

APPENDIX 15

SAMPLE FORMS: PROPERTY INSPECTION FORMS

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A. GENERAL INFORMATION

Date of Inspection: _____

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: _____

B. HOW TO FILL OUT THIS CHECKLIST

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.

Also, if "Pass" but there are additional code items or items not consistent with rehab standards or area codes, write these in the space to the right.

-- SAMPLE --

Appendix 15

A-15.1

1. LIVING ROOM

For each Item numbered, check one box

only.

Item #	Description	DECISION		Repairs Required
		Yes, No,	PASS FAIL	
1.1	LIVING ROOM PRESENT Is there a living room?			
1.2	ELECTRICITY Are there at least two working outlets or one working outlet and one working light fixture'?			
1.3	ELECTRICAL HAZARDS Is the room free from electrical hazards?			
1.4	SECURITY Are all windows and doors that are accessible from the outside lockable?			
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?			
1.6	CEILING CONDITION Is the ceiling sound and free from hazardous defects?			
1.7	WALL CONDITION Are the walls sound and free from hazardous defects?			
1.8	FLOOR CONDITION Is the floor sound and free from hazardous defects?			
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?			
1.10	WEATHERSTRIPPING Is weatherstripping present and in good condition on all windows and exterior doors?			
1.11	OTHER			
1.12	OTHER			

Notes: (Give Item #)

A-15.2

2. KITCHEN

For each Item
numbered, check one box only.

Item #	Description	DECISION		PASS	FAIL	Repairs Required
		Yes,	No,			
2.1	KITCHEN AREA PRESENT Is there a kitchen?					
2.2	ELECTRICITY Is there at least one working electric outlet and one working, permanently installed light fixture?					
2.3	ELECTRICAL HAZARDS Is the kitchen free from electrical hazards?					
2.4	SECURITY Are all windows and doors that are accessible from the outside lockable?					
2.5	WINDOW CONDITION Are all windows free of signs of deterioration or missing or broken out panes?					
2.6	CEILING CONDITION Is the ceiling sound and free from hazardous defects?					
2.7	WALL CONDITION Are the walls sound and free from hazardous defects?					
2.8	FLOOR CONDITION Is the floor sound and free from hazardous defects?					
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?					
2.10	STOVE OR RANGE WITH OVEN Is there a working oven, and a stove (or range) with top burners that work?					
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?					
2.12	SINK Is there a kitchen sink that works with hot and cold running water?					

2.13 SPACE FOR STORAGE AND PREPARATION OF FOOD
Is there a space to store and prepare food?

2.14 WEATHERSTRIPPING
Is weatherstripping present and in good condition
on all windows and exterior doors?

2.15 OTHER

2.16 OTHER

Notes: (Give Item #)

-- SAMPLE --

Appendix 15

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3. BATHROOM

For each item numbered, check
one box only.

Item	Description	DECISION		PAST	FAIL	Repairs Required
		Yes	No.			
3.1	BATHROOM PRESENT (see description) Is there a bathroom?					
3.2	ELECTRICITY Is there at least one permanently installed light fixture?					
3.3	ELECTRICAL HAZARDS Is the bathroom free from electrical hazards?					
3.4	SECURITY Are all windows and doors that are accessible from the outside lockable?					
3.5	WINDOW CONDITION Are all windows free of signs of deterioration or missing or broken out panes?					
3.6	CEILING CONDITION Is the ceiling sound and free from hazardous defects?					
3.7	WALL CONDITION Are the walls sound and free from hazardous defects?					
3.8	FLOOR CONDITION Is the floor sound and free from hazardous defects?					
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?					
3.10	FLUSH TOILET IN ENCLOSED ROOM IN UNIT Is there a working toilet in the unit for exclusive					

private use of the tenant?

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?

3.12 TUB OR SHOWER IN UNIT

Is there a working tub or shower with hot and cold running water in the unit?

3.13 VENTILATION

Are there openable windows or a working vent system?

3.14 WEATHERSTRIPPING

Is weatherstripping present and in good condition on all windows and exterior doors?

3.15 OTHER

3.16 OTHER

Notes: (Give Item #)

-- SAMPLE --

Appendix 15

A-15.4

4. OTHER ROOMS USED FOR LIVING

AND HALLS

For each item numbered, check

one box only.

DECISION

Yes, No,

Item Description PASS FAIL Repairs Required

4.1 ROOM CODE and ROOM CODES

ROOM LOCATION: 1 = Bedroom or any other room used for sleeping
(regardless of type of room)

2 = Dining Room, or Dining Area

right/left ____ 3 = Living Room, Family Room, Den, Playroom, TV Room

front/rear ____ 4 = Entrance Halls, Corridors, Halls, Staircases

floor/level ____ 5 = Additional Bathroom

6 = Other

4.2 ELECTRICITY

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?

4.3 ELECTRICAL HAZARDS

Is the room free from electrical hazards?

4.4 SECURITY

Are all windows and doors that are accessible from the outside lockable?

- 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?
- 4.6 CEILING CONDITION
Is the ceiling sound and free from hazardous defects?
- 4.7 WALL CONDITION
Are the walls sound and free from hazardous defects?
- 4.8 FLOOR CONDITION
Is the floor sound and free from hazardous defects?
- 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?
- 4.10 WEATHERSTRIPPING
Is weatherstripping present and in good condition on all windows and exterior doors?
- 4.11 OTHER
- 4.12 OTHER

Notes: (Give Item #)

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Appendix 15

A-15.5

5. ALL SECONDARY ROOMS (Rooms not used for living) one box only. For each item numbered, check

DECISION
Yes, No,

Item # Description PASS FAIL
Repairs Required

- 5.1 NONE ___ GO TO PART 6
- 5.2 SECURITY
Are all windows and doors that are accessible from the outside lockable in each room?
- 5.3 ELECTRICAL HAZARDS
Are all these rooms free from electrical hazards?
- 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.

5.5 OTHER

5.6 OTHER

Notes: (Give Item #)

-- SAMPLE --

Appendix 15

A-15.6

6. BUILDING EXTERIOR

For each item numbered, check one box only.

DECISION

Yes, No,

Item #	Description	PASS	FAIL	Repairs Required
6.1	CONDITION OF FOUNDATION Is the foundation sound and free from hazards?			
6.2	CONDITION OF STAIRS, RAILS, AND PORCHES Are all the exterior stairs, rails and porches sound and free from hazards?			
6.3	CONDITION OF ROOF AND GUTTERS Are the roof, gutters and downspouts sound and free from hazards?			
6.4	CONDITION OF EXTERIOR SURFACES Are exterior surfaces sound and free from hazards?			
6.5	CONDITION OF CHIMNEY Is the chimney sound and free from hazards?			
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?			
6.7	MOBILE HOMES: TIE DOWNS If the unit is a mobile home, it is properly placed and tied down? If not a mobile home, check "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."			
6.9	CAULKING Are all fixed joints including frames around doors and windows, areas around all holes for pipes, ducts, water			

faucets or electric conduits, and other areas may allow unwanted air flow appropriately caulked.

6.10 OTHER

6.11 OTHER

Notes: (Give Item #)

-- SAMPLE --

Appendix 15

A-15.7

7. HEATING, PLUMBING AND
INSULATION

For each item numbered, check one box only.

Item #	Description	DECISION		Repairs Required
		Yes,	No,	
		PASS	FAIL	
7.1	ADEQUACY OF HEATING EQUIPMENT			
a.	Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?			
b.	Is the heating equipment oversized by more than 15%?			
c.	Are pipes and ducts located in unconditioned space insulated?			
7.2	SAFETY OF HEATING EQUIPMENT			
	Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?			
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?			
7.4	NOT WATER HEATER			
	Is hot water heater located, equipped, and installed in a safe manner?			
7.5	WATER SUPPLY			
	Is the unit served by an approvable public or private sanitary water supply?			
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?			
7.7	SEWER CONNECTION			
	Is plumbing corrected to an approvable			

public or private disposal system, and
is it free from sewer back-up?

7.8 INSULATION

Are the attic and walls appropriately
initiated for regional conditions?

7.9 OTHER

7.10 OTHER

Notes: (Give Item #)

-- SAMPLE --

Appendix 15

A-15.8

8. GENERAL HEALTH AND SAFETY For each item numbered, check one box only.

DECISION
Yes, No,

Item #	Description	PASS	FAIL	Repairs Required
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8.1 ACCESS TO UNIT

Can the unit be entered without
having to go through another unit?

8.2 EXITS

Is there an acceptable fire exit from this
building that is not blocked?

8.3 EVIDENCE OF INFESTATION

Is the unit free from rats or
severe infestation by mice or vermin?

8.4 GARBAGE AND DEBRIS

Is the unit free from heavy accumulation
of garbage or debris inside or outside?

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?

8.6 INTERIOR STAIRS AND 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?

8.7 OTHER INTERIOR HAZARDS

Is the interior of the unit free
from any other hazards not specifically
identified previously?

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?

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?

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?

Notes: (Give Item #)

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Appendix 15

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8. GENERAL HEALTH AND SAFETY
(cont'd.)

For each item numbered, check
one box only.

Item	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	

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."

8.12 OTHER

8.13 OTHER

Notes: (Give Item #)

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Appendix 15

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