

Inspection Checklist

Date:				Inspector:			
Property Location:							
Owner:							
Basement:				Type of Property		Rental	
Smoke Detector Working	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Single Family Dwelling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Electrical Service	60	100	200	Multi-Family Dwelling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Electrical Inspector:				Commercial	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Water Meter Grounded	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Industrial	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heating System: Gas		Oil	Electric	Other			
CO Dectector w/ gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Kitchen:			
Flue Piping Condition Good:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Stove in Working Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Oil Tank Location	Indoor <input type="checkbox"/>	Outdoor	<input type="checkbox"/>	GFCI Outlets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Oil Tank Condition: Good	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Windows Operate Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Service Date on Heating System:				Light Switches Ok	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Serviced By Whom:				Electric Hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Domestic Hot Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Outlets Grounded	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any Leaks	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Sanitation:			
Relief Discharge 6" from floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Dryer vented to outside	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Dining Room/Living Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
GFCI at Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Rec Grounded Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Floor Drain Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Windows Operate Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pull Chain Switch over H ₂ O	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Light Switches Ok	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Soil Stack Issue-Sewer Vent	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Problem with other Pipes	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Second Floor - Bathroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Handrail is OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>		GFCI Outlets:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Step Condition is OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Windows Operate Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Main Door Functions Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Vent Fan Operating Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Windows Operate Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Sanitation:			
Sanitary Condition	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>				
Finished Rooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Third Floor Used as Either: Attic <input type="checkbox"/> Finished <input type="checkbox"/>			
Means of Egress	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Handrail is OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bathroom in Basement	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Guard Rails Around On Opening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Window or Exhaust Fan	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Outlets Grounded	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Receptacles Grounded Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Smoke Detector Working	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Light Condition is Ok	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
First Floor				Light Switches are Ok	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
CO Detector w/ Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Windows Operate Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Smoke Detector Working	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Roof Leaks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
GFCI Receptacles	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Powder Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>					

Inspection Checklist

Hallway & Second Floor				Exterior		
CO Detector w/ Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Is structure exterior in good condition & not a threat to public health, and safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke Detector Working	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Industrial	Yes <input type="checkbox"/>
Handrail is OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Address in FRONT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Light - Condition is OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Address in REAR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Light switches are OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Any detached buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bedroom #1				Downspout in OK condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location:				Exterior Receptacles present	Yes <input type="checkbox"/>	No <input type="checkbox"/>
[REDACTED]				Are they GFCI?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke Detector Working	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Pavement and Walkway	Yes <input type="checkbox"/>	No <input type="checkbox"/>
# of outlets:				Parking Pad	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rec Grounded Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Porches and Decks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Windows Operate Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Steps	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Light- Condition is OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Railings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Light Switches are OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Siding, Masonry Joints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Trash issue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bedroom #2				Yard issue with weeds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location:						
[REDACTED]				General:		
Smoke Detector Working	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Municipal Sewer System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
# of outlets:				On lot Sewer System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rec Grounded Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>		SEO Inspection required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Windows Operate Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Solid Fuel Burning Appliance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Light- Condition is OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>		If yes- Code Compliant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Light Switches are OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
				Date of Inspection		
Bedroom #2				Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location:				Reinspection Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
[REDACTED]				Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke Detector Working	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
# of outlets:						
Rec Grounded Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Windows Operate Properly	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Light- Condition is OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Light Switches are OK	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

Comments:
