

Property Inspection Form

AM/PM

PROPERTY ADDRESS _____ DATE/TIME _____ INSPECTOR _____

Owner Name & Phone# _____ Occupant Name and Phone# _____

TYPE OF INSPECTION		TYPE OF USE		
RESIDENTIAL	RENTAL	SINGLE FAMILY	EDUCATION	ASSEMBLY
COMMERCIAL	RESALE	APARTMENT	FACTORY	OTHER
U/O	OTHER	BUSINESS	HEALTH CARE	

ITEM	EXTERIOR	PASS	FAIL	N/A	COMMENTS
1	ADDRESS NUMBERS VISIBLE ON BUILDING (4" min)				
2	GENERAL APPEARANCE: FREE OF TRASH/LITTER				
3	SIDEWALK/DRIVEWAY: NO TRIPPING HAZARD				
4	GUTTERS/DOWNSPOUTS: FREE OF HOLES/LEAKS				
5	ROOF: NO OBVIOUS SIGN OF DEFECT				
6	EXTERIOR STRUCTURE: MAINTAINED/GOOD REPAIR				
7	GFCI ON EXTERIOR RECEPTACLES				
8	LIGHTING: PROPER WEATHERPROOFING				
9	HANDRAILS: WHERE NEEDED				
10	ACCESSORY STRUCTURES				
11	GRASS & WEEDS				

ITEM	INTERIOR	PASS	FAIL	N/A	COMMENTS
1	CLEAN, SAFE & SANITARY				
2	EXIT SIGNS: ILLUMINATED W/ BATTERY BACKUP				
3	EMERG. LIGHTING: ILLUMINATED W/ BATTERY B/U				
4	WINDOWS/DOORS: OPERATING, PROPER HARDWARE				
5	CEILING/WALLS: FREE OF CRACKS,BREAKS & HOLES				
6	FLOOR: FREE OF TRIP HAZARDS				
7	FIRE EXTINGUISHERS				
8	HANDRAILS				
9	GFI WITHING 6' OF WATER				
10	BATHROOM: MECH. OR NATURAL VENTILATION				
11	PLUMBING: HOT & COLD WATER				
12	ELECT. HAZARDS: COVER PLATES, EXPOSED WIRES				
13	MECHANICAL SYSTEM: HVAC/HOT WATER HEATERS				
14	SMOKE/CO2 DETECTORS-FIRE ALARM SYSTEM				
15	SPRINKLER SYSTEM: OBSTRUCTED/LEAKING HEADS				

COMMENTS:

PASS
 FAIL
 REINSPECTION REQUIRED IN _____ DAYS

Owner/Agent _____ Date _____ Inspector _____ Date _____