

# Inspection Form

## Housing Choice Voucher Program

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(exp. 9/30/2002)

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

PHA <b>Housing Authority of Washington County</b>		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector <b>Tina McCall ___; Richard Willson ___ Butch Sappington ___</b>		Date Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy)
Neighborhood/Census Tract	Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Project Number

### A. General Information

Street Address of Inspected Unit				Housing Type (check as appropriate)			
City				<input type="checkbox"/> Single Family Detached			
County		State		<input type="checkbox"/> Duplex or Two Family			
Zip				<input type="checkbox"/> Row House or Town House			
Name of Family				<input type="checkbox"/> Low Rise: 3,4 Stories, Including Garden Apartment			
Current Telephone of Family				<input type="checkbox"/> High Rise; 5 or More Stories			
Current Street Address of Family				<input type="checkbox"/> Manufactured Home			
City		County		<input type="checkbox"/> Congregate			
State		Zip		<input type="checkbox"/> Cooperative			
Number of Children in Family Under 6				<input type="checkbox"/> Independent Group Residence			
Name of Owner or Agent Authorized to Lease Unit Inspected				<input type="checkbox"/> Single Room Occupancy			
Telephone of Owner or Agent				<input type="checkbox"/> Shared Housing			
Address of Owner or Agent				<input type="checkbox"/> Other:(Specify)			

### B. Summary Decision on the Unit

(to be completed after the form has been filled in)

#### Housing Quality Standard Pass or Fail

1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

2. **Inconclusive** 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 owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality 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 owner, (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.

**Unit Size:** Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

**Year Constructed:** Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

**Number of Sleeping Rooms:** Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box 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
basement or utility room	5. All Secondary Rooms Not Used for Living
outside	6. Heating & Plumbing
overall	7. Building Exterior
	8. General Health & 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

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>1.1 Living Room Present</b>	Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.2 Electricity</b>	Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.5 Window Condition</b>	Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	

**Additional Comments:** (Give Item Number)

**1.51 Does at least one window used for ventilation purposes have a screen, and does it stay open when raised?**

Comments continued on a separate page Yes  No

## 2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>2.1 Kitchen Area Present</b>	Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.2 Electricity</b>	Are there at least one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.3 Electrical Hazards</b>	Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.5 Window Condition</b>	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>2.10 Stove or Range with Oven</b>	Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.11 Refrigerator</b>	Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.12 Sink</b>	Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.13 Space for Storage, Preparation, and Serving of Food</b>	Is there space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

### 3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1	<b>Bathroom Present</b> (See description) Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>			
3.2	<b>Electricity</b> Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	<b>Electrical Hazards (GFI present)</b> Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4	<b>Security</b> Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
3.5	<b>Window Condition</b> Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
3.6	<b>Ceiling Condition</b> Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.7	<b>Wall Condition</b> Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.8	<b>Floor Condition</b> Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.9	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10	<b>Flush Toilet in Enclosed Room in Unit</b> Is there a working toilet in the unit for the exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11	<b>Fixed Wash Basin or Lavatory in Unit</b> Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12	<b>Tub or Shower</b> Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13	<b>Ventilation</b> Are there openable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

3.125 Are tub faucets above the flood rim of the tub?

Comments continued on a separate page Yes  No

**4. Other Rooms Used for Living and Halls** For each numbered item, check one box only.

**4.1 Room Location**

\_\_\_\_\_ right/left/center: the room is situated to the right, left, or center of the unit.  
 \_\_\_\_\_ front/rear/center: the room is situated to the back, front or center of the unit.  
 \_\_\_\_\_ floor level: the floor level on which the room is located.

**Room Code**

- 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:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>4.2 Electricity/Illumination</b>	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	If Room Code is a 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

**4.51 Does at least one window used for ventilation purposes have a screen, and does it stay open when raised?**

Comments continued on a separate page Yes  No

**4. Supplemental for Other Rooms Used for Living and Halls** For each numbered item, check one box only.

**4.1 Room Location**

**Room Code**

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
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 \_\_\_\_\_ front/rear/center: the room is situated to the back, front or center of the unit.  
 \_\_\_\_\_ floor level: the floor level on which the room is located.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>4.2 Electricity/Illumination</b>	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	If Room Code is a 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

**4.51 Does at least one window used for ventilation purposes have a screen, and does it stay open when raised?**

Comments continued on a separate page Yes  No

**4. Supplemental for Other Rooms Used for Living and Halls** For each numbered item, check one box only.

**4.1 Room Location**

**Room Code**

- \_\_\_\_\_ right/left/center: the room is situated to the right, left, or center of the unit.
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- \_\_\_\_\_ floor level: the floor level on which the room is located.

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- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>4.2 Electricity/Illumination</b>	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	If Room Code is a 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?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>			

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

**4.51 Does at least one window used for ventilation purposes have a screen, and does it stay open when raised?**

Comments continued on a separate page Yes  No

**4. Supplemental for Other Rooms Used for Living and Halls** For each numbered item, check one box only.

**4.1 Room Location**

\_\_\_\_\_ right/left/center: the room is situated to the right, left, or center of the unit.  
 \_\_\_\_\_ front/rear/center: the room is situated to the back, front or center of the unit.  
 \_\_\_\_\_ floor level: the floor level on which the room is located.

**Room Code**

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- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>4.2 Electricity/Illumination</b>	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	If Room Code is a 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

**5. All Secondary Rooms (Rooms not used for living)** For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None <input type="checkbox"/> Go to Part 6					
5.2	<b>Security</b> Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	<b>Electrical Hazards</b> Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	<b>Other Potentially Hazardous Features</b> Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.0 Building Exterior</b>						
6.1	<b>Condition of Foundation</b> Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.2	<b>Condition of Stairs, Rails, and Porches</b> Are all the exterior stairs, rails, and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.3	<b>Condition of Roof and Gutters</b> Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.4	<b>Condition of Exterior Surfaces</b> Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.5	<b>Condition of Chimney</b> Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.6	<b>Lead-Based Paint: Exterior Surfaces</b> Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
6.7	<b>Manufactured Homes: Tie Downs</b> If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

**6.8 Does the building have a number at least 3" in height that is readable from the public road?**

Comments continued on a separate page Yes  No

## 7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>7.1 Adequacy of Heating Equipment</b>	Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.2 Safety of Heating Equipment</b>	Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.3 Ventilation and Adequacy of Cooling</b>	Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.4 Water Heater</b>	Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.5 Water Supply</b>	Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.6 Plumbing</b>	Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.7 Sewer Connection</b>	Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)

7.8 If tenant is to pay for water and sewer, does the water service appear to be separately metered?

Comments continued on a separate page Yes  No

## 8. General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>8.1</b>	<b>Access to Unit</b> Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.2</b>	<b>Exits</b> Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.3</b>	<b>Evidence of Infestation</b> Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.4</b>	<b>Garbage and Debris</b> Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.5</b>	<b>Refuse Disposal</b> Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8.6</b>	<b>Interior Stairs and Common Halls</b> 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8.7</b>	<b>Other Interior Hazards</b> Is the interior of the unit free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.8</b>	<b>Elevators</b> Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>8.9</b>	<b>Interior Air Quality</b> Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.10</b>	<b>Site and Neighborhood Conditions</b> Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.11</b>	<b>Lead-Based Paint: Owner Certification</b> If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

**Additional Comments:** (Give Item Number)

**8.71** Are there other outlets within 6' of a water source that are not protected by a GFI device, or does a washer hookup require a single rather than a duplex outlet?

**8.72** Do all floor receptacles have waterproof covers?    Not Applicable \_\_\_\_\_ (Specify room)

**8.12** Lead Based Paint (MDE) - Has owner provided evidence of compliance with MDE requirements on pre-1950 units? Yes  No   Not Applicable

Comments continued on a separate page Yes  No

**Inspection Summary (Optional)**

Provide a summary description of each item which resulted in a rating of **Fail** or **Pass with Comments**.

Tenant ID No.	Inspector	Date of Inspection	Address of Inspected Unit
Type of Inspection	<input type="checkbox"/> Initial	<input type="checkbox"/> Special	<input type="checkbox"/> Reinspection
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

**8.12 Lead Based Paint (MDE) - Has owner provided evidence of compliance with MDE requirements on pre-1950 units?**

Comments continued on a separate page Yes  No