

Inspection Checklist

Date:				Inspector:			
Property Location:							
Owner:							
Basement:				Type of Property		Rental	
Smoke Detector working		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Single Family Dwelling		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Electrical Service	60	100	200	Multi-Family Dwelling		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Electrical Inspector: _____				Commercial		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Water Meter Grounded:		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Industrial		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Heating System:	Gas	Oil	Electric	Other			
CO detector w/ fuel burning furnace		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Kitchen:			
Flue piping condition good		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Stove in working cond.		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Oil Tank location:	Indoor <input type="checkbox"/>		Outdoor <input type="checkbox"/>	GFCI Outlets:		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Oil Tank condition: Good		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Windows operate properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Service Date on Heating System: _____				Light Switches OK		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
serviced by whom: _____				Electric Hazards		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Domestic Hot Water		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Outlets Grounded		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
any leaks		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Sanitation _____			
relief valve discharge 6" from floor		Yes <input type="checkbox"/>	NO <input type="checkbox"/>				
Dryer vented to outside		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Dining Room/Living Room:		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
GFCI at Laundry		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Rec. grounded properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Floor Drain Cover:		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Windows operate properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Pull chain switch over H ₂ O		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Light Switches OK		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Soil stack issue-sewer vent		Yes <input type="checkbox"/>	NO <input type="checkbox"/>				
Problem with other pipes		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Second Floor - Bathroom		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Handrail is OK		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	GFCI Outlets:		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Step Condition is OK		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Windows operate properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Main Door functions properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Vent Fan operating properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Windows operate properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Sanitation: _____			
Sanitary Condition		Yes <input type="checkbox"/>	NO <input type="checkbox"/>				
Finished Rooms		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Third Floor used as either:		Attic <input type="checkbox"/>	Finished <input type="checkbox"/>
Means of egress		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Handrail is OK		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Bathroom in Basement		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Guard rails around on opening		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Window or exhaust fan		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Outlets Grounded:		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Receptacles grounded properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Smoke Detector working		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
				Light - Condition is OK		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
First Floor				Light Switches are OK		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
CO detector w/ fuel burning furnace		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Windows operate properly		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Smoke Detector working		Yes <input type="checkbox"/>	NO <input type="checkbox"/>	Roof Leaks		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
GFCI receptacles		Yes <input type="checkbox"/>	NO <input type="checkbox"/>				
Powder Room		Yes <input type="checkbox"/>	NO <input type="checkbox"/>				

