Commercial and Light Industrial Checklist

Date:		Time of Inspection:	
Name of Business:		Address:	
City:	State:	Zip:	
Building/Bay/ Apartmen	t Number:		

Exterior Grounds:

Debris:	Dumpster with lid	s: Tra	ash cans with lids:	Accessory	structures:
Pipes/other of	openings Rodent p	roof:	Cement sidewalks:	Fences:	Paint:
Downspouts	: Steps:	Handrails:	Grass cut:	_ Curbs:	_ Other:

Interior Common Area – Apartments:

Self-closing interior doors:	_ Self-locking doors each floo	r: Hallway Lighting:
Housekeeping of hallways:	_ Mounted Fire extinguishers	s: Handrails:
Exit lights: Paint on walls	s and ceilings: Leaks or	n walls or ceilings:
Steps and stair treads: E	vidence of infestation:	Other:

Accessory Areas:

Fire Extinguishe	ers: Blue lights at extinguishers:Exterior self-closing doors:			
Exterior doors with locking devices no more than ½ inch between door and threshold:				
Hallways clean and proper lighting: Steps condition and lighting: Treads:				
Leaks – walls or ceilings: Paint flaking or missing tiles: Rodents or insects:				
Exit signs:	Elevator cleanliness: Storage room: Washer/Dryer room:			
Boiler room: Basement/cellar-concrete:				
Windows at or near ground level rodent proof: Other:				

STATUS CODING: <u>"S"</u> SATISFACTORY <u>"N"</u> NOT SATISFACTORY

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Date: Name of Business:		Time of Inspection:		
Name of Business:		Address:		
City:	State:	Zip:		
Building/Bay/ Apartment N	Number:			
Comments for Other:				
INSPECTOR SIGNATURE:			DATE:	
INSPECTOR PRINT:				