

**MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS**

APPENDIX A

INSPECTION FORM: SECTION 8 EXISTING HOUSING PROGRAM

Inspection Form

U.S. Department of Housing
and Urban Development



Section 8 Existing Housing Program

OMB. No. 2502-0185 (exp. 11/30/85)

PHA _____ Tenant ID# _____ Date of Request _____
Inspector _____ Date Last Inspection _____ Date of Inspection _____
Neighborhood/Census Tract _____ Type of Inspection: INIT: SPEC: REINSP:
Project # _____

A. GENERAL INFORMATION

Address of Inspected Unit: Street: _____
City: _____ County: _____ State: _____ Zip: _____
Name of Family _____
Current Address of Family: Street: _____
City: _____ County: _____ State: _____ Zip: _____
Current Telephone of Family _____
Name of Owner or Agent Authorized to Lease Unit Inspected _____
Address of Owner or Agent _____
Telephone of Owner or Agent _____

HOUSING TYPE (Check as appropriate)

- Mobile Home
- Single Family Detached
- Duplex or Two Family
- Row House or Town House
- Low Rise: 3, 4 stories, Including Garden Apartment
- High Rise: 5 or more stories
- Congregate
- Cooperative
- Independent Group Residence
- Other

B. SUMMARY DECISION ON UNIT (TO BE COMPLETED AFTER FORM HAS BEEN FILLED OUT)

Section 8 Housing Quality Standard

Decision on unit Review the checklist as follows:

- Fail 1. If there are any checks under the column headed "Fail" the unit fails the Section 8 minimum housing standard. Discuss with the landlord the repairs noted that would be necessary to bring the unit up to the standard.
- Inconclusive 2. 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 (question landlord or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change rating for item and record date of verification to the far right of the form.

Pass

3. If neither (1) nor (2) above is checked, the unit passes the Section 8 minimum 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 landlord, (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.

Section 8 Occupancy Standard

1. Count the number of rooms used for sleeping that were identified on the checklist or potentially to be used for sleeping if unit is vacant. Record on the line provided.

C. HOW TO FILL OUT THIS CHECKLIST

- Complete the checklist on the unit to be occupied (or currently occupied) by the tenant
- Proceed through the inspection as follows:

Area	Checklist Category
• room by room	1. Living Room, 2. Kitchen, 3. Bathroom, 4. All Other Rooms Used for Living, 5. All Secondary Rooms Not Used for Living
• basement or utility room	6. Heating and Plumbing
• outside	7. Building Exterior
• overall	8. General Health and Safety
- Each part of the checklist will be accompanied by an explanation of the item to be inspected.
- Important: For each item numbered on the checklist, check one box only (e.g., check one box only for item 1.4 "Security," in the Living Room.)

- 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 be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).
- If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.
- Once the checklist has been completed return to Part B (Summary Decision on the Unit).

1. LIVING ROOM

1.1 LIVING ROOM PRESENT

Note: if the unit is an efficiency apartment, consider the living room present.

1.2 ELECTRICITY

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e.: There must be two of these in the room, or one of these *plus a permanently installed ceiling or wall light fixture.*



Both the outlets and/or the light must be *working*. Usually a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: table or floor lamps (these are *not* permanent light fixtures), ceiling lamps plugged into socket, extension cords.

If the electric service to the unit has been temporarily turned off check "Inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 ELECTRICAL HAZARDS

Examples of what this means: broken wiring, noninsulated wiring, frayed wiring; improper types of wiring, connections or insulation, wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets, badly cracked outlets, exposed fuse box connections, overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 SECURITY

"Accessible to outside" means: doors open to the outside or to a common public hall; windows with sills less than 6' off the ground, windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened.

1.5 WINDOW CONDITION

Rate the windows in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes, dangerously loose cracked panes, windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane, splintered sill, signs of some minor rotting in the window frame or the window itself, window panes loose because of missing window putty. If more than one window is in this condition, give details in the space provided on the right of the form.

1.6 CEILING CONDITION

"Unsound or hazardous" means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling, large holes, missing parts; falling or in-danger-of-falling loose surface materials (other than paper or paint).

Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks, missing or broken ceiling tiles, water stains, soiled surfaces, unpainted surfaces, peeling paint (for peeling paint see item 1.9).

1.7 WALL CONDITION

"Unsound or hazardous" includes: serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning, damaged or loose structural members, large holes, air infiltration.

Pass walls that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces, peeling paint (for peeling paint see item 1.9).

1.8 FLOOR CONDITION

"Unsound or hazardous" means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g., tripping) or that large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled.

1.9 LEAD PAINT

Note: This requirement applies to all painted interior surfaces within the unit (including ceiling) that are chipping, peeling, cracking. (It does not apply to furniture.) In order to fail, the paint must be noticeably loose and separating from the surface material. The requirement enables assessment (without sophisticated equipment) of conditions strongly associated with lead-based paint poisoning. If any surface in the room has chipping, peeling, or cracking paint it fails, regardless of whether the paint has been tested for lead content.

The specific surface areas that fail must be treated in the following manner. They must be thoroughly washed, sanded, scraped or wire brushed so as to remove all hazards before repainting with at least two coats of a nonleaded paint.

1. LIVING ROOM

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
1.1	LIVING ROOM PRESENT Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>			
1.2	ELECTRICITY Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	ELECTRICAL HAZARDS Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	SECURITY Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
1.5	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"/>			
1.6	CEILING CONDITION Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.7	WALL CONDITION Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.8	FLOOR CONDITION Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.9	LEAD PAINT Are all interior surfaces either free of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent exposure of the occupants to lead-based paint hazards?	<input type="checkbox"/>	<input type="checkbox"/>			

Notes: (Give item #)

2. KITCHEN

2.1 KITCHEN AREA PRESENT

Note: A kitchen is an area used for preparation of meals. It may be either a separate room or an area of a larger room (for example, a kitchen area in an efficiency apartment).

2.2-2.9

Same as explanations for "Living Room" with following modification:

2.2 Note: the requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Note: the absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 STOVE OR RANGE WITH OVEN

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the landlord is responsible for supplying these appliances, check "Fail." Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working condition," also look for hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot light - a condition that should be noted but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "Inconclusive." Contact owner or manager to get verification that facility works when gas is turned on.

If both an oven and a stove or range are present and working, but defects exist, note these to the right of the form. Possible defects are: marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

2.11 REFRIGERATOR

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 SINK

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "Inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet; marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 SPACE FOR STORAGE AND PREPARATION OF FOOD

Some space must be available for storage and preparation of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space and no room for a table and portable cabinet, check "Fail."

If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

Notes: (Give item #)

2. KITCHEN

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
2.1	KITCHEN AREA PRESENT Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>			
2.2	ELECTRICITY Is there at least one working electric outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	ELECTRICAL HAZARDS Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	SECURITY Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
2.5	WINDOW CONDITION Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
2.6	CEILING CONDITION Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.7	WALL CONDITION Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.8	FLOOR CONDITION Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.9	LEAD PAINT Are all interior surfaces either free of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent exposure of the occupants to lead-based paint hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
2.10	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"/>		
2.11	REFRIGERATOR Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.12	SINK Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.13	SPACE FOR STORAGE AND PREPARATION OF FOOD Is there a space to store and prepare food?	<input type="checkbox"/>	<input type="checkbox"/>			

3. BATHROOM

3.1 BATHROOM PRESENT

Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e., toilet, washbasin and tub or shower located in separate parts of the unit). At a minimum there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See Inspection Manual for additional notes on rating the second bathroom.)

3.2-3.9

Explanation for these items is the same as that provided for "Living Room" with the following modifications:

3.2 ELECTRICITY

Note: The requirement is that at least one permanent light fixture is present and working.

3.3 ELECTRICAL HAZARDS

Note: In addition to the previously mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 WINDOW CONDITION

Note: The absence of a window does not fail this item in the bathroom (see item 3.13, Ventilation, for relevance of window with respect to ventilation). If there is no window, check "Pass."

3.7 WALL CONDITION

Note: Include under nonhazardous defects (that would pass but should be noted) the following: broken or loose tile, deteriorated grouting at tub/wall and tub/floor joints or tiled surfaces, water stains.

3.8 FLOOR CONDITION

Note: Include under nonhazardous defects (that would pass but should be noted) the following: missing floor tiles; water stains.

3.10 FLUSH TOILET IN ENCLOSED ROOM IN UNIT

The toilet must be contained within the dwelling unit and be available for the exclusive use of the occupants of the unit (i.e., outhouses or facilities shared by occupants of other dwelling units are not acceptable). It must allow for privacy.

Not working means the toilet is not connected to a water supply, it is not connected to a sewer drain, it is clogged, the connections (or vents or traps) are faulty to the extent that severe leakage of water or escape of gases occurs, the flushing mechanism does not function properly.

If the water to the unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working" but has the following types of defects: constant running, chipped or broken porcelain, slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

3.11 FIXED WASH BASIN OR LAVATORY IN UNIT

The wash basin must be permanently installed (i.e., a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirements under Part 2 of the checklist (kitchen facilities) can not also serve as the bathroom wash basin. The wash basin may be located separate from the other bathroom facilities (e.g., in a hallway).

Not working means the wash basin is not connected to a system that will deliver hot and cold running water, it is not connected to a properly operating drain, the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs.

If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working" but has the following types of minor defects: insufficient water pressure, dripping faucets, minor leaks, cracked or chipped porcelain, slow drain (see discussion above under 3.10).

3.12 TUB OR SHOWER IN UNIT

Not present means that neither a tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working but has the following types of defects: dripping faucet, minor leaks, cracked porcelain, slow drain (see discussion above under 3.10), absent or broken support rod for shower curtain.

3.13 VENTILATION

Working vent systems include ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on (Make sure that any malfunctions are not due to the fan not being plugged in.)

If electric current to the unit has not been turned on (and there is no openable window), check "Inconclusive." Obtain verification from owner or manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

Notes: (Give item #)

3. BATHROOM

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
3.1	BATHROOM PRESENT (see description) Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>			
3.2	ELECTRICITY Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	ELECTRICAL HAZARDS Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4	SECURITY Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
3.5	WINDOW CONDITION Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
3.6	CEILING CONDITION Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.7	WALL CONDITION Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.8	FLOOR CONDITION Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.9	LEAD PAINT Are all interior surfaces either free of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent exposure of the occupants to lead-based paint hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
3.10	FLUSH TOILET IN ENCLOSED ROOM IN UNIT Is there a working toilet in the unit for exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11	FIXED WASH BASIN OR LAVATORY IN UNIT Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12	TUB OR SHOWER IN UNIT Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13	VENTILATION Are there openable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

4. OTHER ROOMS USED FOR LIVING AND HALLS

Complete an "Other Room" checklist for as many "other rooms used for living" as are present (and not already noted in Parts 1, 2, and 3 of the checklist) in the unit. See the discussion below for definition of "used for living." Also complete an "Other Room" checklist for all entrance halls, corridors, halls and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole—that is, as part of one space.

Additional forms for rating "Other Rooms" are provided in the checklist.

Definition of "used for living": "Rooms used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do include any of these areas if they are frequently used (for example, a finished basement/playroom, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (for example, an unfinished basement) since it will be checked under Part 5, All Secondary Rooms, Not Used for Living.

4.1 ROOM CODE AND ROOM LOCATION

Enter the appropriate room code given below:

ROOM CODES

- 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)
- 8 = Other

Also write the ROOM LOCATION on the line provided. Record the location of the room with respect to the unit's width, length and floor level as if you were standing outside the unit facing the entrance to the unit.

- right/left*: record whether the room is situated to the right, left, or center of the unit.
- front/rear*: record whether the room is situated to the back, front, or center of the unit.
- floor level*: identify the floor level on which the room is located.

If the unit is vacant you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5).

4.2-4.9 Explanation of these items is the same as that provided for "Living Room" with the following modifications.

4.2 ELECTRICITY/ILLUMINATION

If Room Code not = to 1, the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room.

4.5 WINDOW CONDITION

In rooms used for sleeping, if the windows are designed to be opened, at least one window must be openable. The minimum standards do not require a window in "other rooms" not used for sleeping. Therefore, if there is no window in another room not used for sleeping, check "Pass," and note "no window" in the area for comments.

ADDITIONAL NOTES

For staircases, the adequacy of light and condition of the stair treads and railings is covered under Part 8 of the checklist (General Health and Safety).

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
4.1	ROOM CODE AND ROOM LOCATION: <input type="checkbox"/> right/left _____ front/rear _____ floor level _____	ROOM CODES 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 6 = Other				
4.2	ELECTRICITY/ILLUMINATION IF Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code not = 1; is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	ELECTRICAL HAZARDS Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	SECURITY Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5	WINDOW CONDITION If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6	CEILING CONDITION Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7	WALL CONDITION Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8	FLOOR CONDITION Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9	LEAD PAINT Are all interior surfaces either free of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent exposure of the occupants to lead-based paint hazards?	<input type="checkbox"/>	<input type="checkbox"/>			

Notes: (Give item #)

SUPPLEMENT FOR:

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
4.1	<p>ROOM CODE AND ROOM LOCATION: <input type="checkbox"/></p> <p>right/left _____</p> <p>front/rear _____</p> <p>floor level _____</p>	<p>ROOM CODES</p> <p>1 = Bedroom or any other room used for sleeping (regardless of type of room)</p> <p>2 = Dining Room or Dining Area</p> <p>3 = Second Living Room, Family Room, Den, Playroom, TV Room</p> <p>4 = Entrance Halls, Corridors, Halls, Staircases</p> <p>5 = Additional Bathroom</p> <p>6 = Other</p>				
4.2	<p>ELECTRICITY/ILLUMINATION</p> <p>If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code not = 1, is there a means of illumination?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	<p>ELECTRICAL HAZARDS</p> <p>Is the room free from electrical hazards?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	<p>SECURITY</p> <p>Are all windows and doors that are accessible from the outside lockable?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.5	<p>WINDOW CONDITION</p> <p>If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.6	<p>CEILING CONDITION</p> <p>Is the ceiling sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.7	<p>WALL CONDITION</p> <p>Are the walls sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.8	<p>FLOOR CONDITION</p> <p>Is the floor sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.9	<p>LEAD PAINT</p> <p>Are all interior surfaces either free of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent exposure of the occupants to lead-based paint hazards?</p>	<input type="checkbox"/>	<input type="checkbox"/>			

Notes: (Give item #)

SUPPLEMENT FOR:

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval
		Yes, PASS	No, FAIL	INCONCLUSIVE		
4.1	<p>ROOM CODE AND ROOM LOCATION: <input type="checkbox"/></p> <p>right/left _____</p> <p>front/rear _____</p> <p>floor level _____</p> <p>ROOM CODES 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 6 = Other</p>					
4.2	<p>ELECTRICITY/ILLUMINATION</p> <p>If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code not = 1, is there a means of illumination?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	<p>ELECTRICAL HAZARDS</p> <p>Is the room free from electrical hazards?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	<p>SECURITY</p> <p>Are all windows and doors that are accessible from the outside lockable?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.5	<p>WINDOW CONDITION</p> <p>If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.6	<p>CEILING CONDITION</p> <p>Is the ceiling sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.7	<p>WALL CONDITION</p> <p>Are the walls sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.8	<p>FLOOR CONDITION</p> <p>Is the floor sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.9	<p>LEAD PAINT</p> <p>Are all interior surfaces either free of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent exposure of the occupants to lead-based paint hazards?</p>	<input type="checkbox"/>	<input type="checkbox"/>			

Notes: (Give item #)

SUPPLEMENT FOR:

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
4.1	<p>ROOM CODE AND ROOM LOCATION: <input type="checkbox"/></p> <p>right/left _____</p> <p>front/rear _____</p> <p>floor level _____</p> <p>ROOM CODES 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 6 = Other</p>					
4.2	<p>ELECTRICITY/ILLUMINATION</p> <p>If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code not = 1, is there a means of illumination?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	<p>ELECTRICAL HAZARDS</p> <p>Is the room free from electrical hazards?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	<p>SECURITY</p> <p>Are all windows and doors that are accessible from the outside lockable?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.5	<p>WINDOW CONDITION</p> <p>If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.6	<p>CEILING CONDITION</p> <p>Is the ceiling sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.7	<p>WALL CONDITION</p> <p>Are the walls sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.8	<p>FLOOR CONDITION</p> <p>Is the floor sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.9	<p>LEAD PAINT</p> <p>Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead-based paint hazards?</p>	<input type="checkbox"/>	<input type="checkbox"/>			

Notes: (Give item #)

SUPPLEMENT FOR:

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
4.1	<p>ROOM CODE AND ROOM LOCATION: <input type="checkbox"/></p> <p>right/left _____</p> <p>front/rear _____</p> <p>floor level _____</p> <p>ROOM CODES 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 Hall, Corridor, Halls, Staircases 5 = Additional Bathroom 6 = Other</p>					
4.2	<p>ELECTRICITY/ILLUMINATION</p> <p>If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code not = 1, is there a means of illumination?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	<p>ELECTRICAL HAZARDS</p> <p>Is the room free from electrical hazards?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	<p>SECURITY</p> <p>Are all windows and doors that are accessible from the outside lockable?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.5	<p>WINDOW CONDITION</p> <p>If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.6	<p>CEILING CONDITION</p> <p>Is the ceiling sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.7	<p>WALL CONDITION</p> <p>Are the walls sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.8	<p>FLOOR CONDITION</p> <p>Is the floor sound and free from hazardous defects?</p>	<input type="checkbox"/>	<input type="checkbox"/>			
4.9	<p>LEAD PAINT</p> <p>Are all interior surfaces either free of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent exposure of the occupants to lead-based paint hazards?</p>	<input type="checkbox"/>	<input type="checkbox"/>			

Notes: (Give item #)

5. ALL SECONDARY ROOMS (Rooms not used for living)

5. SECONDARY ROOMS (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)." Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also be observant of any other potentially hazardous features in these rooms and record under 5.4

5.1 NONE

If there are no "secondary rooms (rooms not used for living)," check NONE and go on to Part 6

5.2-5.4

Explanation for these items is the same as that provided for Living Room.

ADDITIONAL NOTE

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the PHA inspection supervisor to determine "Pass" or "Fail." Include defects like large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration.

6. BUILDING EXTERIOR

6.1 CONDITION OF FOUNDATION

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse, or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement)

6.2 CONDITION OF STAIRS, RAILS AND PORCHES

"Unsound or hazardous" means stairs, porches, balconies or decks with severe structural defects; or broken, rotting or missing steps, or absence of a handrail when there are extended lengths of steps (i.e., generally four or more consecutive steps), or absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground

6.3 CONDITION OF ROOF AND GUTTERS

"Unsound and hazardous" means: The roof has serious defects such as serious buckling, sagging indicating the potential of structural collapse. There are large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious surface defects within the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under the eaves) show serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass"

6.4 CONDITION OF EXTERIOR SURFACES

See definition above for roof, item 5.3

6.5 CONDITION OF CHIMNEY

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks)

6.6 LEAD PAINT: EXTERIOR SURFACES

Exterior surfaces include walls, stairs, decks, porches, railings, windows and doors

See discussion of Lead Paint (item 1.4, interior surfaces) for Living Room for explanation of regulations for treatment or covering of surfaces not in compliance. Note: Refer to Inspection Manual and PHA Handbook 7420.7, 5-419.

6.7 MOBILE HOMES: TIE DOWNS

Mobile homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Mobile homes must be securely anchored by a tie-down device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Area Office

6.8 MOBILE HOMES: SMOKE DETECTORS

Regulation as stated in item

Notes: (Give Item #)

5. ALL SECONDARY ROOMS (Rooms not used for living)

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
5.1	NONE <input type="checkbox"/> GO TO PART 6					
5.2	SECURITY Are all windows and doors that are accessible from the outside lockable in each room?	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	ELECTRICAL HAZARDS Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	OTHER POTENTIALLY HAZARDOUS FEATURES IN ANY OF THESE ROOMS Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain hazard and means of control of interior access to room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. BUILDING EXTERIOR						
6.1	CONDITION OF FOUNDATION Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.2	CONDITION OF STAIRS, RAILS, AND PORCHES Are all the exterior stairs, rails and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.3	CONDITION OF ROOF AND GUTTERS Are the roof, gutters and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.4	CONDITION OF EXTERIOR SURFACES Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.5	CONDITION OF CHIMNEY Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.6	LEAD PAINT: EXTERIOR SURFACES Are all exterior surfaces which are accessible to children under seven years of age free of cracking, scaling, peeling, chipping, and loose paint or adequately treated or covered to prevent exposure of such children to lead-based paint hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.7	MOBILE HOMES: TIE DOWNS If the unit is a mobile home, is it properly placed and tied down? If not a mobile home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
6.8	MOBILE HOMES: SMOKE DETECTORS If unit is a mobile home, does it have at least one smoke detector in working condition? If not a mobile home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	

7. HEATING AND PLUMBING

7.1 ADEQUACY OF HEATING EQUIPMENT

"Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The PHA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a *primary* source of heat for units located in areas where *climate conditions require regular heating*.

"directly or indirectly to all rooms used for living" means:

- "directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)
- "indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g., a dining room may not have a radiator but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works but there is some question whether a room without a heat source would receive adequate indirect heat, check "inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances the adequacy of heat can be determined by a simple comparison of the size of the heating system compared to the area to be heated. For example, a permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 SAFETY OF HEATING EQUIPMENT

Examples of "unvented fuel burning space heaters" are: portable kerosene units, unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact owner or manager for verification of safety of system. If the system has passed a recent local inspection check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection or look for an inspection certificate posted on the heating system.

7.3 VENTILATION AND ADEQUACY OF COOLING

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see Inspection Manual for instruction).

"Working cooling equipment" includes: central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no openable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 HOT WATER HEATER

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it).

Water heaters must have a temperature-pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up of steam if the heater malfunctions. If not, they are not properly equipped and fail.

To pass, gas or oil fired hot water heaters must be vented into a properly installed chimney or flue leading outside. Electric hot water heaters do not require venting.

If it is impossible to view the hot water heater, check "Inconclusive." Obtain verification of safety of system from owner or manager.

Check "Pass" if the heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., hot water heating system in large apartment building). Check in the same manner described for heating system safety, Item 7.2, above.

7.5 WATER SUPPLY

If the structure is connected to a city or town water system, check "Pass."

If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7.7 are checked "inconclusive," check with owner or manager for verification of adequacy

7.6 PLUMBING

"Major leaks" means that *main* water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7 SEWER CONNECTION

If the structure is connected to the city or town sewer system, check "Pass."

If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5.

7. HEATING AND PLUMBING

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
7.1	ADEQUACY OF HEATING EQUIPMENT Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2	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"/>		
7.3	VENTILATION AND ADEQUACY OF COOLING Does this unit have adequate ventilation and cooling by means of operable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4	HOT WATER HEATER Is hot water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5	WATER SUPPLY Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6	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"/>		
7.7	SEWER CONNECTION Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Notes: (Give item #)

8. GENERAL HEALTH AND SAFETY

8.1 ACCESS TO UNIT

"Through another unit" means that access to the unit is only possible by means of passage through another dwelling unit.

8.2 EXITS

"Acceptable fire exit" means that the building must have an alternative means of exit in case of fire that meets local or state regulations; this could include:

- An openable window if the unit is on the first floor or second floor or easily accessible to the ground.
- A back door opening onto a porch with a stairway leading to the ground.
- Fire escape, fire ladder, or fire stairs.

"Blocked" means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The PHA has the final responsibility for deciding whether the type of emergency exit is acceptable although the tenant should assist in making the decision.

8.3 EVIDENCE OF INFESTATION

"Presence of rats, or severe infestation by mice or vermin" (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous set-tings of rat poison. If the unit is occupied, ask the tenant.

8.4 GARBAGE AND DEBRIS

"Heavy accumulation" means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pick up within an hour or two.

8.5 REFUSE DISPOSAL

"Adequate covered facilities" includes: trash cans with covers, garbage chutes, "dumpsters" (i.e., large scale refuse boxes with lids), and trash bags (if approvable by local public agency). "Approvable by local public agency" means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. **Note:** During the period when the PHA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are no adequate covered facilities present, check "Inconclusive." Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 INTERIOR STAIRS & COMMON HALLS

"Loose, broken, or missing steps" should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (i.e., generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

If working condition of lights cannot be determined, check "Inconclusive."

"Other hazards" would be conditions such as bare electrical wires and tripping hazards.

8.7 OTHER INTERIOR HAZARDS

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 ELEVATORS

Note: At the time the PHA is setting up its inspection program it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check "Not Applicable."

8.9 INTERIOR AIR QUALITY

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 SITE AND NEIGHBORHOOD CONDITIONS

Examples of conditions that would "seriously and continuously endanger the health or safety of the residents" are

- other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse).
- evidence of flooding or major drainage problems.
- evidence of mud slides or large land settlement or collapse.
- proximity to open sewage.
- unprotected heights (cliffs, quarries, mines, sandbars).
- fire hazards.
- abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health.
- continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 LEAD PAINT: OWNER CERTIFICATION

If the owner is required to treat or cover any interior or exterior surfaces, the PHA must obtain certification that the work has been done in accordance with such requirements prior to the execution or renewal of any HAP contract. No reinspection is necessary if certificate is obtained.

Suggested wording of this certificate is as follows:

"The undersigned hereby certifies that the property located at

_____ (property address)

has had applicable surfaces treated or covered as required.

_____ (Owner's Signature)

_____ (Type or Print Name)

_____ (Date)

8. GENERAL HEALTH AND SAFETY

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION			If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
		Yes, PASS	No, FAIL	INCONCLUSIVE		
8.1	ACCESS TO UNIT Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
8.2	EXITS Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>			
8.3	EVIDENCE OF INFESTATION Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
8.4	GARBAGE AND DEBRIS Is the unit free from heavy accumulation of garbage or debris inside or outside?	<input type="checkbox"/>	<input type="checkbox"/>			
8.5	REFUSE DISPOSAL Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6	INTERIOR STAIRS & COMMON HALLS Are interior stairs and common halls free from hazards to the occupant because of loose, broken or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.7	OTHER INTERIOR HAZARDS Is the interior of the unit free from any other hazards not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>			
8.8	ELEVATORS Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
8.9	INTERIOR AIR QUALITY Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>			
8.10	SITE AND NEIGHBORHOOD CONDITIONS Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>			
8.11	LEAD PAINT: OWNER CERTIFICATION If the owner of the unit is required to treat or cover any interior or exterior surfaces, has the certification of compliance been obtained? If owner was not required to treat surfaces, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

