the plumbing installed in accordance with code requirements in effect at the time of installation, maintained in good condition, and free of cross-connections or siphonage between fixtures?					
Hazardous Mechanical Equipment Is all mechanical equipment installed in compliance with code requirements in effect at the time of installation, maintained in good and safe condition, and being used safely?	<input type="checkbox"/>	<input type="checkbox"/>			
Faulty Materials of Construction Are the construction materials used specifically allowed or approved by the Building Code, and has the use of approved materials been adequately maintained in good and safe condition?	<input type="checkbox"/>	<input type="checkbox"/>			
Hazardous or Unsanitary Premises Is the unit free of an accumulation of weeds/vegetation, junk, dead organic matter, debris/garbage, rat harborages, stagnant water, combustible materials and similar materials that would cause a fire?	<input type="checkbox"/>	<input type="checkbox"/>			