

INSPECTION REPORT (Periodic)

Project Name: _____ Date of Inspection: _____

Name of Tenant: _____

Apartment No: _____ No. of Bedrooms: _____ No. of Baths: _____

*Emergency Pull Cord is only applicable to elderly properties.

	Acceptable		Repairs Needed (Comments)
	Yes	No	
<u>KITCHEN</u>			
Ceiling	___	___	_____
Doors	___	___	_____
Walls	___	___	_____
Floors	___	___	_____
Stove	___	___	_____
Refrigerator	___	___	_____
Drainboard	___	___	_____
Sink	___	___	_____
Electric Fixtures	___	___	_____
Cabinets	___	___	_____
Other	___	___	_____

<u>BATHROOM</u>			
Doors	___	___	_____
Walls	___	___	_____
Ceiling	___	___	_____
Floor	___	___	_____
Toilet	___	___	_____
Basin	___	___	_____
Tub or Shower	___	___	_____
Electric Fixtures	___	___	_____
Window	___	___	_____
*Emgncy. Pull Cord	___	___	_____
Other	___	___	_____

<u>LIVING ROOM AND DINING AREA</u>			
Doors	___	___	_____
Walls	___	___	_____
Ceilings	___	___	_____
Floor	___	___	_____
Electric Fixtures	___	___	_____
Window	___	___	_____
Other	___	___	_____

<u>BEDROOM NO. 1</u>			
Doors	___	___	_____
Walls	___	___	_____
Ceiling	___	___	_____
Floor	___	___	_____
Electric Fixtures	___	___	_____
Window	___	___	_____
Emgcy. Pull Cord	___	___	_____

<u>BEDROOM NO. 2</u>			
Doors	___	___	_____
Walls	___	___	_____
Ceiling	___	___	_____
Floor	___	___	_____
Electric Fixtures	___	___	_____
Window	___	___	_____
Emgcy. Pull Cord	___	___	_____

	Acceptable		Repairs Needed (Comments)
	Yes	No	
<u>BEDROOM NO. 3</u>			
Doors	___	___	_____
Walls	___	___	_____
Ceiling	___	___	_____
Floor	___	___	_____
Electric Fixtures	___	___	_____
Window	___	___	_____
Emgcy. Pull Cord	___	___	_____

<u>BEDROOM NO. 4</u>			
Doors	___	___	_____
Walls	___	___	_____
Ceiling	___	___	_____
Floor	___	___	_____
Electric Fixtures	___	___	_____
Window	___	___	_____
Emgcy. Pull Cord	___	___	_____
Other	___	___	_____

<u>HEATING EQUIPMENT</u>			
Furnace	___	___	_____
Filter	___	___	_____
Thermostat	___	___	_____
Water Heater	___	___	_____
Other	___	___	_____

<u>MISCELLANEOUS</u>			
Screens	___	___	_____
Drapes	___	___	_____
Porch	___	___	_____
Stairs	___	___	_____
Other	___	___	_____

<u>YARD</u>			
Front	___	___	_____
Back	___	___	_____
Side	___	___	_____

<u>OTHER</u>			
Smoke Detectors	___	___	_____
Other	___	___	_____

TENANT(S) SIGNATURE

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OWNER/MANAGER SIGNATURE

REMARKS

"This institution is an equal opportunity provider."

