NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED

Property ID #:							nspection	ID#		Inspection Date:				
Property name:						P	PHA Name			Property Phone:				
	ddress:				P	PHA ID Number			Agent Phone:					
Property C	ity:	St	ate:	Zip:										
1 3	,			_			PAR'	Т 1						
Air Orralia					EXIGE	NT HEA		D SAFET						
Air Qualit A Propa		as/Methane Ga	s Detecte	d				Emergency Equipment/Fire Exits/Fire Escapes D Emergency/Fire Exits/Blocked/Unusable Fire Escapes						
Electrical Hazards									E Blocked Egress/Ladders					
B Exposed Wires/Open Panels C Water Leaks on or Near Electrical Equipment									Gas/Oil Hot Water Heater/Gas/Oil HVAC F Carbon Monoxide Hazard - Gas/Oil Fired Unit - Missing/Misaligned Chimney					
he Offic	es of Multi	family Hou	sing an	d Public						be mitigated immediately and reported to the local				
IUD Field Office within 72 hours of the date of the inspection.														
nly a pre eaving th ecorded ore-databandicate it	scribed number of the premises on this formulase adjustments should als	mber of inch , the nursing n as an obse nent with the o be process	nes (e.g g home rved El e REAC sed as a	a., 6 inch propert H&S de C, please pre-da	nes) to p y is not eficiency e submit tabase a	revent i required I. If loca an app djustme	residents d to miti al or stat eal imment.	s with A igate the te code a nediately	lzheir defic llows (with	te code requires that windows either not open or open mer's, dementia, or other conditions from injury or tiency "blocked egress/inoperable" window(s) when is for this restriction and the property has not filed a min 45 days of the inspection report's release date) and				
	nspection the Site or	following iten Dwelling							azards	which require immediate attention. Use additional sheets if needed. COMMENT(s)				
Item Site or Dwelling CHECK DEFECT TYPI Number Bldg. Unit or CA Location				11 E(s) (t	see list be	iow)		COMMENT(8)						
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2.														
3.														
4. 5.														
eserved for	· HUD use				•	•	•	,	,					
						EVD	PAR'		. D					
Emergenc	v Equipment	t/Fire Exits/Fi	re Escap	es		FIRE	LSAFEI	Y HAZARD Smoke Detectors						
Emergency Equipment/Fire Exits/Fire Escapes G Window Security Bars Prevent Egress H Fire Extinguishers Expired								I Missing/Inoperative						
			ns were o	bserved a	and noted	as Fire Sa	ıfety hazaı	rds which	require	e immediate attention:				
Item Number	is inspection the following items were observed and noted as Fire Safety haza Site or Bldg. Unit or CA Location Location CHECK DEFECT TYPE(s) (See list below								•	COMMENT(s)				
			G		H		I							
1. 2.								+						
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	hreatening H	ealth and Safet	v Conce	ne Not D	efined in	Part 1 or 1	Part 2 Abo	ove						
1.	incatching 11	cann and Sarci	y Conce	ils Not D	crinca in	i ait i Oi i	art 2 Abc	340.						
2.														
3.														
NAME OF	OWNER/AC	GENT'S REPR	ESENTA	ATIVE (P	lease prin	t legibly)]	INSPECTOR NAME: (Print)				
SIGNATU	RE OF OWN	IER/AGENT'S	REPRE	SENTAT	IVE D	ate			-					
									i	INSPECTOR ID NUMBER				

Neither the inspector, the inspector's employer nor the Department of Housing and Urban Development assume any liability whatsoever, expressed or implied, that the above noted health and safety hazards constitute all of the health and safety deficiencies that may be present on the property. Any and all liability for the health and safety hazards noted above, as well as any health and safety hazards that may exist on the property but were not observed by the inspector, are the full and absolute responsibility of the property owner and not the inspector, the inspector's employer nor the Department of Housing and Urban Development.

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED (continued)

Property ID #	Inspection ID #	Inspection Date:
Inspector ID #		
	PART 1 EXIGENT HEALTH AND SAFETY HAZARDS	

Air Quality	Emergency Equipment/Fire Exits/Fire Escapes
A Propane/Natural Gas/Methane Gas Detected	D Emergency/Fire Exits/Blocked/Unusable Fire Escapes
Electrical Hazards	E Blocked Egress/Ladders
B Exposed Wires/Open Panels	Gas/Oil Hot Water Heater/Gas/Oil HVAC
C Water Leaks on or Near Electrical Equipment	F Carbon Monoxide Hazard - Gas/Oil Fired Unit - Missing/Misaligned Chimney

The Offices of Multifamily Housing and Public Housing require all exigent hazards be mitigated immediately and reported to the local HUD Field Office within 72 hours of the date of the inspection.

FOR NURSING HOME/HEALTHCARE PROPERTIES ONLY: If local or state code requires that windows either not open or open only a prescribed number of inches (e.g., 6 inches) to prevent residents with Alzheimer's, dementia, or other conditions from injury or leaving the premises, the nursing home property is not required to mitigate the deficiency "blocked egress/inoperable" window(s) when recorded on this form as an observed EH&S deficiency. If local or state code allows for this restriction and the property has not filed a pre-database adjustment with the REAC, please submit an appeal immediately (within 45 days of the inspection report's release date) and indicate it should also be processed as a pre-database adjustment.

Item Number	Site or Bldg. Location	Dwelling Unit or CA Location	re observed and noted as Exigent Health & Safety haza CHECK DEFECT TYPE(s) (See list below)						COMMENT(s)
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Reserved for HUD use

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED (continued)

Property ID # Ins	nspection ID # Inspection Date:			
Inspector ID #				
	PART 2			
$\mathbf{F}_{\mathbf{I}}$	FIRE SAFETY HAZARD			
Emergency Equipment/Fire Exits/Fire Escapes	Smoke Detectors	Smoke Detectors		
G Window Security Bars Prevent Egress	I Missing/Inoperative			

The Offices of Multifamily Housing and Public Housing require all exigent hazards be mitigated immediately and reported to the local HUD Field Office within 72 hours of the date of the inspection.

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During this inspection the following items were observed and noted as Fire Safety hazards which require immediate attention:

Item Number	Site or Bldg. Location	Dwelling Unit or CA Location				COMMENT(s)
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Reserved for HUD use