

HAWLEY BOROUGH  
PO BOX 197  
HAWLEY PA 18428  
(570)226-9545/fax (570)226-4869

**RENTAL PROPERTY INSPECTION CHECK LIST**

(one check list must be completed for each unit being inspected upon completion original will be on file in borough building)

DATE OF INSPECTION: \_\_\_\_\_

Property Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Local Contact if property owner is absentee:

Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_

Apartment Number If Applicable: \_\_\_\_\_

**EXTERIOR PROPERTY AREAS**

- YES NO 1. Property and premises maintained in a safe and sanitary condition  
YES NO 2. Sidewalks, walkways, stairs maintained free from hazardous conditions  
IF NO for either please specify exact reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXTERIOR AND INTERIOR STRUCTURE**

- YES NO 1. Exterior surfaces, including but not limited to doors, windows, porches, trim and decks maintained in good condition.  
YES NO 2. All surfaces, other than decay resistant wood, shall be protected by paint or other protective treatment.  
YES NO 3. Stairs and handrails in safe and sound conditions  
YES NO 4. Foundation free from open cracks and breaks  
YES NO 5. Roof shall be sound and tight and not have defects that admit rain  
YES NO 6. Building address number visible from street. Address numbers shall be 4" high minimum

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- YES NO 7. Interior of structure maintained in good repair and in a sanitary condition
- YES NO 8. Is there any visible evidence of mold, if YES specify \_\_\_\_\_
- YES NO 9. Is there any visible evidence of uncontrolled rodents, if YES specify \_\_\_\_\_
- YES NO 10. If, applicable interior stairs in a safe and sound condition. Handrails in a safe and sound condition
- YES NO 11. Working smoke alarm in each bedroom, outside of bedroom area and on each floor level
- YES NO 12. Working carbon-monoxide alarm specify location \_\_\_\_\_
- YES NO 13. All windows work freely and have screens
- YES NO 14. All doors work freely

If NO for any item(except #7 & 8) please specify exact reason:

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**ELECTRICAL MECHANICAL & PLUMBING**

- YES NO 1. Halls and stairways must be lighted with 60 watt or equivalent or per fixture label
- YES NO 2. Clothes dryer exhausted to outside. Rigid or flexible duct only NO vinyl
- YES NO 3. All plumbing fixtures properly installed and in working order free of leaks and obstructions
- YES NO 4. Water supply free of leaks and shall provide sufficient volume and pressures at the fixture outlet
- YES NO 5. Water heater free of leaks and in working order
- YES NO 6. Sanitary drainage connected to public sewer and free of leaks
- YES NO 7. Heating system in working order capable of maintaining a room temperature of 68°F
- YES NO 8. All appliances properly installed and in working order
- YES NO 9. All electrical equipment, wiring, outlets, and switches maintained and in safe working order
- YES NO 10. Duct systems free of obstructions and in working order

If NO for any item please specify exact reason:

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Additional comments:

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**INSPECTION RESULTS**

- Pass      Date: \_\_\_\_\_ No further action required at this time
- Fail      Date: \_\_\_\_\_ Re-Inspection required and will be no later than thirty (30) days from today.
- Reference specific areas that need to be addressed:

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Signature of Inspector

Date

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Signature of Landlord/or Representative (cannot be tenant)

Date

**RE-INSPECTION**

Date: \_\_\_\_\_  Pass       Fail specify further action below.

If repairs done by a licensed contractor please provide name and contact information:

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Comments:

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Signature of Inspector

Date

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Signature of Landlord/or Representative (cannot be tenant)

Date

