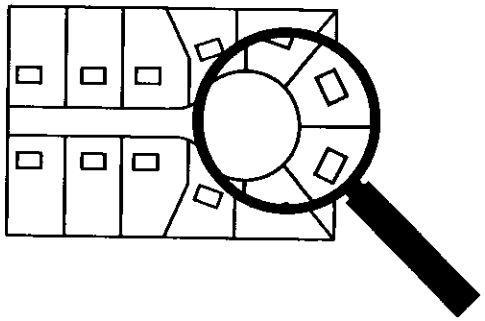
Department of Housing and Urban Development
Office of Public and Indian Housing

HUD MAINTENANCE GUIDEBOOKS

GUIDEBOOK 2

INSPECTION OF DEVELOPMENTS



September 1995

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INSPECTION OF DEVELOPMENTS

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HUD Maintenance Guidebook Two - Inspection of Developments

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OCTOBER 1994

MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS

CHAPTER ONE - PURPOSE

SECTION A IDENTIFY DEFICIENCIES

The purpose of the inspection is to identify deficiencies throughout every development of Public Housing Agencies and Indian Housing Authorities (jointly referred to as HAs) before they become failures, and to evaluate the general condition of the affected items and look for potential areas of deterioration.

The HA staff member assigned the task of inspection should be knowledgeable about the facilities, equipment, and systems and their proper functions, to determine the acceptability of their physical and operating conditions. The inspection includes, but is not limited to:

- Site;
- Underground facilities;
- Building envelopes and interiors;
- HVAC, plumbing, and electrical systems;
- Stationary and movable service equipment and appliances;
- Housekeeping.

The Inspector should also determine whether a defect is the result of other than normal wear-and-tear, for which the residents are responsible for correction costs.

The inspections can be consolidated into three major components:

- Living Unit Inspection—Conducted for units at move-out and move-in, and for occupied units, at least once a year;
- Site Inspection—Conducted weekly;
- Service Systems Inspection—Conducted on regular schedules that are set by need, by manufacturer's recommendations, by season, or by code standards.

HAs are required to inspect three major components of their developments at least annually. Compliance with this requirement is measured under the Public Housing Management Assessment Program (PHMAP) indicator #7, which consists of four components.

SECTION B CORRECT DEFICIENCIES

Timely response to correct inspection-identified deficiencies is essential to a successful operation. Prompt correction of deficiencies extends the useful life of units and systems. Once HAs have categorized the

deficiencies as either emergency or non-emergency, response times should be scheduled for each. HAs should strive to achieve the following response times, as a minimum, to receive an A grade for "correction of deficiencies"—components #3 and #4 of PHMAP indictor #7—which has a weight of x3:
Emergency—corrected or abated within 24 hours; non-emergency—corrected within 25 calendar days.

END OF CHAPTER ONE

MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS

CHAPTER TWO - SCOPE AND SCHEDULE

SECTION A PLANNED AND SCHEDULED INSPECTIONS

1. REQUIRED ANNUAL INSPECTIONS

HAs are required to perform annual inspections of their units and major systems, to track the inspections, and to repair the identified defects. With the information derived from annual inspections, the HA can schedule the required maintenance of the development's buildings, grounds, public-use areas, service systems, and living units, and budget expenditures for these tasks.

The intent of living-unit inspections is to ensure that units are in decent, safe, and sanitary condition as required by the Annual Contributions Contract (ACC). For this purpose, HAs may use the Section 8 Existing Housing Program Housing Quality Standards (HQS), which, however, establish only minimum habitability standards. Where standards of local health or housing codes and regulations exceed HQS, the HA inspection standard should be raised. HAs are expected to maintain their developments, including living units, in full compliance with all applicable local codes and regulations, and to preserve the physical condition of those living units and developments which have recently been built or modernized. HUD Form 52580 (see Appendix A), or other similar forms, may be used for inspections with due respect to the aforementioned concepts.

Timing of the annual inspections is left to the discretion of each HA. Once the unit inspection has been scheduled, the resident should be notified in writing of the actual date, as stipulated in the lease—usually at least 48 hours before the inspection is to take place. The HA should encourage the resident to be present for the inspection. If it is determined that a unit, or its equipment, has been damaged beyond normal wear-and-tear, the resident should be informed that the correction costs are chargeable against his or her account.

Whether the system for tracking inspections and repair of identified defects is manual or computerized, it is important to identify the location and quantity of every item or system component to be inspected or tested and to establish specifically who will conduct the inspection and generate the work order.

2. PERIODIC INSPECTIONS

Periodic inspections are performed on regular schedules determined by manufacturer's recommendations, by codes, regulations, or safety standards, or by an HA's experience (for instance, particular equipment which needs more frequent inspection than the manufacturer recommends or codes require).

Examples of items and systems that are inspected periodically are elevators, electric transformers, emergency lighting and standby generators, heating plants, storm and sanitary drain systems, cathodic protection of gas pipelines, and vehicles. Since a specific inspection program must be customized for each component in a development, some elements for several service-system components are presented in Appendix B.

a. Preventive Maintenance Inspections

Preventive maintenance inspections are in this category, since they should be regularly scheduled and may be inspected more frequently than annually. As with other inspection programs, the goal is to inspect and maintain these facilities and systems routinely to extend their useful life and to ensure that residents receive the full benefit of them. Examples of items periodically inspected under the preventive-maintenance plan might be exterior building surfaces, roofing, and heating and cooling systems. (See Guidebook One, Chapter Two, Section E, and Guidebook One's Appendix C for sample preventive maintenance schedules.)

b. Site or Daily Upkeep Inspection

Site inspection is done to ensure that all areas within the developments outside of the living units are, at a minimum, safe, clean, attractive, and free of debris, since the condition of outside grounds and interior common areas have a great impact in shaping both the residents' attitudes and the public image of the development.

This inspection program covers a multitude of areas within the site, such as lawns, landscaping yards, sidewalks, fencing, parking areas, lobbies, and common entries. The inspection form should provide adequate space to record the development name and address, the date of inspection and name of the Inspector, and the description and location of any deficiencies and action taken to correct them. (See Appendix C for sample form.)

SECTION B ONGOING INSPECTIONS

1. UNIT TURNOVER INSPECTION

Although the number of unit turnover inspections required for a given year may be estimated, they cannot all be planned, since some moves are unforeseen. The three main types of unit-turnover inspections are:

- Move-out Inspections;
- Vacancy Turnaround Inspections (which occur while a unit is being prepared for reoccupancy);
- Move-in Inspections.

These inspections are treated in greater detail in Guidebook One, Chapter Six, and in Appendix D to Guidebook One.

2. EMERGENCIES

Inspections related to emergency situations cannot be scheduled in advance, although they must be accounted for in the Annual Plan of the HA's Maintenance Program (see Guidebook One, Chapter Two, Section F).

END OF CHAPTER TWO

MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS

CHAPTER THREE - PERSONNEL AND PERFORMANCE

SECTION A INSPECTION TEAM

The number of people assigned to perform the inspection is usually determined by the size of the HA. In HAs of 250 or fewer units, it is usually done by a maintenance mechanic or supervisor, but whoever does the inspection should be qualified to identify any maintenance problem needing correction and to distinguish normal wear-and-tear from resident damage. The Inspector should also be knowledgeable about the equipment and system components, and how they function, to ensure both the residents' and Inspector's safety during tests like checking the temperature/pressure valve.

In order to ensure quality inspections, HA personnel should be adequately trained and have experience in inspection.

SECTION B RESIDENT-ASSOCIATION MEETING

Because of the efforts of HUD and HAs to encourage resident participation in all aspects of HA operations, periodic meetings with residents, Resident Councils (RC), and Resident Management Corporations (RMC) should be held to explain the need for inspections, the process, and its benefits. Residents should be encouraged to participate in the actual inspection of their units so that they will understand the maintenance standards to be met. Other topics include:

- Resident participation in assessing maintenance needs and in planning services;
- Resident involvement in the establishment of HA policies;
- Business opportunities for resident organizations to contract for maintenance services);
- Resident employment;
- Maintenance training for residents who want to do their own repairs;
- Maintenance or management-skills training.

SECTION C DEVELOPMENT AND UNIT INSPECTIONS

It may not be practical to perform the entire range of annual and periodic inspections at the same time. Living-unit inspections can be completed separately from the building-and-grounds inspection. System-component inspections may be scheduled seasonally or per manufacturer's recommendations.

The following is to assist the HA Inspectors in conducting inspections. This presentation is not intended to be all-inclusive, but it is representative of the multitude of elements that should be evaluated during development and unit inspections.

1. SITES

The entire site should be systematically surveyed for deterioration and erosion, safety, and security problems. Findings should be recorded on whatever Inspection Form meets the need of the HA.

a. Lawns (grass areas)

Look at the general condition of lawns: bare spots, drainage problems, and any need for trash or debris removal.

b. Plants (trees, shrubs, hedges, ground cover)

Look for shape and structure of growth, disease and insect infestation, and any maintenance required, such as pruning, trimming, and root removal.

c. Paved Areas (streets, drives, parking, walks, gutters)

Look for cracks, settlement, and other failures in the surface and base, effectiveness of expansion joints, adequacy of drainage, and the accumulation of any debris.

d. Site Drainage (inlets, catch basins, manholes, ditches, drainage lines, swales, properly located splash blocks)

Look for wet or soggy areas, erosion, and drainage stopped by rubbish.

e. Site Amenities (stairs, screen walls, benches, rails, play and recreation areas, tot lots, and lighting)

Look for worn out, damaged, or missing parts, lights not working, unsafe tot-lot equipment and ground cover, rotting wooden members, and corrosion of metal posts.

2. STRUCTURES

a. Exterior Walls

Look for cracks and settlement in masonry, poor mortar joints and caulking, other structural deterioration, efflorescence, and graffiti. In frame buildings, also look for deterioration, warping, splitting, rotting, delamination, signs of moisture penetration and termite infestation.

b. Foundations

Look for cracks and areas where water can accumulate, leakage, settlement, adequacy of parging and dampproofing, fungus, and rot and termite infestation of wood members on foundation walls.

c. Crawl Spaces

Look for obstruction of ventilating openings, evidence of dampness or deteriorated vapor barriers, corrosion of pipes and hangers, deterioration of structural members; check the adequacy of floor and pipe insulation, and check for termite and vermin infestation. If gas lines run through the crawl space, check for the odor of gas.

d. Windows and Exterior Doors

Look for broken or cracked glass panes and, in the case of double-paned windows, look for cloudiness and condensation; check putty, painting, caulking, weather stripping, hardware, sills and lintels, storm windows, screens, and the ease of operation of doors and windows.

e. Porches, Balconies, and Steps

Examine canopies, flashing, handrails, and steps for deterioration and safety. Look for sinking or shifting of porches and deteriorating floor structures.

f. Roofs

On built-up roofs, look for blisters, alligatoring, depressions, missing gravel coverage and other deterioration or damage. Examine gravel stops, flashing, copings, and roof terminations for damage and deterioration. Ensure that no unauthorized antennas have been installed, and that no overhanging tree branches can damage the roofs and gutters. Check the condition of roof fans and vent pipes. On shingle roofs look for curling, brittleness, breakage, loose nails, cap

deterioration, and other damage. Examine gutters, downspouts, fascias, soffits, and vents for deterioration, peeling, and warping.

g. Basements

Look for signs of dampness, condensation, insect or rodent infestation, condition of floors, and exposed joists, as well as adequacy of drainage. Inspect space-heating and domestic hot-water heating systems.

h. Stairways

Check for loose or worn treads, loose handrails, damaged or soiled walls, broken windows, and inoperative lights. Look for incandescent lights, which should be replaced with fluorescent units.

i. Attic Space

Look for obstruction of ventilating openings, evidence of dampness or deterioration, adequacy of rafters, sheathing, and insulation. Examine the fit of stack vents to the roof.

j. Incinerators and Compactors

Look for adequacy of sanitation, ventilation of room, safety, housekeeping, and maintenance. Observe the operation of the compactor or incinerator for deterioration and other inadequacies.

3. INTERIOR OF LIVING UNITS

a. Painting

Examine interior surfaces for defects and condensation. Note any cracking, flaking, and other damage to plaster and other surfaces. Look for non HA-approved paint colors and other unacceptable forms of decoration.

b. Floors

Look for worn areas, broken or loose tile, sagging floors, deterioration of underlayment, and condition of baseboards.

c. Window Shades, Blinds, and Curtain Rods

Look for damaged or worn shades, cords, and tapes, defective springs and broken or missing parts.

d. Kitchen Ranges

Check lighting of top burners and oven, the operation of controls, and adequacy of burner and pilot flames. Examine range for cleanliness, damaged hardware, damage to porcelain surfaces, and for proper closing of the oven door.

e. Refrigerators

Check refrigerator for cleanliness, condensation, excessive frost accumulation, damaged evaporators, damage to doors and deterioration of door gaskets, liners, handles, shelving, and other parts, and excessive noise in operation. Check that there is adequate space between refrigerator and wall for ventilation and that coils are clean.

f. Domestic Hot-Water Heaters (DHW)

Check for adequate temperature/pressure valves and drain pipes, and that no combustible material is stored in close proximity to burner and flue. Inspect the size and color of flame and check temperature setting, which should not exceed 120 degrees F. Turn on a lavatory or kitchen faucet to check hot-water flow.

g. Space Heating

In gas furnaces, inspect the pilot and the burner flame size and color; check the draft control, damper position, and the cycles of operation by operating the thermostat. Check cleanliness of the filter. Look for dust, debris, deterioration, unusual noise in operation, and any hazardous conditions. For hot-water or steam systems, look for leaks, valve and trap operation, and cleanliness of units. For heat pumps look for proper operation during both heating and cooling cycles.

h. Plumbing Fixtures

Look for leaks, dripping faucets, running toilets, inoperable cut-off valves, deteriorated fixtures, and caulking around tubs. Flush the toilet and observe its operation.

i. Electrical Installations

Inspect the electrical panel for deterioration. Check the size of fuses or breakers relative to capacity (overloaded circuits); fuses should not be "jumped" by using inserted coins. Check ground-fault breakers for proper operation. Look at light fixtures, switches, and outlets for breakage and deterioration, missing cover plates, and loose connections. Check smoke detectors for proper functioning.

j. Housekeeping

Observe the quality of housekeeping throughout the unit; note conditions on the inspection form.

k. Termites, Rodents, and Insects

Look for evidence of roaches, termites, other bugs, and mice and other vermin.

4. SYSTEM COMPONENTS

a. Electrical Distribution System

Look at the HA-owned electrical distribution system—wiring, switches, and transformers—for breakage and deterioration.

b. Heating and Domestic Hot Water Plants

Inspect the pilot and the burner flame size and color. Check all filters. Check that the expansion tank is not water-logged. Check thermostats, temperature/pressure valves, and cycle of operation. Verify that operation logs are regularly maintained. Look for combustible material in close proximity to the systems.

c. Gas-Distribution System

Check that HA-owned meters are working properly. Determine whether cathodic protection turns out sufficient voltage to protect the underground ferrous-metal gas lines. Check for any leaks in exposed pipes and joints.

d. Water and Sewage Lines

Look for evidence of broken pipes (soggy areas, sink holes). Check that water meters are working properly.

e. Elevators

Check cable and brake shoes for deterioration. Check that all panel buttons, both on the car and on each floor, are functioning properly. Check functioning of elevator car doors, including electric eye safety devices, and test emergency communication system.

f. Special Purpose (Community Buildings, Mechanical Rooms, Maintenance Shops)

All above-listed items which are part of these facilities should be inspected, as well as any items unique to these facilities, such as washing machines, dryers, dishwashers, and alarm systems.

SECTION D WORK ORDERS

Correction of deficiencies identified during inspections should be done through issuing work orders as discussed in Guidebook I—Maintenance Program, Chapter Seven, Section C.

END OF CHAPTER THREE

MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS

CHAPTER FOUR - EQUIPMENT AND TIMING

SECTION A TOOLS AND INSTRUMENTS

Inspectors, no matter how competent they are, will struggle to accomplish their goals unless they are properly equipped to perform inspections. The equipment required is neither voluminous nor expensive to provide, but is extremely valuable in expediting the inspection process. The most common items required for the inspection are:

- Flashlight,
- Small hand mirror,
- Flat-head and Phillips screwdrivers,
- Pliers,
- Voltmeter,
- Thermometer,
- Smoke-detector batteries,
- Clip board and writing instrument,
- Inspection forms.

SECTION B HUMAN SENSES

In addition to the small inspection kit described in Section A, the Inspector's senses (sight, smell, touch, hearing, and common sense) are as much a tool in the inspection process as any listed above. Focusing this tool on the task at hand, in concert with good inspection techniques and a comprehensive format, will enable the Inspector to conduct a professional, well-documented annual or periodic inspection.

SECTION C DURATION OF INSPECTION

The inspection of a living unit should require approximately 30 minutes. The time allotment for the buildings, site, systems, and special-purpose facilities will vary with the size of the development. If the Inspector discovers a condition requiring a more in-depth evaluation, he or she may decide to spend the additional time for evaluation then. However, if the cause of the problem cannot be determined in a reasonable amount of time, the situation should be noted on the inspection form and resolved later through discussion with Maintenance management.

END OF CHAPTER FOUR

MAINTENANCE GUIDEBOOK II
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CHAPTER FIVE - RECORD-KEEPING

SECTION A FORMS

The vehicle by which HAs control maintenance activities is a Work Order System, of which the Inspection Form and other related documents are a part. These and the Work Order are the basic documents through which the maintenance of developments is accomplished. There are, however, other forms and records, such as those mentioned in Maintenance Guidebook I, which are essential supporting documents to the maintenance of developments.

To expedite repairs, the HA should generate work orders immediately upon completion of the inspection.

SECTION B ANALYSES

A good inspection program, supported by a strong, effective maintenance operation, will have a positive impact on improving maintenance service levels. Analyses of inspections can provide insight into each development. Compilation of this information can assist in estimating life expectancy of equipment, patterns of abuse by residents, selecting materials and equipment to be installed during modernization programs, and evaluating the quality of work performed by contractors. Further, the inspection reports enable the HA to evaluate condition of its developments and to compile data necessary to complete a realistic modernization program. It could also improve the quality of management of developments.

END OF CHAPTER FIVE

MAINTENANCE GUIDEBOOK II
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SCHEDULES

The following pages contain Inspection Schedules for various components and systems for use by HAs as samples for inspections.

START DATE: _____ W.O.: _____

COMPLETE
DATE:_____ _____

ANNUAL PREVENTIVE MAINTENANCE SCHEDULE
MARCH
GRATES AND WINDOW WELLS

_____1) Remove grates; remove all foreign materials and debris.

_____2) Check gas venting, remove all grass and weeds.

_____3) Check for proper mounting brackets/safety hazards.

COMMENTS:

START DATE: _____ W.O.: _____

COMPLETE
DATE:_____ _____

ANNUAL PREVENTIVE MAINTENANCE SCHEDULE
APRIL/MAY
PLAYGROUND EQUIPMENT

_____1) Inspect chains, bolts, bearings, and seats for safety. Repair or replace as needed.

_____2) Paint all playground items as needed. (Remove peeling paint and rust, and prime with rust-inhibitive paint before application of final coat.)

_____3) Use NAVLAP approved paint.

_____4) Check all welds, inspect steps and handrails, for safety hazards. Repair and/or replace as needed.

_____5) Remove grass and weeds from mulch beds.

_____6) Install mulch where needed.

_____7) Order materials for playground before April.

COMMENTS:

START DATE: _____ W.O.: _____

COMPLETE
DATE: _____ _____

ANNUAL PREVENTIVE MAINTENANCE SCHEDULE
JUNE
SIDEWALKS, STOOPS/HANDRAILS

_____1) Check all handrails for safety. Repair and/or replace as needed.

_____2) Check for safety hazards at sidewalks, stoops. To prevent areas from becoming more deteriorated, replace and repair as required.

COMMENTS:

START DATE: _____ W.O.: _____

COMPLETE
DATE: _____ _____

ANNUAL PREVENTIVE MAINTENANCE SCHEDULE
JUNE/JULY
STORM SEWERS, INLETS, SWALES

_____1) Clean and clear storm sewer grates, inlets, swales, etc.

_____2) Clean, flush, and clear, if needed.

_____3) Check and repair as needed, all lid coverings. Secure all lid coverings.

COMMENTS:

START DATE: _____ W.O.: _____

COMPLETE
DATE: _____ _____

ANNUAL PREVENTIVE MAINTENANCE SCHEDULE
JUNE/JULY
STREETS AND PARKING BAYS

_____1) Evaluate surface for required replacement/repair of

A) Sealing and capping;
B) Pavement striping or parking lines.

_____2) Patch any blacktop or concrete needed to be repaired.

_____3) Inspect and repair any sink holes in streets and parking bays.

_____4) Check that all parking bumpers are secure and in good condition.

_____5) Check handicap parking area, traffic signs, street signs, and recreation signs.

COMMENTS:

START DATE: _____ W.O.: _____

COMPLETE
DATE: _____ _____

ANNUAL PREVENTIVE MAINTENANCE SCHEDULE
JULY
GRAFFITI REMOVAL

_____1) Inspect building exteriors and interior common areas.

_____2) Use proper safety equipment and cleaning solvents during removal. Refer to safety data sheet for proper use of chemicals.

COMMENTS:

START DATE: _____ W.O.: _____

COMPLETE
DATE:_____ _____

ANNUAL PREVENTIVE MAINTENANCE SCHEDULE
AUGUST
INSPECT BOILER ROOM

_____1) Check all boiler rooms to ensure there are no gas or water leaks.

_____2) Test gas lines with gas detector, and soap test-elbows, unions, cutoff valves, risers and lines.

_____3) Check all gas venting for blockage, and clear where needed.

_____4) Perform efficiency test (CO_2 test) on boilers.

_____5) Visually check all water lines for leaks.

_____6) Log all recommendations and repairs.

COMMENTS:

START DATE: _____ W.O.: _____

COMPLETE
DATE:_____ _____

ANNUAL PREVENTIVE MAINTENANCE SCHEDULE
SEPTEMBER, OCTOBER, NOVEMBER
BUILDING INSPECTION EXTERNAL

_____1) Check all buildings on site.

_____2) Check fire escapes for proper operation, cable weights, ladders, and for deterioration.

_____3) Check all fire escapes for debris.

_____4) Check all building crawl-space vents.

_____5) Inspect meter boxes or meters for safety hazards and proper mounting and check all lock applications.

_____6) Check building lights for proper operation and any mechanical repairs.

_____7) Clean gutters, replace stainers and gutter guards.

_____8) Repair leaks and damage to bent gutters or downspouts. Use pop rivets for repairs and concrete splash blocks at drainage outlets.

_____9) Unstop any water held in gutters and downspouts.

_____10) Clean roofs and canopies of any debris.

_____11) Replace worn shingles, check metal flashing.

COMMENTS:

MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS

APPENDIX A

INSPECTION FORM: SECTION 8 EXISTING HOUSING PROGRAM

Inspection Form

Section 8
Existing Housing Program

U.S. Department of Housing and Urban Development

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 presense 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: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
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?	☐	☐			

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: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
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?	☐	☐			

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: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
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?	☐	☐	☐		

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)
6 = 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: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
4.1	**ROOM CODE AND ROOM LOCATION:** ☐ 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?	☐	☐	☐		
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?	☐	☐			

Notes: (Give item #)

SUPPLEMENT FOR:

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
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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?	☐	☐			

Notes: (Give item #)

SUPPLEMENT FOR:

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval
4.1	**ROOM CODE AND ROOM LOCATION:** ☐ 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?	☐	☐	☐		
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?	☐	☐			

Notes: (Give item #)

SUPPLEMENT FOR:

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE date of final approval.
4.1	**ROOM CODE AND ROOM LOCATION:** ☐ 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?	☐	☐	☐		
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?	☐	☐			
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4.7	**WALL CONDITION** Are the walls sound and free from hazardous defects?	☐	☐			
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Notes: (Give Item #)

SUPPLEMENT FOR:

4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

ITEM#	DESCRIPTION	DECISION: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
4.1	**ROOM CODE AND ROOM LOCATION:** ☐ 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?	☐	☐	☐		
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?	☐	☐			

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 6.3.

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 4.6, interior surfaces) for Living Room for explanation of regulations for treatment or covering of surfaces not in compliance. Note: Refer to inspection checklist and PHA Handbook 7420.7, 5-4(B).

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 tiedown 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: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
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.	☐	☐	☐		
6.	**BUILDING EXTERIOR**					
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, is it properly placed and tied down? If not a mobile home, check "Not Applicable."	☐	☐		☐ 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."	☐	☐		☐ 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 small 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 shall 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: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
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?	☐	☐	☐		
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	**HOT 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 connected to an approvable public or private disposal system, and is it free from sewer back-up?	☐	☐	☐		

Notes: (Give Item #)

8. GENERAL HEALTH AND SAFETY

8.1 ACCESS TO UNIT

"Through another unit" means that access to [illegible] 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 settings 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, sandpits).
- 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: Yes, PASS	DECISION: No, FAIL	DECISION: INCONCLUSIVE	If FAIL, what repairs necessary? If INCONCLUSIVE, give details. If PASS with comments, give details.	If FAIL or INCONCLUSIVE, date of final approval.
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 & 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?	☐	☐	☐	☐ 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?	☐	☐			
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?	☐	☐			
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."	☐	☐		☐ Not Applicable	

(Optional)

INSPECTION SUMMARY

Provide a summary description of each item which resulted in a rating of FAIL or PASSED WITH COMMENTS.

Tenant ID # _____ Date of Inspection: _____

Inspector _____

Type of Inspection INIT: ☐ SPEC. ☐ REINSP. ☐

Address of Inspected Unit: _____

Item #	Reason for "Fail" Rating or Comments

MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS

APPENDIX B

SERVICE-SYSTEM INSPECTION FORM GUIDELINES

SAMPLE
SERVICE SYSTEMS INSPECTION PROGRAM

Catch-Basin Inspection and Service

To prevent flooding conditions and to ensure sanitary conditions, each catch basin is to be inspected and, if required, cleaned on a monthly schedule by an assigned laborer.

Catch-basin locations and numerical designations should be shown on a plot plan of the development that clearly depicts this information and is attached to report.

All inspections and services are to be recorded on a Catch-Basin Inspection and Service Report.

Compactor Inspection and Service

To maintain continuous and efficient operation of all solid waste compactors, each unit is to be inspected, cleaned, and serviced according to the manufacturer's recommendations each week by an assigned maintenance worker.

All inspections an work performed are to be recorded on a Compactor Inspection and Service Report.

Condensate Pump Inspection

To ensure continuous and efficient operation of all condensate-return pumps, each location listed on a Condensate Pump Inspection Report is to be inspected by an assigned maintenance worker each week.

The procedure should required that all pumps, pump rooms, and equipment be inspected for operation, security, lighting, cleanliness, and general condition, particularly leaks requiring repair.

The Inspector shall ascertain that all equipment is operational by observation and/or testing. This includes, but is not limited to, tests, thermometers, pumps, controls, and sumps. All findings are to be recorded on he report form.

Electric Transformer Inspection

To ensure safe and continuous operation of all electrical transformers, each transformer listed on an Electric Transformer Inspection Report is to be inspected each month.

Each transformer manhole, vault, and/or enclosure is to be kept clear of storage, clean, lighted, dry and secure from unauthorized entry (locked).

The procedure requires that each manhole and vault be opened and entered to inspect for improper storage, degree of cleanliness, security, lighting, and general operating conditions, such as flooding or excessive insulating dust.

Each finding is to be recorded on the report form.

Elevator Equipment Inspection

To ensure continuous and safe operation, each elevator is to be serviced by a certified staff elevator mechanic or contractor not less often than required by local code. Upon receipt of the servicing contractor's service report and/or upon completion of any service work completed by the maintenance work force, an assigned maintenance worker is to inspect the elevator-equipment room for cleanliness, lighting, security, and improper storage. In addition, each elevator cab is to be checked for cleanliness, lighting, and smoothness of operation monthly.

All inspections are to be recorded on an Elevator Equipment Inspection Report.

Emergency Lighting Inspection and Service

To ensure reliable emergency lighting service, an assigned maintenance worker is to inspect and service each emergency lighting unit as listed on an Emergency Lighting Inspection and Service Report on a quarterly schedule.

The required inspection and service shall include testing each unit for correct operation and, in the case of a battery unit, adjusting the lamps and checking the batteries. Each finding is to be recorded on the report form.

Exhaust Fan Inspection and Service

To maintain a continuous and efficient ventilation system, each exhaust fan listed on an Exhaust Fan Inspection and Service Report is to be inspected and serviced in accordance with the manufacturer's recommendations by an assigned maintenance worker on a semi-annual schedule.

The inspection and service is to include:

- Lubricate motor when required;
- Lubricate bearing and shaft when required;
- Check assembly for mechanical stability;
- Clean unit and components (filters);
- Adjust "V" belt and report existing condition, (whether good/poor or in need of replacement);
- Check timers for correct setting;
- Check fan operation.

All inspections and services performed are to be recorded on the report form.

Exterior Light Inspection

To assist in maintaining a safe environment and to ensure continuous timely exterior lighting service, an assigned maintenance worker shall conduct a tour of all buildings and grounds weekly between the hours of dusk and dawn to inspect each exterior light as indicated on a development site plan.

The site plan should clearly define the location of all managerially controlled exterior lights, such as pole, canopy, and wall fixtures. The Inspector during the tour, is to note any light that is not functioning on an Exterior Lighting Inspection Report. In the case of fixtures controlled by mechanical timers, the Inspector is to record the on and off time settings as well as adjust, whenever required.

Heating Plant Operations and Maintenance

To ensure an efficient and cost-effective heating plant operation, an assigned maintenance worker shall perform these activities as listed on the appropriate activity reports, i.e., daily, weekly, monthly and quarterly, bi-annual and annual service reports.

Heating Plant Operations and Maintenance (continued)

Manufacturer's instructions will dictate the maintenance requirments for the equipment which has been installed. At a minimum these instructions should identify which tasks should be performed on daily, weekly, monthly, quarterly, bi-annual and annual basis.

Upon the completion of each scheduled and specified activity, the performing worker shall record in the appropriate column the date and his or her initials to signify work completion.

Lighted Exit Sign Inspection and Service

To assist in maintaining a safe environment, an assigned maintenance worker shall inspect and service each lighted exit sign as listed on a Lighted Exit Sign Inspection and Service Report at least once monthly. Every lighted exit sign shall be kept clean, mechanically stable, and lighted.

After inspection of each lighted exit sign, the condition and service, if required, shall be recorded in the appropriate space on the report.

Mechanical Equipment Maintenance

To maintain a continuous and efficient operation of mechanical equipment such as electrical heaters (overhead or wall) and air-conditioning units, each unit listed on a Mechanical Equipment Maintenance Report is to be inspected, vacuumed, and the filters cleaned and/or replaced every April and September by an assigned maintenance worker.

All inspections and services performed are to be recorded on the report.

Refuse Chute Entry Inspection

To maintain a continuous, safe and sanitary operation of the solid-waste disposal chutes, the service rooms on each floor and all chute entry doors are to be inspected by an assigned maintenance worker on a weekly and monthly basis for:

Refuse Chute Entry Inspection (continued)

- Cleanliness;
- Improper storage;
- Lighting;
- Operation (service room door and chute entry hatch are to be self-closing and must latch positively);
- Mechanical stability, i.e., all operating parts in proper working order.

All inspection are to be recorded on a Refuse Chute Entry Inspection Report.

Exterior Main Sanitary Drain Line Maintenance

To assist in preventing emergency flooding and backups of all sanitary drain lines, each exterior main sanitary drain line shall be rodded and flushed clear to the main city sewer system once each year by an assigned maintenance worker.

Exterior main sanitary drain line locations and numerical designations should be shown on a plot plan of the Development that clearly depicts this information.

All services are to be recorded on an Exterior Main Sanitary Drain Line Activity Report.

MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS

APPENDIX C

SITE INSPECTION FORM

SAMPLE

BUILDINGS AND GROUNDS INSPECTION REPORT

Development: _____ Address: _____

Condition Key: Approved - Defective (Specify)

INSPECTION ITEM	NO.	COND.	LOCATION	DEFICIENCY	ACTION TAKEN
Sidewalks					
Yards					
Parking areas					
Fencing					
Areaways					
Garage area					
Fencing					
Basement					
Lobby					
Community room					
Office areas					
Stairtower					
Stairtower					
Roofs					
Penthouses					
Corridors					
Laundries					
Electric Sub-stations					
Dumpsters					

INSPECTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

MAINTENANCE GUIDEBOOK II
INSPECTION OF DEVELOPMENTS

APPENDIX D

MOVE-IN/MOVE-OUT INSPECTION FORM

Development Name: _____ _____ Housing Authority

Development Number_____

Address: _____

Resident Name: _____

Unit Inspection Form **Unit Inspection**

____ Move In Unit Condition/Work Needed

____ Move Out G= Good 1= Clean

____ Other F= Fair 2=Repair

____ Inspection P= Poor 3= Replace

ITEMS	UNIT CONDITION	WORK NEEDED	RESIDENT DAMAGE	WEAR & TEAR	REMARKS/DESCRIBE
Kitchen/Dining Area					
1 Disposal/Cap					
2 Sink & Faucet					
3 Range Hood/Exhaust Fan					
a Light					
b Shield					
4 Windows					
5 Glass					
6 Screens					
7 Drapery Liners/Shades					
a Rods					
b Hooks					
8 Light Fixtures/Globes					
9 Electric Outlets/Covers					
10 Refrigerator					
a Model #_____					
b Gasket					
c Freezer Door					
d Main Door					
e Shelves					
f Trays (Ice, Butterdish)					
g Crisper Drawers					
11 Cabinets					
a Doors					
b Shelf					
12 Countertops					
13 Range					
a Model #_____					
b Burners					
c Drip Pan					
d Door					
e Oven					
f Elements					
g Handles					
h Broiler Pan/Grill					
14 Floors					
15 Walls					
16 Ceiling					
17 Doors					
a Viewer					
b Letter Clip/Slot					
18 Door Locks					
19 Door Jam					
Living Room					
20 Floor					
21 Walls					
22 Ceiling					
23 Light Fixtures/Globes					
24 Windows					
a Rods					
b Hooks					
25 Screens					
26 Glass					
27 Drapery Liners/Shades					
28 Electric Outlets					
29 Smoke Alarms					

ITEMS	UNIT CONDITION	WORK NEEDED	RESIDENT DAMAGE	WEAR & TEAR	REMARKS/DESCRIBE
Bathroom #1					
30 Floors					
31 Walls					
32 Ceiling					
33 Doors					
34 Locks					
35 Door Jambs					
36 Tub/Stopper/Grab Bars					
37 Faucet					
38 Shower/Rod/Enclosure					
39 Wash Basin					
a Faucet					
b Handles					
c Stopper					
40 Cabinets					
41 Commode					
a Seat HC?					
b Tank					
42 Light Fixture					
a Shield					
b Bulb					
43 Medicine Cabinet					
44 Toothbrush Holder					
45 Electric Outlets/Covers					
46 Towel Rack/Soap Tray					
47 Exhaust Fan					
48 Emergency Alarm Cord					
Bathroom #2 - Half Bath 49 Floor					
50 Walls					
51 Ceiling					
52 Doors					
53 Locks					
54 Door Jambs					
55 Wash Basin					
a Faucet					
b Handles					
c Stopper					
56 Cabinets					
57 Commode					
a Seat HC?					
b Tank					
58 Light Fixtures					
a Shield					
b Bulbs					
59 Medicine Cabinet					
60 Toothbrush Holder					
61 Electric Outlets/Covers					
62 Towel Rack/Soap Tray					
63 Exhaust Fan					

ITEMS	UNIT CONDITION	WORK NEEDED	RESIDENT DAMAGE	WEAR & TEAR	REMARKS/DESCRIBE
General Interior					
64 Stairways					
a Treads					
b Banister Handrail					
c Light Fixtures/Globes					
d Bulbs					
65 Hallways					
66 Storage Closets/Shelves					
67 Vestibule					
a Floors					
b Lights					
68 Basement					
a Stairway					
b Handrail					
c Floor					
d Walls					
e Ceilings					
f Doors					
g Door Locks					
h Door Jamb					
I Windows					
j Glass					
k Screens					
l Electric Outlets/Covers					
m Wall Heater					
n Storm Door					
a Glass (2)					
b Screens (2)					
69 Laundry Room					
70 Laundry Tub					
a Faucet					
b Legs					
c Stopper					
71 Washer/Dryer Hookup					
72 Hot Water Tank					
73 Outside Dryer Vent					
74 Floor Drains/Sump Pump					
Major Equipment					
75 Heating					
a Baseboard Heaters					
b Heatpump					
c Breaker Box					
d Thermostat(s)					
e Basement/Crawlspace Heater					
f Ventilating Fan Whole House					
g Fan Control Switch					
76 Air Conditioning					
77 Plumbing					
78 Electrical Wiring					
79 Structural - Drywall					

ITEMS	UNIT CONDITION	WORK NEEDED	RESIDENT DAMAGE	WEAR & TEAR	REMARKS/DESCRIBE
Unit Exterior					
80 Light Fixtures					
81 Walkways					
82 Parking Area					
83 Patio/Deck					
84 Storage Room					
a Door					
b Light					
85 Front Porch/Railings					
86 Storm/Screen Doors					
a Glass					
b Locks					
c Closer					
d Springs					
e Screens					
f Outside Light Globe					
87 Sliding Glass Doors					
a Glass					
b Locks					
c Rollers					
d Security Bar					
e Screens					
f Drapery Liner/Rod					
g Hooks & Cord Guide					
88 Walls					
89 Roof					
90 Gutters & Downspouts					
General Housekeeping					
91 Interior Trash					
92 Exterior Trash					
93 Cleanliness					
a Floors					
b Walls					
c Windows					
94 Extermination Status					
95 Crawl Space					
96 Attic					

ALL BEDROOMS: ITEMS	Bedroom #1 Cond.	WN	Resp		Bedroom #2 Cond.	WN	Resp		Bedroom #3 Cond.	WN	Resp		Bedroom #4 Cond.	WN	Resp	
97 Floors																
98 Walls																
99 Ceiling																
100 Doors																
a Locks																
b Jambs																
101 Windows																
102 Draper Liners/Shades																
a Rods																
b Hocks																
103 Glass																
104 Screens																
105 Electrical Outlets & Fixtures																
106 Closets																
107 Emergency Pull Cord																

MISCELLANEOUS REMARKS: (For each remark note bedroom # and the corresponding work item)

WORK ORDER NEEDED _____ YES_____NO

PREPARE WORK ORDER FOR THE FOLLOWING:

ESTIMATE OF CHARGES $

_____

SIGNATURE OF RESIDENT OR AUTHORIZED REPRESENTATIVE

_____

DATE

_____

INSPECTED BY

_____

TITLE