

INSPECTION REPORT

Date: _____

Group Type: Group I Group II PBA

Result: Pass Fail

Other: _____

Owner Requested Rent: _____

CHA Proposed Rent: _____ (subject to RR Determination)

	Family Information	Owner Information
Name		
Address		
City, State, Zip		

Unit Information					
Inspection Type	# of Bedrooms	# of Baths	Building Type	Condition Rating-Exterior	Condition Rating-Interior
<input type="checkbox"/> Initial	<input type="checkbox"/> Studio/Efficiency	<input type="checkbox"/> 1	<input type="checkbox"/> Single Family/Detached	<input type="checkbox"/> New/Excellent	<input type="checkbox"/> New/Excellent
<input type="checkbox"/> Annual	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 1.5	<input type="checkbox"/> Twin (2-unit)	<input type="checkbox"/> Good/Sound	<input type="checkbox"/> Good/Sound
<input type="checkbox"/> Other:	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 2	<input type="checkbox"/> Triple Decker (3-unit)	<input type="checkbox"/> Average	<input type="checkbox"/> Average
	<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 2.5	<input type="checkbox"/> Semi-Detached (rowhouse corner)	<input type="checkbox"/> Poor	<input type="checkbox"/> Poor
	<input type="checkbox"/> 4 Bedroom	<input type="checkbox"/> 3	<input type="checkbox"/> Inner Row (rowhouse)	<input type="checkbox"/> Uninhabitable	<input type="checkbox"/> Uninhabitable
	<input type="checkbox"/> 5 Bedroom	<input type="checkbox"/> 3+	<input type="checkbox"/> Low Rise (1 or 2 stories, 3+ units)		
	<input type="checkbox"/> 6 Bedroom		<input type="checkbox"/> Mid Rise (3 or 4 stories, 4+ units)		
	<input type="checkbox"/> 7 Bedroom		<input type="checkbox"/> High Rise (5+ stories)		

Item No.	1. Living Room	Yes Pass	No Fail	Comment	Final Approval Date
1.1	# of Electrical Outlets				
1.2	Electrical Hazards				
1.3	Window Condition				
1.4	Ceiling Condition				
1.5	Wall Condition				
1.6	Floor Condition				
Item No.	2. Kitchen	Yes Pass	No Fail	Comment	Final Approval Date
2.1	Kitchen Area Present				
2.2	# of Electrical Outlets				
2.3	Electrical Hazards				
2.4	Window Condition				
2.5	Ceiling Condition				
2.6	Wall Condition				
2.7	Floor Condition				
2.8	Paint Condition				
2.9	Stove or Range with Oven				
2.10	Refrigerator				
2.11	Sink				
2.12	Food Storage & Preparation				
2.13	Smoke Detector				
Item No.	3. Bathroom	Yes Pass	No Fail	Comment	Final Approval Date
3.1	Bathroom Present				
3.2	# of Electrical Outlets				
3.3	Electrical Hazards				
3.4	Window Condition				
3.5	Ceiling Condition				
3.6	Wall Condition				
3.7	Floor Condition				
3.8	Defective Paint				
3.9	Flush Toilet in Enclosed Room in Unit				
3.10	Fixed Wash Basin				
3.11	Tub or Shower				
3.12	Ventilation				



ROOM CODES 1 = Bedroom or any other Room Used for Sleeping 2 = Dining Room or Dining Area 3 = 2nd Living Room, Family Room, Den, TV Room
 4 = Entrance Halls, Corridors, Halls, Staircase 5 = Additional Bath 6 = Other

Item No.	4. Other Rooms Used for Living & Halls: Room Code []	Yes Pass	No Fail	Comment	Final Approval Date
4.1	# of Electrical Outlets				
4.2	Electrical Hazards				
4.3	Window Condition				
4.4	Ceiling Condition				
4.5	Wall Condition				
4.6	Floor Condition				
4.7	Defective Paint				
4.8	Smoke Detector				
4.9	Carbon Monoxide Detector				

Item No.	4. Other Rooms Used for Living & Halls: Room Code []	Yes Pass	No Fail	Comment	Final Approval Date
4.1	# of Electrical Outlets				
4.2	Electrical Hazards				
4.3	Window Condition				
4.4	Ceiling Condition				
4.5	Wall Condition				
4.6	Floor Condition				
4.7	Defective Paint				
4.8	Smoke Detector				
4.9	Carbon Monoxide Detector				

ROOM CODES		1 = Bedroom or any other Room Used for Sleeping	2 = Dining Room or Dining Area	3 = 2nd Living Room, Family Room, Den, TV Room	
		4 = Entrance Halls, Corridors, Halls, Staircase	5 = Additional Bath	6 = Other	
Item No.	4. Other Rooms Used for Living & Halls: Room Code []	Yes Pass	No Fail	Comment	Final Approval Date
4.1	# of Electrical Outlets				
4.2	Electrical Hazards				
4.3	Window Condition				
4.4	Ceiling Condition				
4.5	Wall Condition				
4.6	Floor Condition				
4.7	Defective Paint				
4.8	Smoke Detector				
4.9	Carbon Monoxide Detector				
Item No.	5. Basement	Yes Pass	No Fail	Comment	Final Approval Date
5.1	None				
5.2	Electrical Hazards				
5.3	Other Potentially Hazardous Features				
Item No.	6. Building Exterior	Yes Pass	No Fail	Comment	Final Approval Date
6.1	Condition of Foundation				
6.2	Condition of Stairs, Rails & Porches				
6.3	Condition of Roof/Gutters				
6.4	Condition of Exterior Surfaces				
6.5	Condition of Chimney				
6.6	Defective Paint: Exterior Surfaces				
6.7	Manufactured Home: Tie Downs				
Item No.	7. Heating & Plumbing	Yes Pass	No Fail	Comment	Final Approval Date
7.1	Adequacy of Heating Equipment				
7.2	Safety of Heating Equipment				
7.3	Ventilation/Cooling				
7.4	Water Heater				
7.5	Approvable Water Supply				
7.6	Plumbing				
7.7	Sewer Connection				
Item No.	8. General Health & Safety	Yes Pass	No Fail	Comment	Final Approval Date
8.1	Access to Unit				
8.2	Fire Exits				
8.3	Evidence of Infestation				
8.4	Garbage and Debris				
8.5	Refuse Disposal				
8.6	Interior Stairs and Common Halls				
8.7	Elevators				
8.8	Interior Air Quality				
8.9	Site & Neighborhood Concerns				
8.10	Lead-Based Paint: Owner Certifications				
8.11	Visible Mold in the Unit				
Item No.	9. Other Requirements	Yes Pass	No Fail	Comment	Final Approval Date
9.1	Certificate of Fitness				
9.2	Asbestos Material				

SAMPLE

Landlord Signature

Date

Tenant Signature

Date

Inspector Signature

Date