

INSPECTION CHECKLIST

_____ Occupied _____ Vacant

Date of Inspection _____ Inspector _____ Property Address _____ Unit # _____	Housing Type: (Check as appropriate) <input type="checkbox"/> LIHTC <input type="checkbox"/> Single Family, Detached <input type="checkbox"/> Duplex or 2-Family <input type="checkbox"/> Row House or Townhouse <input type="checkbox"/> 515 RD <input type="checkbox"/> Other Name of Resident _____ No. of Bedrooms _____	Condition Codes: P = Pass F = Fail A = Action R = Resident M = Management Summary Decision: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Type of Inspection: <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Other _____		

	COMMENTS:	P	F	A		COMMENTS:	P	F	A
LIVING ROOM					BEDROOM - 1				
WALLS/INT. DOOR					WALLS/INT. DOOR				
CEILING					CEILING				
FLOORS					FLOORS				
ELEC./FIXTURE/OUTLETS					ELEC./FIXTURE/OUTLETS				
OTHER					OTHER				
DINING AREA					BEDROOM - 2				
WALLS/INT. DOOR					WALLS/INT. DOOR				
CEILING					CEILING				
FLOORS					FLOORS				
ELEC./FIXTURE/OUTLETS					ELEC./FIXTURE/OUTLETS				
OTHER					OTHER				
BATHROOM - 1					BEDROOM - 3				
WALLS/INT. DOOR					WALLS/INT. DOOR				
CEILING					CEILING				
FLOORS					FLOORS				
ELEC./FIXTURE/OUTLETS					ELEC./FIXTURE/OUTLETS				
WORKING TOILET					OTHER				
LAVATORY (H/C WATER)					BEDROOM - 4				
TUB/SHOWER					WALLS/INT. DOOR				
OTHER					CEILING				
BATHROOM - 2					FLOORS				
WALLS/INT. DOOR					ELEC./FIXTURE/OUTLETS				
CEILING					OTHER				
FLOORS					HEATING AND PLUMBING				
ELEC./FIXTURE/OUTLETS					HEATING/AC FILTER				
WORKING TOILET					VENTILATION				
LAVATORY (H/C WATER)					WATER HEATER				
TUB/SHOWER					BUILDING EXTERIOR				
OTHER					FOUNDATION				
KITCHEN					WALKS/STAIRS				
WALLS/INT. DOOR					RAILS/PORCHES				
CEILING					ROOF/GUTTERS				
FLOORS					EXTERIOR SURFACES				
ELEC./FIXTURE/OUTLETS					WINDOWS/SCREENS				
STOVE					DOORS/LOCKS				
REFRIGERATOR					GEN. HEALTH/SAFETY				
SINK					SMOKE DETECTORS				
DISPOSAL/TRASH CONT.					Access to UNIT/DOORS/LOCKS				
CABINETS					EVID. OF INFESTATION				
COUNTERTOPS					GARBAGE/DEBRIS				
DISHWASHER					DRAINAGE/PONDING				
RANGE HOOD					Other INTERIOR HAZARDS				
OTHER					Other EXTERIOR HAZARDS				

ADDITIONAL COMMENTS:

Resident Signature _____ Date _____

Manager Signature _____ Date _____

Management Signature _____ Date _____

I certify that the above named property meets or exceeds Section 5 Housing Quality Standards.

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, disability or familial status.

