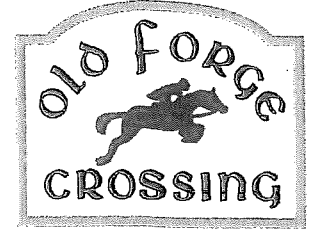


January 2020

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 or come to the management office to review a copy. 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Please note: In the past non-working, or out of date, smoke detectors have been the biggest culprit of inspection failures.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, FEBRUARY 11TH** 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 (\$250.00) 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. 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.

TURN PAGE OVER FOR SCHEDULE

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

 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