

Disaster Recovery Program

ENTITY: City of Elsa
PROJECT: Approval for Assistance under the Disaster Recovery Program.
FUNDING YEAR: CDBG Disaster Recovery Program 2009

SYNOPSIS:

The family is being recommended for applicant approval under the Disaster Recovery Program. The applicant has met all of the program requirements for assistance under the CDBG Disaster Recovery Program. The following is a profile of the project

Ronna Janelle Orozco

Family of five (5)
Applicant's age is 44, spouse's age is 46, son's age is 15, son's age is 12, and son's age is 7
Flood Zone: No – Zone X
Insurance: N/A
Structures: 1
Taxes: current
Assets & Deposits: \$615.61
Debt to Income Ratio: N/A
Pay Back: No - Deferred Loan
Number of Bedrooms: 3
Square Feet: 1187
Total annual household income: \$ 13,983.00
HUD Income Limits (family of 5) \$ 39,400.00

Existing Dwelling: 4 bedrooms frame home, built in 1993

RECOMMENDATION:

The Disaster Recovery Program Staff recommends approval for assistance under the Disaster Recovery Program by the County Commissioner's Court.

Texas Department of Housing and Community Affairs



Initial Inspection Checklist	
Sub-Recipient	URBAN COUNTY - DRP
Household Name	RONNA + Alfredo Orozco
Household Address	129 Valle Vista, ELSA, TX
Inspector Signature	<i>[Signature]</i>
Contract #	
Activity #	
Date of Inspection	2/2/2010

Shingles - 18 yrs
Home - 18 yrs old

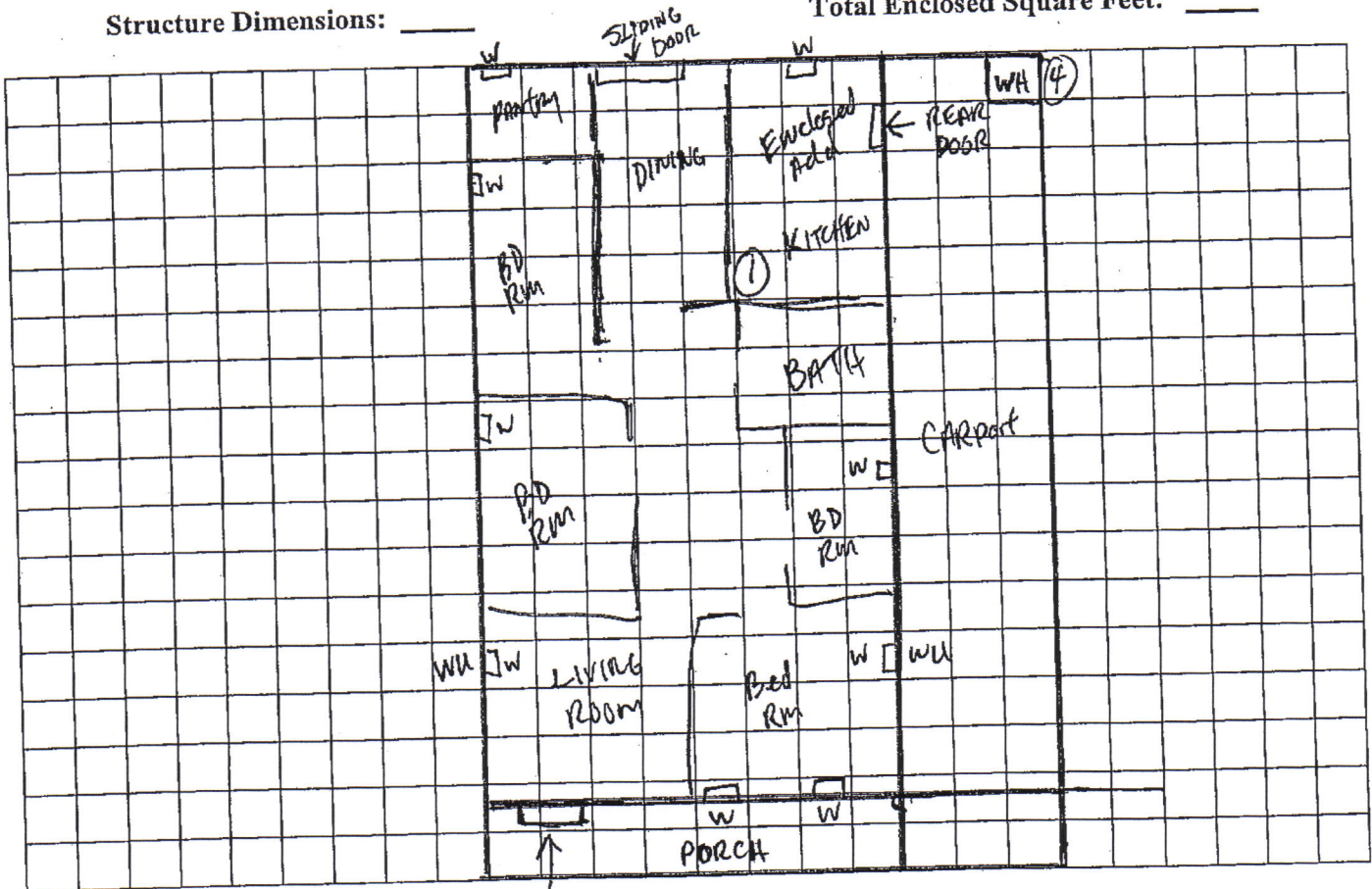
SKETCH of PROPERTY BEING REHABILITATED OR RECONSTRUCTED
Include all buildings, site improvements and paved areas.

Identify the following on the sketch:

- 1) Electrical Service
- 2) Main Entry
- 3) Windows and Doors
- 4) Hot Water Heater
- 5) Heating and Cooling Devices

Structure Dimensions: _____

Total Enclosed Square Feet: _____



↑
MAIN
Entry / Door

Describe Deficiencies Here:

Termite Damage, Water Damage, Floors
Rotting due to water damage / House
Needs leveling. TOO MANY FACTORS
TO RISK GOING REHAB. Preferably
A Reconstruction Needed.

RG

Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
General Health and Safety			
Can the unit be accessed without having to enter another unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there an adequate fire exit from this building that is not blocked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do all rooms that are used for living have fire exits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOWS
Is the unit free from rats or severe infestations of mice or vermin?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NONE - TERMITES
Is there any kind of insect infestation apparent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of termite infestation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MOSTLY FRONT OF HOUSE
Is the unit free from heavy accumulation of garbage or debris inside and outside? (include all enclosed areas, porches, out buildings, and yards)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there adequate covered facilities for temporary storage of food waste (i.e. garbage cans) and is there a regular method of removal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all stairs and walkways free from hazards to the occupant because of loose, broken or missing steps on stairways, absent or insecure railing, inadequate lighting or other hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the site and the immediate neighborhood free from conditions which would seriously and continuously affect the health and/or safety of the residents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If the owner of the unit is required to treat or cover any interior or exterior surfaces for lead-based paint, has the certification of compliance been obtained? If no lead treatment is required, indicate N/A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the unit free from any exterior hazards not specifically identified in this list?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Building Exterior			
Are the roof, gutters and down spouts sound and free from hazards?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ROOF LEAKS IN MANY PARTS OF HOME - SHINGLES MISSING FROM DOLLY

Are all vent jacks, leads, turbines, sk. ughts and caps in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there any buckling or sagging evident in the roof surface?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ROOF SAGS IN PARTS OF Home. Floor weak in some spots
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Inspect the interior of the attic space and the underside of eaves paying careful attention to valleys and penetrations. Are any leaks evident?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LEAKS MINOR
Note the type of decking and the number of layers of shingles. No more than two layers are acceptable. If tear off is necessary, estimate the amount of decking, if any, required.	<input type="checkbox"/>	<input type="checkbox"/>	
Roof should be free from incipient deficiencies? Will it last at least five more years given normal conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO, ROOF HAS 18 yrs when norm is 15 yrs.
Check all soffits, look-outs and fascia for damage. Estimate repair area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspect attic space for adequate roof support. Note any requirement for additional purlines, jacks, collars, or other support. (Note any additional attic items included in other parts of the checklist, insulation, plumbing, electrical, infestation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Are all gutters free from debris and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	NO gutters
Are additional gutters required? Gutters should only be required where water needs to be pulled away from the house or walkways?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NEEDS GUTTERS
Are exterior surfaces sound and free from hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all surfaces free from holes, gaps, open seams and incursions allowing thermal or water leaks into the interior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATER LEAKS
Is any rot or termite damage evident? Check all surfaces including soffit, fascia, eaves, siding, water tables, decks, porch floors, etc.? If rot is present, calculate the square area and types of surface and structure damage.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termite damage seen IN FRONT OF HOME.
Is any condition evident that would encourage rot or termite damage? Do any surfaces collect or trap water? Does any untreated wood have contact with the ground? These issues should be considered incipient deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check exterior trim including all window sills and door jambs for damage and proper sealing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any exterior masonry repairs required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Home is wood frame / N/A
Are windows in working order, free from rot, and sealed? Replace any cracked or missing panes and re-caulk any areas with dry, cracked or missing caulk.	<input type="checkbox"/>	<input type="checkbox"/>	
Estimate the amount of glass, if any, requiring	<input type="checkbox"/>	<input type="checkbox"/>	

replacement.			
If window units require replacement, note location, measured size, and type of unit to be installed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are screens present on all operable windows, are they in good repair and easily removable? Repair or replace as needed. Note location and measured size of repair.	<input type="checkbox"/>	<input type="checkbox"/>	<i>SOME HAVE, SOME DON'T</i>
Are all exterior surfaces free from cracked, peeling, and chipping paint? Will the existing paint last five years? If not, consider repainting.	<input type="checkbox"/>	<input type="checkbox"/>	
Is the underpinning, if any, adequate? Is it sealed and unbroken? Is it vented and insulated as needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
Are all exterior surfaces free from cracking, scaling, peeling, chipping, and loose paint or adequately treated or covered to prevent exposure to lead-based paint hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If the unit is a mobile home (or manufactured home), is it properly tied down and placed?	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
If the unit is a mobile home (or manufactured home), does it have at least one smoke detector? One smoke detector should be placed outside each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
Electric service should be of three-wire type with weather-head located at least 12' from grade.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electric service should be adequate to properly distribute loads. Breakers must be labeled, all major electric appliances should have separate and adequate distribution. If in doubt, unit should be inspected by a licensed electrician.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>NONE LABELED</i>
Service panel should have a service rating and a disconnect present for at least 100 amps for existing and 150 amps for any new installation. All installations shall meet the N.E.C.	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnects for HVAC condensing units should be located within reach of unit.	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
All exterior entrances must include a light fixture controllable from the interior.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Cement BLOCKS</i>
What type of foundation is apparent?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Cement BLOCKS</i>
If the foundation is a slab, is it free from cracks evident in the interior or on the exposed exterior?	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
If the foundation is pier-and-beam, is there adequate clearance to observe all piers, sills, joist and other foundations members and has this been done?	<input type="checkbox"/>	<input type="checkbox"/>	<i>16" from ground</i>

Maximum spans should be 9'6" assuming 2x6 joist and 4'6" beams and sills.	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
If the foundation is a pier-and-beam, there should be adequate pier placements to support the house and piers should be of proper design (cinder block which is not reinforced with concrete/steel should not be used for new installation). Refer to SBCCI/CABO.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If leveling is required, draw the exact placement and design of all piers. Will this level the house or simply provide adequate support? Inform home owner and get approval in writing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leveling - EAST HOUSE NEEDS
All beams, sills, joist, blocks should be properly supported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All beams, sills, joist, blocks should be free from termites or rot.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Underpinning should be properly installed and vented. Note any needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Grade should be sloped away from foundation. No voids or depressions should be apparent.	<input type="checkbox"/>	<input type="checkbox"/>	
There should be no standing water beneath or adjacent to the foundation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All private and public walkways should be free from tripping hazards and other serious defects. Note any flat work repairs. Include measurements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Condition of stairs, rails, and porches should be free from hazards and structural defects. Detail any required carpentry repairs.	<input type="checkbox"/>	<input type="checkbox"/>	PORCH ROOF LEAKS
If more than two steps are present, a hand rail is required. If more than two steps are present, is a hand rail installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 STEP
Is the porch floor sound and free from rot or other deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONCRETE
Are there any other evident hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NONE
Attic			
Can the attic be accessed?			YES
When possible, attic should include R30 insulation. Estimate R value of attic and note additional insulation requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
Check for exposed wiring including knob-and-tube and replace. All wiring should be properly shielded or conduited. All connections should be in approved j-boxes.	<input type="checkbox"/>	<input type="checkbox"/>	
Living Room			

Is there a living room present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there at least two working outlets or at least one working outlet and one light fixture present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check for exposed wiring including knob-and-tube, and replace. All wiring should be shielded or conduited. All connections should be in approved j-boxes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OLD BREAKER BOX FOUND IN KITCHEN. WIRES EXPOSED. BOX NOT RELOCATED AFTER Porch being enclosed. Leaks too!
Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some plates missing
Are all switches and outlets in working order and of a type of proper amperage rating and material for the circuit being inspected? No aluminum wiring or devices should be considered free of hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other conditions not mentioned which would constitute an electrical hazard?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breaker Box in Kitchen
Are all windows in operable and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors in operable and lockable (where required) condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BACK DOOR DOES NOT LOCK
Are all exterior doors equipped with workable deadbolts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO, BACK DOOR NOT DEADBOLTED
Are all exterior doors solid core?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors and windows properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there at least one window and is it free from severe deterioration or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WINDS MAY HAVE WEAKENED STUDS + WATER FOR SAGGING ROOF
Is the ceiling paint free from chipping or peeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	peeling + chipping evident
Is the ceiling sagging indicating roof leaks or structural repairs? Indicate necessary structural repairs or refer to roof section.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES, ROOF SAGS + LEAKS
Is the ceiling free from water stains, popped seams and cracking? Include any drywall repairs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO, water still evident
Are all walls framed? Check for single wall construction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
On exterior walls, check for insulation and estimate R-value.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the paint free from chipping or peeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chipping + peeling evident
Are the walls leaning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Are the walls free from water stains, popped seams and cracking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	evident
Are all baseboards and other trim properly sealed and in good condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	many parts of home missing trim
Is there any evidence of sub-floor rot or termite damage?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the floor generally level?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor is unlevel in several parts of home.
Note the general condition of flooring materials. If replacement, repair, or cleaning is required, measure area of repair.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of lead-based paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO
Is there a smoke alarm for this room? There should be a smoke alarm adjacent to every sleeping area.	<input type="checkbox"/>	<input type="checkbox"/>	NONE
Is there adequate direct or indirect heat in this room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORKS O.K.
Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Kitchen			
Is there a kitchen present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
Do any outlets which are six feet or less measurable to the nearest source of standing (sinks or tubs) or running water have properly installed and functioning GFCI outlets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there at least one working outlet and at least one working and permanently installed light fixture present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any shorts, overloaded circuits, or frayed wires present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Check for exposed wiring including knob-and-tube, and replace. All wiring should be shielded or conduited. All connections should be in approved j-boxes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	wires exposed here due to meter box
Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outlet cover need for light
Are all switches and outlets in working order and of a type of proper amperage rating and material for the circuit being inspected? No aluminum wiring or devices should be considered free of hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Are all windows in operable and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors in operable and lockable (where required) condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BACK DOOR DOESN'T LOCK
Are all exterior doors equipped with workable deadbolts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO, BACK DOOR
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are all exterior doors solid core?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors and windows properly weather-stripped and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there at least one window and is it free from severe deterioration or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling paint free from chipping or peeling?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling sagging indicating roof leaks or structural repairs? Indicate necessary structural repairs or refer to roof section.	<input type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling free from water stains, popped seams and cracking? Include any drywall repairs.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all walls framed? Check for single wall construction.	<input type="checkbox"/>	<input type="checkbox"/>	
On exterior walls, check for insulation and estimate R-value.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the paint free from chipping or peeling?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the walls leaning?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the walls free from water stains, popped seams and cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all baseboards and other trim properly sealed and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any evidence of sub-floor rot or termite damage?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any tripping hazards present?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the floor generally level?	<input type="checkbox"/>	<input type="checkbox"/>	
Note the general condition of flooring materials. If replacement, repair, or cleaning is required, measure area of repair.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of lead-based paint?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a working oven and a stove (or range) with working top burners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a working refrigerator that maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BOWL OF ICE PUT IN FRIDGE TO HELP IT STAY COOLER

Is there a sink that works and provides hot and cold running water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the sink attached and sealed properly to prevent movement or leaks? Is it free from holes, rust, or cracks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Do the faucets work properly? Check for leaks, free operation, proper water mixing, and complete shut off.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the drain lines properly installed with working, un-deteriorated p-traps (check for leaks and proper rate of draining), and is the system properly vented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are supply lines properly installed and not leaking?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Small leak on pipes
Are hot and cold water shut off valves present and working properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check hot water heater installation and operation.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a space to store and prepare food?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all counter surfaces level, properly fastened, free from delamination, washable and free from deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all cabinet doors in working order, properly hinged, closable, and free from deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all cabinet shelves and backs level, usable and free from deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In general, are the cabinets properly fastened to the walls and in good usable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there smoke alarm coverage for this room?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there adequate direct or indirect heat in this room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None

Bathroom

Is there a bathroom present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there at least one permanently installed and working light fixture present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do any outlets which are six feet or less measurable to the nearest source of standing (sinks or tubs) or running water have properly installed and functioning GFCI outlets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Check for exposed wiring including knob-and-tube, and replace. All wiring should be shielded or conduited. All connections should be in approved j-boxes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Light switch needs cover plate.
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are all switches and outlets in working order and of a type of proper amperage rating and material for the circuit being inspected? No aluminum wiring or devices should be considered free of hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all windows in operable and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors in operable and lockable (where required) condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all exterior doors equipped with workable deadbolts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all exterior doors solid core?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors and windows properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there at least one window and is it free from severe deterioration or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATER LEAKS IN BR.
Is the ceiling paint free from chipping or peeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the ceiling sagging indicating roof leaks or structural repairs? Indicate necessary structural repairs or refer to roof section.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LEAKS
Is the ceiling free from water stains, popped seams and cracking? Include any drywall repairs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	popped seams
Are all walls framed? Check for single wall construction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
On exterior walls, check for insulation and estimate R-value.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the paint free from chipping or peeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are the walls leaning?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are the walls free from water stains, popped seams and cracking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all baseboards and other trim properly sealed and in good condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there any evidence of sub-floor rot or termite damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the floor generally level?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>uneven + sag</i>
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quan
Note the general condition of flooring materials. If replacement, repair, or cleaning is required, measure area of repair.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of lead-based paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>no</i>
Is there a working toilet in the unit in an enclosed room to be used exclusively by the resident? Check the toilet for operation. Does it flush freely and completely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does the flapper seal properly? Shut off all water sources and check for meter movement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the supply line working properly and is it free from leaks? Check the float system operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a working shut off valve? (drain toilet and check operation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the toilet properly secured to the floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check all other seals for leaks, wax ring/flange, tank/bowl, supply lines, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check floor for water damage.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Damaged Floors - SAGS</i>
Are the seat and lid in good repair? Are they securely attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a working and permanently installed wash basin with hot and cold running water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the basin attached and sealed properly to prevent movement or leaks? Is it free from holes, rust, or cracks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do the faucets work properly? Check for leaks, free operation, proper water mixing, and complete shut off.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the drain lines properly installed with working, un-deteriorated p-traps (check for leaks and proper rate of draining), and is the system properly vented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are supply lines properly installed and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are hot and cold water shut off valves present and working properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check faucets for proper hot water flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a working tub or shower with hot and cold running water in the unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the tub/shower attached and sealed properly to prevent movement or leaks? Is it free from	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

holes, rust or cracks?			
Do the bath faucets work properly? Check for leaks, free operation, proper water mixing and complete shut off.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO SINK
Are the drain lines properly installed with working un-deteriorated p-traps (check for leaks and proper rate of draining), and is the system properly vented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are supply lines properly installed and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check for proper hot water flow to bath.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there operable windows or a working ventilation system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there smoke alarm coverage for this room?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
Bedroom #1 / SON'S BEDROOM			
Is there at least two working outlets or at least one working outlet and one light fixture present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check for exposed wiring including knob-and-tube, and replace. All wiring should be shielded or conduited. All connections should be in approved j-boxes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all switches and outlets in working order and of a type of proper amperage rating and material for the circuit being inspected? No aluminum wiring or devices should be considered free of hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other conditions not mentioned which would constitute an electrical hazard?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are all windows in operable and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors in operable and lockable (where required) condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALL DOORS MOVES AND DOESN'T SHUT CORRECTLY
Are all exterior doors equipped with workable deadbolts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO
Are all exterior doors solid core?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Are all doors and windows properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Is there at least one window and is it free from severe deterioration or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATER LEAKS
Is the ceiling paint free from chipping or peeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES
Is the ceiling sagging indicating roof leaks or structural repairs? Indicate necessary structural repairs or refer to roof section.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Is the ceiling free from water stains, popped seams and cracking? Include any drywall repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all walls framed? Check for single wall construction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
On exterior walls, check for insulation and estimate R-value.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the paint free from chipping or peeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are the walls leaning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the walls free from water stains, popped seams and cracking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all baseboards and other trim properly sealed and in good condition?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO TRIM
Is there any evidence of sub-floor rot or termite damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR SAGS
Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the floor generally level?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NOT LEVEL
Note the general condition of flooring materials. If replacement, repair, or cleaning is required, measure area of repair.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of lead-based paint?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Is there smoke alarm coverage for this room?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
Is there adequate direct or indirect heat in this room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
Bedroom #2 DAUGHTER'S			
Is there at least two working outlets or at least one working outlet and one light fixture present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check for exposed wiring including knob-and-tube, and replace. All wiring should be shielded or conduited. All connections should be in approved j-boxes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are all switches and outlets in working order and of a type of proper amperage rating and material for the circuit being inspected? No aluminum wiring or devices should be considered free of hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all windows in operable and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors in operable and lockable (where required) condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOOR DOES NOT SHUT completely
Are all exterior doors equipped with workable deadbolts?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Are all exterior doors solid core?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all doors and windows properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there at least one window and is it free from severe deterioration or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	water leaks + moss
Is the ceiling paint free from chipping or peeling?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Is the ceiling sagging indicating roof leaks or structural repairs? Indicate necessary structural repairs or refer to roof section.	<input type="checkbox"/>	<input type="checkbox"/>	YES
Is the ceiling free from water stains, popped seams and cracking? Include any drywall repairs.	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are all walls framed? Check for single wall construction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	yes
On exterior walls, check for insulation and estimate R-value.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the paint free from chipping or peeling?	<input type="checkbox"/>	<input type="checkbox"/>	YES
Are the walls leaning?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are the walls free from water stains, popped seams and cracking?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are all baseboards and other trim properly sealed and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	NO trim

Is there any evidence of sub-floor rot or termite damage?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO
Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the floor generally level?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SAGS
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Note the general condition of flooring materials. If replacement, repair, or cleaning is required, measure area of repair.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of lead-based paint?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Is there smoke alarm coverage for this room?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO
Is there adequate direct or indirect heat in this room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO
Bedroom #3 <i>Son's Bedroom (younger)</i>			
Is there at least two working outlets or at least one working outlet and one light fixture present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any shorts, overloaded circuits, or frayed wires present?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Check for exposed wiring including knob-and-tube, and replace. All wiring should be shielded or conduited. All connections should be in approved j-boxes.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input type="checkbox"/>	<input type="checkbox"/>	YES
Are all switches and outlets in working order and of a type of proper amperage rating and material for the circuit being inspected? No aluminum wiring or devices should be considered free of hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
Are there any other conditions not mentioned which would constitute an electrical hazard?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are all windows in operable and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors in operable and lockable (where required) condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO, NOT CLOSE PROPERLY
Are all exterior doors equipped with workable deadbolts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all exterior doors solid core?	<input type="checkbox"/>	<input type="checkbox"/>	

Are all doors and windows properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there at least one window and is it free from severe deterioration or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WATER STAINS
Is the ceiling paint free from chipping or peeling?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Is the ceiling sagging indicating roof leaks or structural repairs? Indicate necessary structural repairs or refer to roof section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Is the ceiling free from water stains, popped seams and cracking? Include any drywall repairs.	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are all walls framed? Check for single wall construction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
On exterior walls, check for insulation and estimate R-value.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the paint free from chipping or peeling?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are the walls leaning?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Are the walls free from water stains, popped seams and cracking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO
Are all baseboards and other trim properly sealed and in good condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
Is there any evidence of sub-floor rot or termite damage?	<input type="checkbox"/>	<input type="checkbox"/>	NO
Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR STAINS
Are any tripping hazards present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO
Is the floor generally level?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO
Note the general condition of flooring materials. If replacement, repair, or cleaning is required, measure area of repair.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of lead-based paint?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO
Is there smoke alarm coverage for this room?	<input type="checkbox"/>	<input type="checkbox"/>	NONE
Is there adequate direct or indirect heat in this room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	NO
Other Rooms Not Used for Sleeping (including all enclosed areas)			
Is there a safe means of illumination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Are the outlets properly grounded and working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check for exposed wiring including knob-and-tube, and replace. All wiring should be shielded or conduited. All connections should be in approved j-boxes.	<input type="checkbox"/>	<input type="checkbox"/>	
Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are all switches and outlets in working order and of a type of proper amperage rating and material for the circuit being inspected? No aluminum wiring or devices should be considered free of hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all windows in operable and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all doors in operable and lockable (where required) condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all exterior doors equipped with workable deadbolts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all exterior doors solid core?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all doors and windows properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there at least one window and is it free from severe deterioration or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the ceiling paint free from chipping or peeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the ceiling sagging indicating roof leaks or structural repairs? Indicate necessary structural repairs or refer to roof section.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the ceiling free from water stains, popped seams and cracking? Include any drywall repairs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all walls framed? Check for single wall construction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
On exterior walls, check for insulation and estimate R-value.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the paint free from chipping or peeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are the walls leaning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the walls free from water stains, popped seams and cracking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Are all baseboards and other trim properly sealed and in good condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there any evidence of sub-floor rot or termite damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the floor generally level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Note the general condition of flooring materials. If replacement, repair, or cleaning is required, measure area of repair.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of lead-based paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Secondary Rooms <i>Living Room</i>			
Are all windows and doors that are accessible from the outside lockable in each room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all rooms free from electrical hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are the outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check for exposed wiring including knob-and-tube, and replace. All wiring should be shielded or conduited. All connections should be in approved j-boxes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all switches and outlets in working order and of a type of proper amperage rating and material for the circuit being inspected? No aluminum wiring or devices should be considered free of hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all rooms free from any other potentially hazardous feature? Explain any hazard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heating			
Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Can all living areas be heated to at least 68F in all conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NOT SURE YES</i>

Are fuel supply tanks an adequate distance from the house and are all supply mains buried or concealed and properly attached under a properly vented crawl space? Is there an exterior shut off?	<input type="checkbox"/>	<input type="checkbox"/>	NOT SURE
Are fuel supply lines in good non-leaking condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all unused interior shut offs removed and capped beneath the floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all working shut off valves updated to include no "Texas Trees" and does every appliance have an accessible shut off?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are all heaters properly vented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the vent system sealed to prevent leaks and free from blockage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If an un-vented heater is used, it must have and ODS system and a U.I. tag indicating same. Does it?	<input type="checkbox"/>	<input type="checkbox"/>	NOT SURE
Are all heat exchangers, burners, and plenums free from rust or corrosion and in serviceable and safe condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the heater too large for the space in which it is used, thus creating a hazard? Is it installed near combustible material thus creating a hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does the unit have adequate ventilation and cooling by means of operable windows or a working cooling system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No more than two 45-degree bends should be present in the venting system which should be of double walled vent stack.	<input type="checkbox"/>	<input type="checkbox"/>	NOT SURE
Water Heater			
A TPL valve should be properly installed and flowing water to the exterior of the building.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the water heater providing adequate hot water to the unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If the water heater is gas, propane or oil fired, is it at least ten inches from walls and properly vented with double walled vent pipe? Is combustion air supplied from the exterior?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If the water heater is located in an exterior closet, is it sealed to prevent freezing of lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NOT ENCLOSED
Is a working water shut-off valve installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is a working gas shut-off installed?	<input type="checkbox"/>	<input type="checkbox"/>	NO, ELECTRIC
Are leaks evident at the floor? Is the placement solid? Can you shake the water heater?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NONE
Water Supply			

Is the home served by an approvable, public or private water source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Plumbing			
Is the plumbing free from major leaks or corrosion that causes serious or persistent levels of rust or contamination of the drinking water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all water lines in good condition, free from corrosion and rust?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all lines properly secured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspection Item	Pass	Fail	Scope of Work Required Include measurements and quantities
Are all lines free from free hazard?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LINES EXPOSED FROM OUTSIDE OF HOME
Is there an owner's shut-off present and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all vents properly attached and of adequate height?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of vent blockage?	<input type="checkbox"/>	<input type="checkbox"/>	None
Sewer Connection			
Is the plumbing connected to an approvable public or private waste disposal system and is it free from sewer back-up?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CITY SEWER
Are clean-outs available?	<input type="checkbox"/>	<input type="checkbox"/>	NOT SURE
Is there any evidence of crushed lines or roots in the line? (Interview the owner)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there any evidence of sewage leakage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	