

# Modular & Panelized Housing Factory Inspection Report

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

|                                                                                                                       |  |                 |                                 |                 |                      |
|-----------------------------------------------------------------------------------------------------------------------|--|-----------------|---------------------------------|-----------------|----------------------|
| Manufacturer's Name and Address                                                                                       |  | Factory Address |                                 | Field Office    |                      |
|                                                                                                                       |  |                 |                                 | Bulletin Number |                      |
|                                                                                                                       |  |                 |                                 |                 |                      |
| <input type="checkbox"/> Housing Modules <input type="checkbox"/> Components <input type="checkbox"/> Other (Specify) |  |                 | Production (components per mo.) |                 | Last Inspection Date |
|                                                                                                                       |  |                 |                                 |                 |                      |

## 1. Conditions

1. ☐ Unable to make inspection:      2. ☐ Change of Ownership      3. ☐ Change of Name  
a. ☐ Plans not available      c. ☐ Facility shut-down  
b. ☐ Not in production      d. ☐ Other (specify)

## 2. Inspection

## Factory Facilities

- |                             |                                  |                              |                                      |                              |                           |
|-----------------------------|----------------------------------|------------------------------|--------------------------------------|------------------------------|---------------------------|
| 4. <input type="checkbox"/> | Storage and Handling of Material | 8. <input type="checkbox"/>  | Supervisory Control Over Fabrication | 11. <input type="checkbox"/> | MPS Noncompliance         |
| 5. <input type="checkbox"/> | Quality of Material              | 9. <input type="checkbox"/>  | Special Characteristics of Bulletin  | 12. <input type="checkbox"/> | Bulletin Noncompliance    |
| 6. <input type="checkbox"/> | Character of Plant               | 10. <input type="checkbox"/> | Acceptable                           | 13. <input type="checkbox"/> | No Noncompliance Observed |
| 7. <input type="checkbox"/> | Skill of Workmen and Mechanics   |                              |                                      |                              |                           |

[illegible]

**Certification:** I certify that I have carefully inspected this factory on this date and have reported observed unacceptable conditions and noncompliances, and that I have no personal interest, present or prospective, in the factory, its producer proceeds.

Signature of Inspector

Date \_\_\_\_\_

X

### 3. Recommendation

- ☐ **Acceptance** (Acceptance of Mortgage Insurance)      ☐ **Restriction** (Unacceptable for Mortgage Insurance)      ☐ **Cancellation** (Bulletin to be Withdrawn)

Signature of Chief Architect

|      |
|------|
| Date |
|------|

Signature of Director Housing Division/Service Office Supervisor

|      |
|------|
| Date |
|------|

X

|x|

**This form is for HUD internal use only**