

UNIT INSPECTION CHECKLIST

UNIT # _____

COMMENTS

ATTIC ACCESS _____

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 ___

UNDER KITCHEN SINKS

VISIBLE SIGNS OF LEAKS
YES ___ NO ___

UNDER VANITY SINKS

VISIBLE SIGNS OF LEAKS
YES ___ NO ___

LAUNDRY ROOM

CLEAR AROUND DRYER/VENT
YES ___ NO ___

SAGGING CEILINGS YES ___ NO ___

LIST LOCATIONS _____

ANY DETECTED GAS ODORS YES ___ NO ___

LIST LOCATIONS _____

OTHER NOTES _____

Signature of Inspector

Date

Signature of Owner (when applicable)

Date