| Date: | Initial Inspection | Annual Inspection | Re-Inspection |
|---------------|--------------------------------|----------------------------|-----------------------------|
| Pass 🗌 | Correction Required | Date Correction Approved | |
| Tenant Name: | | | |
| Address: | | | |
| | | | |
| Number of Be | drooms: | Build Date: | |
| Housing Type: | | | |
| Single Family | Residence 🔲 Duplex 🗌 | Low Rise(2-4 stories) High | n Rise(5 or More Stories) 🗌 |
| Single Room C | | Group Home | |
| Inspected by: | M Bautista | | |
| | | | |
| PHA /Owner A | uthorized to Lease/Sell(as app | olicable) Inspected Unit: | |
| Address: | | | |
| Contact Name | | Contact Phone: | |

Lead-Based Paint Requirements (Applies to all Housing Stock Built Before January 1st, 1978)

De Minimis Levels - The following levels are used to determine whether deteriorated paint is a hazard that must be addressed:

Exterior- 20 square feet (2 square meters) on exterior surfaces

Interior - 2 square feet (0.2 square meters) in any one interior room or space

Interior/Exterior Components- 10 % of the total surface area on an interior or exterior type of component with a small surface area (i.e. window sills, baseboards, and trim).

Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building component within the unit. (Do not include tenant belongings). Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

If correction is required to remedy any lead-based paint hazards identified at the property, certification must be obtained and documented that the work has been done in accordance with the EPA Renovation Repair and Painting Program(RRP), and HUD lead-based paint requirements of 24 CFR Part 35. This requirement applies to all painted surfaces (building components) within the unit.

Lead-Based Paint Clearance Testing Requirements

All deteriorated painted surfaces **above** De Minimis Levels must be stabilized in accordance with all Lead-Safe Work Practice requirements and <u>clearance is required.</u>

If the deteriorated painted surface is **below** De Minimis Levels, only stabilization is required. Clearance testing is not required. Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for De Minimis level repairs.

Timeline for Repairs When Corrections Are Required Life Threatening Health & Safety Deficiencies Must be Addressed within <u>24 hours</u> if the Unit is Occupied;

Electrical

- Missing outlets/switches
- Missing/broken outlet/switch cover plates
- Missing Breakers/Fuses
- > Exposed electrical wires/open panels
- > Water Leaks on or near electrical equipment

Security

- > Any door or window accessible from the outside missing a properly functioning lock
- Entry doors that cannot be locked due to damage to the frame or hardware

Plumbing

- > Broken/leaking water supply lines or waste water lines with extreme ponding
- > Toilet does not flush, is broken, extreme leaks/ponding at the base

Egress

- ➤ Blocked exits & entrances to building/unit; doors and windows
- Security bars on windows that prevent egress
- Visibly missing components of fire escapes

Ventilation

- Gas/Oil Fired Unit -Missing/Misaligned Chimney
- Propane/Natural gas/methane detected
- ➤ Hot Water Tank missing Temperature Pressure Relief(TPR) valve

Fire Protection

- Missing/damaged/expired fire extinguishers
- Missing Smoke Detectors in any room used for sleeping and the adjacent hall.
- At least 1 Smoke Detector installed on each floor
- > Smoke Detectors that are not functioning (no audible beep when tested)
- Missing Carbon Monoxide Detector or not functioning (no audible beep when tested)

Misc

- Extreme accumulation of garbage or debris exceeding the capacity of the storage area or stored in an area not sanctioned for such use(Interior or Exterior areas)
- Presence of rats, or severe infestation of mice or insects such as roaches or termites

All other Required Corrections must be completed within 30 days of the inspection. Extensions beyond 30 days will be granted on a case by case basis.

| 1. Living Room | Yes, Pass | Correction Required | Comments | Date Correction Approved |
|--|-----------|------------------------|----------|--------------------------------|
| Living Room Present | | | | |
| Electrical Requirements ; At least two working outlets <u>or</u> one working outlet and one working permanently installed light fixture. | | | | |
| Electrical Hazards ; Note any electrical hazards. | | | | |
| Security ; All windows and doors accessible from the outside must be lockable. | | | | |
| Window Requirements; At least 1 window in living room. | | | | |
| Window & Door Conditions ; Note any windows and doors with signs of severe deterioration or missing or broken out panes. | | | | |
| Ceiling Conditions ; Note any unsound or hazardous defects on the ceiling. | | | | |
| Interior Wall Conditions Note any unsound or hazardous defects on walls. | | | | |
| Interior Floor Conditions ; Note any unsound or hazardous conditions with the floor. | | | | |
| Painted Surfaces; Note any deteriorated paint. If unit was built before 1978, note deteriorated paint above de minimis levels(see page 1 for levels) | | | | |
| Interior Stairs-Note any hazardous conditions at stairs | | | | |

| | SS | io p | | | ion |
|--|-----------|------------------------|----------|------|------------------------|
| | Yes, Pass | Correction Required | | a | Correction Approved |
| 2. Kitchen | Yes, | Cori Req | Comments | Date | Cori |
| Kitchen Present | | | | | |
| Electrical Requirements- At least one working outlet and one working, permanently installed light fixture. (Prefer GFCI-protected receptacles along countertops) | | | | | |
| Electrical Hazards- Note any electrical hazards present | | | | | |
| Security ; All windows and doors accessible from the outside must be lockable. | | | | | |
| Window Requirements- No window is required if adequate mechanical ventilation is permanently installed. (Prefer mechanical ventilation to exhaust to the exterior of the building) | | | | | |
| Window & Door Conditions- Note any windows and doors with signs of severe deterioration or missing or broken out panes. | | | | | |
| Ceiling Condition- Note any unsound or hazardous defects | | | | | |
| Wall Conditions- Note any walls with unsound or hazardous defects. | | | | | |
| Floor Condition- Note any unsound or hazardous defects. | | | | | |
| Stove or Range with Oven - a working oven and a stove/or range with top burners that work. | | | | | |
| Range Hood-(If present) debris accumulation restricts free passage of air, is it damaged/not functioning is it vented to exterior? Does light work? | | | | | |
| Refrigerator - a working refrigerator that maintains a temperature low enough so that food does not spoil over a reasonable period of time. | | | | | |
| Sink- Kitchen sink connected to a drainline that works with hot and cold running water. | | | | | |
| Space for Storage and Preparation of Food; Adequate space to store, prepare, and serve food. | | | | | |
| Painted Surfaces- Note any deteriorated paint. If unit was built before 1978, note deteriorated paint above HUD de minimis levels. | | | | | |

| 3. Bathroom A separate copy of this page is needed for each additional bathroom. | Yes, Pass | Correction Required | Comments | Date Correction Approved |
|---|-----------|-------------------------------|----------|--------------------------------|
| Bathroom Criteria; flush toilet, washbasin | | | | |
| with hot and cold running water and tub or shower. All fixtures need not be in same | | | | |
| room, but toilet must be private. Tub or | | | | |
| shower if separate, must also be private. | | | | |
| Electrical Requirements; one permanent light fixture and one outlet (Prefer outlets to be GFCI-protected) | | | | |
| Electrical Hazards-Note any electrical hazards | | | | |
| Security- Note any doors or windows accessible from the outside that are not lockable. | | | | |
| Window and Door Condition-Note any severe deterioration, missing or broken panes(no window required if there is mechanical ventilation) | | | | |
| Ceiling Condition- Note any structural or hazardous conditions | | | | |
| Wall Condition - Note any structural or hazardous conditions. | | | | |
| Floor Condition-Note any signs of water damage or hazardous conditions | | | | |
| Toilet -Note any leaks, looseness at connection to floor, or other defects. | | | | |
| Washbasin- permanently installed sink with drain line, hot and cold running water. Note any hazardous/unsound conditions. | | | | |
| Tub or Shower - Working tub or shower with hot and cold running water connected to drain line. Note any unsound/hazardous conditions. | | | | |
| Ventilation- Openable window or working exhaust ventilation system(if exhaust system, prefer it exhausts to the exterior of building envelope) | | | | |
| Painted Surfaces- Note any deteriorated paint. If unit was built before 1978, note deteriorated paint above HUD de minimis levels. | | | | |

| 3. Bedrooms, Other Rooms Used for Li and Hallways | | | g | A separate copy of this page is needed for each additional room. | | | | |
|---|-------------------------------------|-----------|------------------------|--|--------------------------|---------------------|--------------------------------|--|
| Room Location | | | | | Room Code | | | |
| | | | | | 1- Bedroom/ Any room us | sed for sleeping re | gardless | |
| Right / Left / Center | | | | | of type of room | | | |
| Front / Rear / Center | | | | | 2- Dining Room/ Dining A | rea | | |
| Floor Level | | | | | 3- Second Living Rm, Fam | ily Room, Den, Pla | yroom | |
| | | | | | 4- Halls, Corridors, etc | 5- other | | |
| Type of Room/Room Code | | Yes, Pass | Correction Required | | Comments | | Date Correction Approved | |
| sleeping (Code 1); at least 2 working outl working outlet and 1 permanently installed I | ets or 1 ight fixture. If | | | | | | | |
| Floor Level Type of Room/Room Code Electrical Requirements-If room is used for sleeping(Code 1); at least 2 working outlets or 1 working outlet and 1 permanently installed light fixture. If the room is a Hall (code 4); one permanent working light fixture. Electrical Hazards- note any electrical hazards. Security- Note any windows and doors accessible from the outside that are not lockable. Window Requirements- Bedroom; at least one window for light and ventilation present with adequate opening for emergency egress. *Window is not required for Hallways or Dining Rooms* Window & Door Conditions- Note any windows and doors with signs of severe deterioration, missing or broken out panes. Ceiling Condition- Note any hazardous conditions/defects. Wall Condition- Note any hazardous conditions. | | | | | | | | |
| Security- Note any windows and doors accessible from | | | | | | | | |
| window for light and ventilation present with opening for emergency egress. *Window | n adequate is not | | | | | | | |
| doors with signs of severe deterioration, mis | | | | | | | | |
| | | | | | | | | |
| Wall Condition- Note any hazardous cor | nditions. | | | | | | | |
| Electrical Hazards- note any electrical hazards. Security- Note any windows and doors accessible from the outside that are not lockable. Window Requirements- Bedroom; at least one window for light and ventilation present with adequate opening for emergency egress. *Window is not required for Hallways or Dining Rooms* Window & Door Conditions- Note any windows and doors with signs of severe deterioration, missing or broken out panes. Ceiling Condition- Note any hazardous conditions/defects. | | | | | | | | |
| was built before 1978, note deteriorated pai | - | | | | | | | |
| Smoke Detectors- Required; minimum working smoke detector on each level; one is bedroom and one in hallway adjacent to bed dwelling is occupied by the hearing impaired system should be connected to the smoke detection. | n each rooms. If , an alarm | | | | | | | |

| 4. Bedrooms, Other Rooms Used for L and Hallways | | | ng A separate copy of this page is needed for each additional room. | | | | |
|--|-----------------------------------|-----------|---|--|---------------------------|--------------------|--------------------------------|
| Room Location | | | | | Room Code | | |
| | | | | | 1- Bedroom/ Any room us | ed for sleeping re | gardless |
| Right / Left / Center | | | | | of type of room | | |
| Front / Rear / Center | | | | | 2- Dining Room/ Dining Ar | ea | |
| Floor Level | | | | | 3- Second Living Rm, Fami | y Room, Den, Pla | yroom |
| | | | | | 4- Halls, Corridors, etc | 5- other | |
| Type of Room/Room Code | | Yes, Pass | Correction Required | | Comments | | Date Correction Approved |
| Electrical Requirements-If room is u sleeping (Code 1); at least 2 working out working outlet and 1 permanently installed I | lets or 1 | | | | | | |
| the room is a Hall (code 4); one permal light fixture. | _ | | | | | | |
| Electrical Hazards- note any electrical ha | izards. | | | | | | |
| Security- Note any windows and doors accessible from the outside that are not lockable. | | | | | | | |
| Window Requirements- Bedroom; a window for light and ventilation present with opening for emergency egress. *Window required for Hallways or Dining Room | n adequate is not | | | | | | |
| Window & Door Conditions- Note any doors with signs of severe deterioration, mis out panes. | | | | | | | |
| Ceiling Condition- Note any hazardous conditions/defects. | | | | | | | |
| Wall Condition- Note any hazardous cor | nditions. | | | | | | |
| Floor Condition- note any hazardous confloor. | ditions with | | | | | | |
| Painted Surfaces- Note any deteriorated was built before 1978, note deteriorated paide minimis levels. | | | | | | | |
| Smoke Detectors- Required; minimum working smoke detector on each level; one is bedroom and one in hallway adjacent to bed dwelling is occupied by the hearing impaired system should be connected to the smoke detection. | n each rooms. If , an alarm | | | | | | |

| 5. Bedrooms, Other Rooms Used for L and Hallways | | | g | eparate copy of this page is a itional room. | needed for each | |
|--|--------------------------------------|-----------|------------------------|--|--------------------|--------------------------------|
| Room Location | | | | Room Code | | |
| Right / Left / Center | | | | 1- Bedroom/ Any room use of type of room | ed for sleeping re | gardless |
| Front / Rear / Center | | | | 2- Dining Room/ Dining Ar | ea | |
| Floor Level | | | | 3- Second Living Rm, Famil | y Room, Den, Pla | yroom |
| | | | | 4- Halls, Corridors, etc | 5- other | |
| Type of Room/Room Code | | Yes, Pass | Correction Required | Comments | | Date Correction Approved |
| Electrical Requirements-If room is u | sed for | | | | | - |
| sleeping (Code 1); at least 2 working out | lets or 1 | | | | | |
| working outlet and 1 permanently installed I | ight fixture. If | | | | | |
| the room is a Hall (code 4); one perma | anent working | | | | | |
| light fixture. | | | | | | |
| Electrical Hazards- note any electrical ha | azards. | | | | | |
| Electrical Hazards- note any electrical hazards. Security- Note any windows and doors accessible from the outside that are not lockable. | | | | | | |
| | | | | | | |
| Window Requirements- Bedroom; a | it least one | | | | | |
| window for light and ventilation present with | n adequate | | | | | |
| opening for emergency egress. *Window | is not | | | | | |
| required for Hallways or Dining Roo | ms* | | | | | |
| Window & Door Conditions- Note any doors with signs of severe deterioration, mis out panes. | | | | | | |
| Ceiling Condition- Note any hazardous conditions/defects. | | | | | | |
| Wall Condition- Note any hazardous cor | nditions. | | | | | |
| Floor Condition- note any hazardous confloor. | nditions with | | | | | |
| Painted Surfaces- Note any deteriorated was built before 1978, note deteriorated paide minimis levels. | • | | | | | |
| Smoke Detectors- Required; minimum working smoke detector on each level; one is bedroom and one in hallway adjacent to bed dwelling is occupied by the hearing impaired system should be connected to the smoke detection. | in each Irooms. If I, an alarm | | | | | |

| 6. Bedrooms, Other Rooms Used for Li | | ivin | g | eparate copy of this page is itional room. | needed for each | |
|---|--------------|-----------|------------------------|--|--------------------|--------------------------------|
| and Hallways Room Location | | | | Г | | |
| Room Location | | | | Room Code | | |
| Pight / Loft / Contor | | | | 1- Bedroom/ Any room us | ed for sleeping re | gardless |
| | | | | of type of room 2- Dining Room/ Dining Ar | 202 | |
| | | | | 3- Second Living Rm, Famil | | vroom |
| TIOOI LEVEI | | | | 4- Halls, Corridors, etc | 5- other | yroom |
| Tune of Room /Room Code | | | | 4- Halls, Corridors, etc | 3- Other | |
| Type of Room/Room Code | | Yes, Pass | Correction Required | Comments | | Date Correction Approved |
| - | | | | | | |
| Electrical Requirements-If room is used for sleeping (Code 1); at least 2 working outlets or 1 | | | | | | |
| | _ | | | | | |
| • | nent working | | | | | |
| | izards. | | | | | |
| light fixture. Electrical Hazards- note any electrical hazards. Security- Note any windows and doors accessible from | | | | | | |
| the outside that are not lockable. | | | | | | |
| Electrical Hazards- note any electrical hazards. Security- Note any windows and doors accessible from the outside that are not lockable. Window Requirements- Bedroom; at least one window for light and ventilation present with adequate | | | | | | |
| Electrical Requirements-If room is used for sleeping (Code 1); at least 2 working outlets or 1 working outlet and 1 permanently installed light fixture. If the room is a Hall (code 4); one permanent working light fixture. Electrical Hazards- note any electrical hazards. Security- Note any windows and doors accessible from the outside that are not lockable. Window Requirements- Bedroom; at least one | | | | | | |
| | | | | | | |
| | | | | | | |
| · | | | | | | |
| sleeping (Code 1); at least 2 working outlets or 1 working outlet and 1 permanently installed light fixture. If the room is a Hall (code 4); one permanent working light fixture. Electrical Hazards- note any electrical hazards. Security- Note any windows and doors accessible from the outside that are not lockable. Window Requirements- Bedroom; at least one window for light and ventilation present with adequate opening for emergency egress. *Window is not required for Hallways or Dining Rooms* Window & Door Conditions- Note any windows and doors with signs of severe deterioration, missing or broken out panes. Ceiling Condition- Note any hazardous conditions/defects. Wall Condition- Note any hazardous conditions with | | | | | | |
| Ceiling Condition- Note any hazardous | | | | | | |
| | | | | | | |
| Wall Condition- Note any hazardous cor | nditions. | | | | | |
| | ditions with | | | | | |
| | | | | | | |
| | • | | | | | |
| de minimis levels. | | | | | | |
| | | | | | | |
| = | | | | | | |
| | | | | | | |
| | | | | | | |

| 7. All Secondary Rooms | Yes, Pass | Correction Required | Comments | Date Correction Approved |
|--|-----------|------------------------|----------|--------------------------------|
| If no Secondary Rooms, comment "Not Applicable" | | | | |
| Electrical Hazards- Note any hazards | | | | |
| Security- Are all windows and doors accessible from the outside lockable? | | | | |
| Other- Note any hazardous conditions. | | | | |

Additional Comments:

| 8. Building Exterior | Yes, Pass | Correction Required | Comments | Date Correction Approved |
|--|-----------|------------------------|----------|--------------------------------|
| Foundation-Note any unsound or hazardous conditions with Foundation | | | | |
| Exterior Electrical -Receptacles must be weatherproof(Prefer exterior receptacles to be GFCI-protected) | | | | |
| Electrical Hazards- Note any electrical hazards present at the exterior of the building | | | | |
| Building Substructure-Note any structural members in crawlspace, basement, attic that are rotted/damaged/ pest infested to the point of collapse | | | | |
| Site Grading & Landscaping- Note any site grading issues that could cause excess water to drain toward and/or pond against the dwelling unit. | | | | |
| Condition of Stairs, Rails Porches-Note any missing structural members or any hazards present | | | | |
| Condition of Roof & Gutters-note any missing materials and/or hazards present. | | | | |
| Condition of Exterior Walls & Wall Surfaces- note any hazardous conditions. | | | | |
| Condition of Chimney-note any hazardous conditions | | | | |
| Exterior Painted Surfaces- Note any deteriorated paint. If unit was built before 1978, note deteriorated paint above HUD de minimis levels. | | | | |

| 9. Plumbing & Heating | Yes, Pass | Correction Required | Comments | Date | Correction Approved |
|---|-----------|------------------------|----------|------|------------------------|
| Water Supply-Unit must be served by an approvable public or private sanitary water supply | | | | | |
| Sewer Connection- Plumbing must be connected to an approvable public or private disposal system. Note any blockage or sewer back up or other hazards. | | | | | |
| Plumbing Supply Lines-Note any major leaks or corrosion that could cause serious and persistent levels of rust/contamination of the drinking water | | | | | |
| Plumbing Drain Lines- Note any major leaks or other hazards that could cause unsanitary conditions | | | | | |
| Water Heater-Temperature Relief Valve installed, functional, and connected to discharge pipe properly directed to floor drain or exterior of building. Note any other hazardous conditions present. | | | | | |
| Heating Equipment- Heating equipment must be properly located, installed and capable of providing adequate heat (either directly or indirectly) to all rooms used for living. | | | | | |
| Safety of Heating Equipment- Note any hazardous conditions associated with heating equipment. | | | | | |

| 10.General Health & Safety | Yes, Pass | Correction Required | Comments | Date | Correction Approved |
|---|-----------|------------------------|----------|------|------------------------|
| Access to Unit- Dwelling unit must accessible without going through another dwelling unit. | | | | | |
| Exits/Egress/Rescue-Required; Unit must have an alternate means of escape in event of fire/natural disaster | | | | | |
| Evidence of Infestation- Note any severe infestation of pests. | | | | | |
| Garbage and Debris- Note any heavy accumulation of garbage or debris, both inside and/or outside. | | | | | |

| Site Conditions- Note any site conditions which would seriously and continuously endanger the health or safety of the residents | | |
|---|----------------|--|
| Interior Stairs and Common | | |
| Halls- Note any hazards to the occupant from loose, broken, or missing steps on stairways, missing/insecure railings; inadequate lighting, or other hazards. | | |
| Other Interior Hazards -Note any other hazard not specifically identified previously. | | |
| Elevators- Verify all elevators have a current inspection certificate. If local practice does not require this, are they working and safe? | Not Applicable | |
| Accessibility-Do one or more of the residents require home accessibility changes? Improvements will be case specific and dependent on the needs of the individual. | | |
| Lead-based Paint Owner | | |
| Certification- Verify that all lead- based paint hazards at the property, have been stabilized and clearance achieved. | Not Applicable | |

Additional Comments:

| 11.Building Systems- Note Major Systems With less than 5 Years Use Remaining | Yes, Pass | Correction Required | Comments | Date Correction Approved |
|--|-----------|------------------------|----------|--------------------------------|
| Electrical System | | | | |
| Plumbing System | | | | |
| Structural System(Foundation, Framing) | | | | |
| Roof/ Exterior Cladding(Siding) | | | | |
| Exterior Doors/Windows | | | | |
| HVAC | | | | |