## **BUILDING INSPECTION CHECK LIST**

Permanent Index Number:
Site Address:
Number of Apartments in Building:
Number of Apartments observed at time of inspection (at least 20% required):
Common areas observed at time of inspection:
Inspector Name:
Inspector License Number:
Date of Inspection:

Instructions: Check all inspectable items. If observed deficiency is noted, check specific area of deficiency. Units must be free of health/safety hazards, functionally adequate, operable and in good repair. Please attached photos of front and rear elevations of the building, living room, kitchen area, bathroom and any deficiencies.

NA: Not applicable NOD: No Operating Deficiency OD: Operating Deficiency

Inspectable Item	NA	NOD	OD	Observed Notes	Deficiency
Exterior					
Visible Address label on front of building					
Door buzzers/intercom labeled and					
functioning					
Mailboxes functioning, locked and labeled					
Exterior doors, door assemblies/locks and					
hardware functioning					
Smoke Alarm/Carbon Monoxide					
Is there a functioning smoke detector in					
apartments					
Is there at least one carbon monoxide					
alarm in operating condition in					
apartments					
PATIO/PORCH/BALCONY					
Baluster/Side Railings Missing Damaged					
STAIRS/COMMON AREAS					
Hand Railing					
Steps					
Carpet					
Paint					
Windows					

Inspectable Item	NA	NOD	OD	Observed Notes	Deficiency
HOT WATER HEATER					
Misaligned Chimney/Ventilation system					
Inoperable Unit/Components					
Leaking Valves/Tanks/Pipes					
Pressure relief valve missing					
Rust/Corrosion					
LANDSCAPING/GROUNDS					
Damaged or heavily overgrown grass,					
trees/bushes, flowers, parking area					
Free from debris/garbage					
ELECTRIC					
GFCI receptacles in required locations					
(bathrooms, garages, crawl space,					
basement, laundry roomsany space					
where a water source is present)					
Grounding					
Damage to outlets					
Damage to fixtures					
Damage to switches					
Open or exposed electric wiring or boxes					
Electrical panels are labeled					
HVAC/BOILER SYSTEM					
Inoperable					
Chimney/Ventilation System					
Noisy/Vibrating/Leaking					
Convection/Radiant Heat Covers					
Rust/Corrosion					
Flue pipes in good condition and					
connected properly; gas fired appliances					
have proper exhaust flue connections					
INTERIOR APARTMENT CONDITIONS					
Windows – operable and able to open,					
shut and lock them; no broken glass					
Screens – provided for each window and					
free from major holes, tears and damage					
Doors – self closure device functioning					
Flooring – free of major cracks, rips, tears or tripping hazards					
Walls – sanitary condition, free of major					
holes, cracks, graffiti					
Ceilings – free or major holes, cracks					
Appliances					
Cabinetry – working order with hardware					

Inspectable Item	NA	NOD	OD	Observed Notes	Deficiency
Bathroom fixtures – functioning with adequate water pressure and flushing toilets					
BASEMENT					
Standing water					
Visible signs of water damage					
Major cracks in walls, floors or ceilings					
RODENT/INSECT					
Visible rodents and/or insects					`
Visible rodent and or insect droppings					`

OTHER:	
Inspector Name (printed):	
Inspector Name (signature):	
Inspector License Number:	
Date of Inspection:	