

# RENTAL INSPECTION CHECKLIST

| Property ( | Owner/ ] | Manager | ] | [nspection of the content of the con | on I | <b>)</b> ate |
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|            |          |         |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |              |

Property Address Unit (s)

Tenant Notified Prior? Y N N/A Inspection Type

### **PROPERTY INFORMATION**

| Address:   |               | Zone:                      |
|------------|---------------|----------------------------|
| Unit #:    | Building #:   | Year Constructed: Remodel: |
| Total Comm | on Area(sqft) | Total Living Area:         |

### **EXTERIOR**

### Y N N/A

| Are house numbers clearly visible and legible from the street or road fronting the property? Are they a minimum of 4" and of contrasting color? (R319, NCO 150.02)      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are all exterior windows, penetrations, and openings caulked? (R703.1.1)                                                                                                |
| Are there handrails at stairs with more than 4 risers? Are they secure? (R311.7.8)                                                                                      |
| Handrail minimum 34" to maximum 38" above nose of tread to top of handrail (R311.7.8.1)                                                                                 |
| Are roof drains, gutters, and downspouts in good repair and free of obstructions?                                                                                       |
| Is the property free from the accumulation of rubbish or garbage? (NCO 105.01)                                                                                          |
| Is the property free from debris, weeds, and tall grasses over the height of 12 inches? (NCO 151.08)                                                                    |
| If the building is multi-family use, is the building ADA accessible (if constructed after 1992, the building is subject to accessibility guidelines)? (24 CFR Part 100) |

## **INTERIOR**

## Y N N/A

| _ | - ' |                                                                                                                                                                                                     |
|---|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |     | Working smoke alarms at every floor, in each sleeping room (R314.3, NFPA 72)                                                                                                                        |
|   |     | Working carbon monoxide alarm in the residence. (R315.1)                                                                                                                                            |
|   |     | Handrail minimum 34'' to maximum 38'' above nose of tread to top of handrail (R311.7.8.1)                                                                                                           |
|   |     | Interior stairway has proper illumination, ie. all treads and both upper and lower landings) (R303.7                                                                                                |
|   |     | Do the entry doors which provide access to the dwelling unit contain a deadbolt lock with a minimum lock throw of 1 inch?                                                                           |
|   |     | Are interior surfaces such as windows, doors, walls, and floors in good, clean and sanitary condition and free from peeling, chipping, and/or flaking? (ORD154.02.11)                               |
|   |     | Are all operable window sills over 24in in height? (R312)                                                                                                                                           |
|   |     | Does emergency escape and rescue openings below grade have a window-sill less than 44" from floor to bottom of window opening? Is the opening at least 5.7 square feet? 20x24? (R310.2.1; R310.2.2) |

# **KITCHEN**

## Y N N/A

|  | Is there a switched ceiling or wall type light fixture? (E3903)     |
|--|---------------------------------------------------------------------|
|  | Are all appliances in safe working condition? (NCO 158.09)          |
|  | Are outlets GFCI protected? (NEC 210.8; E3902.6)                    |
|  | Are hot and cold water running to the faucet? (NCO 158.09)          |
|  | Is there a proper kitchen sink? (NCO 158.09)                        |
|  | Is there an infestation of insects, vermin or rodents? (NCO 158.09) |

# **BATHROOM**

## Y N N/A

|  | Are toilet facilities in safe, sanitary, and working condition? (NCO 158.09) |
|--|------------------------------------------------------------------------------|
|  | Is there at least one ground fault electrical outlet? (NEC 210.8)            |
|  | Is there hot and cold running water to the plumbing fixtures? (NCO 158.09)   |

# MECHANICAL, PLUMBING & ELECTIRICAL

Y N N/A

| <br> | 1 1/1 1 |                                                                                                                   |
|------|---------|-------------------------------------------------------------------------------------------------------------------|
|      |         | Are all habitable rooms and bathrooms supplied with heat and able to maintain heat?                               |
|      |         | (NCO 158.09                                                                                                       |
|      |         | Are all of the return air ducts located in areas outside of kitchens, bathrooms and mechanical rooms? (IMC 601.5) |
|      |         | Do all outlets, switches and junction boxes contain a cover plate? (NCO 159.09)                                   |
|      |         | Are all plumbing fixtures properly installed and maintained in working order? (NCO 158.09)                        |
|      |         | Lack of connection to the required sewage disposal system. (NCO 158.09)                                           |
|      |         | General dilapidation or improper maintenance (NCO 158.09)                                                         |
|      |         | Lack of required electrical lighting (NCO 158.09                                                                  |

## WATER HEATER

| Fuel Source:                                                                                                                            |  |   |   | Gallons:                                                                                      |   |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|---|---|-----------------------------------------------------------------------------------------------|---|---|--|
| T&P Relief Hard Piped:  Y N                                                                                                             |  |   | N | Water heater flue a minimum 3' away from fresh air intakes:                                   | Y | N |  |
| Is there enough clearance inside mechanical room to remove the appliance without having to disconnect or remove any other appurtenance? |  | Y | N | Is enough clearance provided in front of the appliance to make repairs if needed? (30inx30in) | Y | N |  |
| Notes:                                                                                                                                  |  |   |   |                                                                                               |   |   |  |

# **FURNACE**

| Fuel Source:                                                                                                                                        |   |     | nace flue clearance per                                                                    | Y | N   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|--------------------------------------------------------------------------------------------|---|-----|
|                                                                                                                                                     |   | mar | nufacturers specifications:                                                                |   |     |
| Is there enough clearance inside<br>mechanical room to remove the<br>appliance without having to<br>disconnect or remove any other<br>appurtenance? | Y | N   | Is enough clearance provided front of the appliance to make repairs if needed? (30inx30in) |   | Y N |
| Condition of the furnace filter:                                                                                                                    |   | G00 | D OKAY                                                                                     |   | BAD |

# **INSPECTION RESULTS**

| FULL PASS TEMPORARY PASS FAILED |
|---------------------------------|
| Reasoning:                      |
|                                 |
| Notes:                          |
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