

RENTAL INSPECTION WORKSHEET

Inspection Report & Notice of Violations

Property Address: _____
Owner of Property: _____
Number of Bldgs: 1

Inspection Date: _____
Owner Address: _____
Number of Units: 1

Type of inspection:

☐ Initial ☐ Re-inspection ☐ Complaint

Registration/Inspection Fees

☐ Paid ☐ Not Paid

EXTERIOR	
1. SIDEWALKS/PATIO	8. WALLS/CEILINGS
<input type="checkbox"/> Abrupt change in elevation > 1"	<input type="checkbox"/> Paint peeling
<input type="checkbox"/> Broken, needs replacement	<input type="checkbox"/> Penetrations in drywall, damaged
2. STEPS	<input type="checkbox"/> Deteriorated, needs repaired
<input type="checkbox"/> Rise/Run uneven	9. STEPS
<input type="checkbox"/> Hand Railing required or noncompliant	<input type="checkbox"/> Rise/run uneven
<input type="checkbox"/> Broken, needs replaced	<input type="checkbox"/> Inadequate head room
3. DECK	<input type="checkbox"/> Lacks railing/improper railing
<input type="checkbox"/> Unsafe, deteriorated	<input type="checkbox"/> Dangerous treads
<input type="checkbox"/> Lacks railing, balusters	10. MECHANICAL
<input type="checkbox"/> Place balusters less than 4" apart	<input type="checkbox"/> Furnace unsafe
4. GARAGE	<input type="checkbox"/> Flues lack fire stops
<input type="checkbox"/> Deteriorated, dangerous	<input type="checkbox"/> Deteriorated flue pipe
<input type="checkbox"/> Exposed wiring	<input type="checkbox"/> Improper/unsupported gas line
<input type="checkbox"/> Open outlets/junction boxes	<input type="checkbox"/> Gas shut off required
<input type="checkbox"/> House door not fire rated	<input type="checkbox"/> Appliances need individual gas lines
<input type="checkbox"/> Exterior paint peeling, needs repainted	<input type="checkbox"/> Dryer flex exhaust greater than 6'
<input type="checkbox"/> Garage door not operational	11. PLUMBING
5. HOUSE AND GROUNDS (GENERAL EXTERIOR)	<input type="checkbox"/> Unacceptable traps
<input type="checkbox"/> Trash and debris on property	<input type="checkbox"/> Inoperable fixture
<input type="checkbox"/> Grass/weeds need controlled	<input type="checkbox"/> Spout below rim of fixture
<input type="checkbox"/> Exterior paint peeling, needs repainting	<input type="checkbox"/> Incorrect water heater relief valve or piping
<input type="checkbox"/> Improper outdoor wiring	<input type="checkbox"/> Extend water heater relief piping within 6" of floor
<input type="checkbox"/> Address posting required	12. ELECTRICAL
<input type="checkbox"/> Overhead line too low (+12' above ground, +18" above roof)	<input type="checkbox"/> Overhead line too low
INTERIOR	<input type="checkbox"/> Main panel lacks disconnect
6. DOORS	<input type="checkbox"/> Openings in main panel
<input type="checkbox"/> Glass Broken/Damaged	<input type="checkbox"/> Water meter lacks jumper
<input type="checkbox"/> Screen missing	<input type="checkbox"/> Panel not labeled
<input type="checkbox"/> Knob missing	<input type="checkbox"/> Exposed wires
<input type="checkbox"/> Latch/jamb split	<input type="checkbox"/> Connections not in junction box
<input type="checkbox"/> Lacks closure	<input type="checkbox"/> Cover plates required
7. WINDOWS	<input type="checkbox"/> GCFI required
<input type="checkbox"/> Broken	<input type="checkbox"/> Light in closet needs protection (<i>incandescent only</i>)
<input type="checkbox"/> Pane missing	13. SMOKE DETECTORS
<input type="checkbox"/> Screens missing or damaged	<input type="checkbox"/> Missing –basement – dual sensors
<input type="checkbox"/> Improper basement window (<i>egress window required</i>)	<input type="checkbox"/> Missing-bedrooms – dual sensors
	<input type="checkbox"/> Expiration date – replace if greater than 10 years old with dual sensor.

Owner/Tenant:

Inspector:

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