_____ PROPERTY MAINTENANCE
Check Sheet

GENERAL INFORMATION: Requested by:_____

Type inspection: Special_____ Regular_____

Type Housing: Single Family___ Duplex/2F___ 4-plex___ Apartment___ Mobile home___

Unit built prior to 1978: Yes___ No___ Children under 7: Yes___ No___ (If both Yes, check paint)

Tenant:_____ Complex Name:_____

Address:_____ Address:_____

City:_____Zip:_____ City:_____Zip:_____

Phone:_____ Phone:_____ Work:_____

Date of Request:_____Lease Date:_____ Contact:_____

Check List:	P = pass F = fail I = inconclusive		
LIVING ROOM Living Room Present	P	F	I
Electricity			
Electrical Hazards			
Security			
Window Condition			
Ceiling Condition			
Wall Condition			
Floor Condition			
KITCHEN Kitchen Area Present			
Electricity			
Electricity Hazards			
Security			
Window Condition			
Ceiling Condition			
Wall Condition			
Floor Condition			
Stove/Range-Oven			
Refridgerator			
Sink			
Food Storage/Prep.			
BATHROOM Bathroom Present			
Electricity			
Electricity Hazards			
Security			
Window Condition			
Ceiling Condition			
Wall Condition			
Floor Condition			
Flush Toilet - Enclosed in unit			
Wash basin			
Tub/shower			
Ventilation			

OTHER ROOMS **Room Code** 1 Bedroom 2. Dining Room 3 Family Room 4 Halls 5. Other								
Room Code								
Electricity								
Electrical hazards								
Security								
Window condition								
Ceiling condition								
Wall condition								
Floor condition								

SECONDARY ROOMS	P	F	I
None			
Security			
Electrical hazards			
Other hazards			

BUILDING EXTERIOR	P	F	I
Foundation conditions			
Stairs / rails / porches			
Roof / gutters			
Exterior surfaces			
Chimney			

HEATING AND PLUMBING	P	F	I
Adequacy of heating equipment			
Safety of heating equipment			
Ventilation / cooling			
Water heater			
Water supply			
Plumbing			
Sewer connection			

HEALTH AND SAFETY	P	F	I
Access to unit / dwelling			
Fire Exits			
Infestation - Evidence			
Garbage / Debris			
Refuse disposal			
Stairs / Halls			
Interior hazards			
Air quality - interior			
Site & neighborhood			
Smoke detectors			
Exterior hazards			

SUMMARY DECISION ON UNIT

PASS - INCONCLUSIVE - FAIL

EXPLANATION FOR FAIL / INCONCLUSIVE RATING:

MAINTENANCE ITEMS:

CALL **WHEN REPAIRS ARE DONE**

INSPECTION DATE: **PASS DATE:**

CITY INSPECTOR: