

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  
Powder Rm. - 1 Good  2  3 Moderate  4 - 5 Very Bad

RUNNING TOILETS YES \_\_\_\_\_ NO \_\_\_\_\_

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 \_\_\_\_\_