

January 2018

UNIT SAFETY INSPECTIONS



Per the Rules, the Association will periodically inspect inside the units with reasonable notice. The Executive Board recognizes the importance of conducting safety inspections and this will ensure that all units will be in compliance with all Old Forge Crossing's Safety and Association Regulations.

A copy of the Safety Checklist can be found on the Old Forge Crossing website: OldForgeXingPA.com. If you do not have internet access you can review the checklist at the management office. This checklist includes all of the items listed that will be inspected by the Old Forge Crossing Maintenance Personnel.

Please note: In the past non-working, or out of date, smoke detectors have been the biggest culprit of inspection failures. It is suggested that you ensure your smoke detector is in working order prior to your safety inspection. Additionally, it is suggested that you replace your smoke detector if it is older than 10 years. SMOKE DETECTORS MUST BE MOUNTED TO PASS INSPECTION.

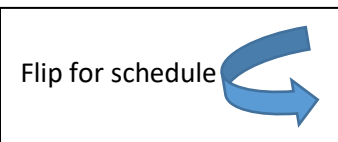
Starting **TUESDAY MARCH 6th** inspections will be done TUESDAY through THURSDAY between the hours of 9:00 A.M. and 1:00 P.M. and again between 2:00 P.M. and 5:00 P.M. The inspection should not take more that fifteen (15) minutes. Please see the schedule on the reverse of this paper.

Due to the nature of this task, we will be unable to arrange appointments for the inspections. We apologize for this inconvenience. In the event that the office is not permitted access to your unit for the safety inspection your account will be fined two hundred fifty dollars (\$250) monthly until the time the inspection is completed.

It is not necessary for you to be present for the inspections. Unless other arrangements have been made with the management office, we will be using the keys we have on file to access the unit. Please ensure that you have a working key on file if you do not intend to be present for the inspection.

After the inspection, you will be given a copy of the checklist noting any deficiencies. You will have approximately one month from the date of the inspection to correct any deficiencies, unless otherwise specified. At that time, a re-inspection will be performed, if warranted, to verify that the corrections were made.

If you have any questions or concerns with this information, please contact the Management Office at 610-687-5675 or via email at ofcmgmt@comcast.net.



UNIT SAFETY INSPECTION SCHEDULE

Date	Building	Units
6-Mar	Building 1- Patriots	61-72
	Building 2- Heritage	1-12
7-Mar	Building 3- Revolution	41-60
	Building 4- Anvil	13-24
8-Mar	Building 5- Militia	25-40
	Building 6- Flintlock	73-88
13-Mar	Building 7- Powder Horn	89-100
	Building 8- Drummers	101-116
14-Mar	Building 9- Tricorn	117-132
	Building 10- Bonnet	133-148
15-Mar	Building 11- Old Glory	149-164
	Building 12- Carriage	165-176
20-Mar	Building 13- Independence	177-192
	Building 14- Colonial	193-208
21-Mar	Building 15- Liberty	209-224
	Building 16- Puritan	429-448
22-Mar	Building 17- Lantern	509-528
	Building 18- Pewter	489-508
27-Mar	Building 19- Settlers	469-488
	Building 20- Pilgrims	449-468
28-Mar	Building 22- Cobblers	413-428
	Building 23- Hatters	225-240
29-Mar	Building 24- Windmill	241-256
	Building 25- Wagon	257-272
3-Apr	Building 26- Schooners	289-304
	Building 27- Springhouse	305-320
4-Apr	Building 28- Farthingale	321-336
	Building 29- Saltbox	373-392
5-Apr	Building 30- Snuffbox	353-372
	Building 31- Kings	337-352
10-Apr	Building 32- Queens	273-288
	Cottage	Cottage/529

UNIT INSPECTION CHECKLIST

UNIT# _____

COMMENTS

ATTIC ACCESS YES _____ NO _____ Needs Signage YES _____ NO _____

HEATER
 DRAFT MOTOR YES _____ NO _____
 NEED CLEANING YES _____ NO _____

HEATER CLOSET
 CONDITION GOOD ___ BAD _____

GAS METER VERIFICATION
 READING INSIDE _____
 READING OUTSIDE _____

SMOKE DETECTORS
 OPERATIONAL YES _____ NO* _____

WASHER HOSES
 STEEL JACKETED YES _____ NO _____ Suggested Replacement YES _____ NO _____

UNDER KITCHEN SINK
 CONDITION OF PIPES - 1 Good 2 3 Moderate 4 - 5 Very Bad

UNDER VANITY SINKS
 CONDITION OF PIPES Main Bath: - 1 Good 2 3 Moderate 4 - 5 Very Bad
 Hall Bath: - 1 Good 2 3 Moderate 4 - 5 Very Bad

LAUNDRY ROOM
 CLEAR AROUND DRYER/VENT
 YES _____ NO _____

FIRE AND/OR HEALTH HAZZARD
 YES** _____ NO _____ - 1 Good 2 3 Moderate 4 - 5 Very Bad

SAGGING CEILINGS
 LIST LOCATIONS _____

ANY DETECTED GAS ODORS YES _____ NO _____
 LIST LOCATIONS _____

UNIT ALTERATIONS NOTED YES _____ NO _____ Location: _____

OTHER NOTES _____

* Must be corrected within 24 hours

**Must be corrected within 10 days

 Signature of Inspector Date

 Signature of Owner (when applicable) Date