

Mayor's Office of Housing
Property Inspection Form

Summary Report					
Date of On-Site Inspection:			Date of Report:		
Project Number:	Project Name:		Address:	Street:	
Type of Inspection:	Annual	Follow-up	Date of Prior Inspection		
	X				
Inspected by (name and title): RE Washington			Signature of Inspector		
Overall Rating:					
Overall Rating Comments:					
General Appearance Rating (Site/Buildings/Units):		File Review/Eligibility Rating:		Property Mgt/Maint Prog Rating:	
General Appearance Comments:		File Review/Eligibility Rating Comments:		Property Mgt/Maint Prog Comments:	
Project Owner/Borrower:		Project Manager/Contact Name:		Project Manager Phone/E-mail:	
Property Supervisor (If any):					
Property Supervisor Phone:					
Type of Subsidy (HOME, CDBG, etc):					
Type of Housing:	<input type="checkbox"/> Town House, Duplex, Flats (1-2 Stories)	<input type="checkbox"/> Low Rise (3-4 Stories):	<input type="checkbox"/> High Rise (5+ Stories):	<input type="checkbox"/> Single Room Housing (SRO)	Other:
Property Inspection Subforms comprising this report					
A. Site Review	B. Building Review	C. Unit Review	D. File Review	E. Property Mgt Review	
1	AS NEEDED	AS NEEDED	1	1	



A. Site Review

For each category check the box to indicate "Not Applicable" (N), "Pass" (P or ✓), "Fail" (F), "Inconclusive" (I). For all "Poor" (P) ratings, describe condition or fault (or any other Comment) in the **NOTES** section

Ref Nbr	Description	"N" "P" "F" "I"	NOTES
1	Grounds/Landscaping		
2	Parking Lot/Driveway		
3	Tot Lot/ Play Area		
4	Exterior Walls		
5	Intercom		
6	Security		
7	Fences/Gates/Retaining Walls		
8	Mailboxes		
9	Signs		
10	Other (see NOTES)		
Gen Health & Safety			
11	Access to Building		
12	Exits		
13	Evidence of Infestation		
14	Garbage and Debris		
15	Refuse Disposal		
16	Interior Stairs/Halls		
17	Lead-Based Paint: Owner Certification		



B. Building Review (Print out as many forms as necessary for the number of resident occupied buildings)

Building Number: _____

For each category check the box to indicate "Not Applicable" (N), "Pass" (P or ✓), "Fail" (F), "Inconclusive" (I). For all "Poor" (P) ratings, describe condition or fault (or any other Comment) in the **NOTES** section

Ref Nbr	Description	"N" "P" "F" "I"	NOTES
Gen Health & Safety			
18	Access to Building		
19	Exits		
20	Evidence of Infestation		
21	Garbage and Debris		
22	Refuse Disposal		
23	Interior Stairs/Halls		
24	Other Interior Hazards		
25	Interior Air Quality		
26	Lead-Based Paint: Owner Certification		
Exterior			
27	Grounds/Landscaping		
28	Parking Lot/Driveway		
29	Tot Lot/ Play Area		
30	Exterior Walls		
31	Intercom		
32	Security		
33	Fences/Gates/Retaining Walls		
34	Stairs/Rails/Porches		
35	Mailboxes		
36	Signs		
37	Doors		
38	Walls		
39	Window Condition		
40	Fire Escape		
41	Roof		
42	Boiler		
43	Other (see NOTES)		
Building Systems			
44	Elevator		
	Current Permit? (Y/N)	Y N	



Building Common Areas

For each category check the box to indicate "Not Applicable" (N), "Pass" (P or ✓), "Fail" (F), "Inconclusive" (I). For all "Poor" (P) ratings, describe condition or fault (or any other Comment) in the **NOTES** section

Ref Nbr	Description	"N" "P" "F" "I"	NOTES
Utility Closet(s)			
<i>Indicate how many utility rooms have been checked and note any faults found in NOTES section. (EXAMPLE "All 4 Closets checked." "Closet 2, near room 215 has worn floor")</i>			
45	Lighting/Illumination		
46	Ceiling Condition		
47	Electrical Hazards		
48	Security		
49	Wall Condition		
50	Floor Condition		
Laundry Room(s)			
<i>Indicate how many laundry rooms have been checked and note any faults found in NOTES section. (EXAMPLE "All 4 Laundry Rooms checked." "Laundry 4, in basement is flooded")</i>			
51	Lighting/Illumination		
52	Electrical Hazards		
53	Security		
54	Ceiling Condition		
55	Window Condition		
56	Wall Condition		
57	Floor Condition		
58	Floor Condition		
Community Room(s)			
<i>Indicate how many community rooms have been checked and note any faults found in NOTES section. (EXAMPLE "All 7 Community Rooms were checked." "Community Room 2, on 15 floor has cracked window.")</i>			
59	Lighting/Illumination		
60	Electrical Hazards		
61	Security		
62	Ceiling Condition		
63	Window Condition		
64	Wall Condition		
65	Floor Condition		
66	Stove/Range/Microwave		
67	Refrigerator		
68	Sink		
69	Space for Storage, Preparation, and Serving Food		



Shared Bathrooms

Ref Nbr	Description	"N" "P" "F" "I"	NOTES
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Shared Bathroom(s)

Indicate how many shared bathrooms have been checked and note any faults found in NOTES section. (EXAMPLE "All 4 Shared Bathrooms were checked." "Second Floor Bathroom has broken fan.")

70	Electricity/Illumination		
71	Electrical Hazards		
72	Window Condition		
73	Ceiling Condition		
74	Wall Condition		
75	Floor Condition		
76	Flush Toilet		
77	Wash basin		
78	Tub or Shower		
79	Ventilation		

Shared Kitchens

Ref Nbr	Description	"N" "P" "F" "I"	NOTES
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Shared Kitchen(S)

Indicate how many kitchens have been checked and note any faults found in NOTES section. (EXAMPLE "All 2 kitchens were checked." Kitchen 1 has leaking faucets.)

80	Electricity/Illumination		
81	Electrical Hazards		
82	Security		
83	Window Condition		
84	Ceiling Condition		
85	Wall Condition		
86	Floor Condition		
87	Stove/Range/Microwave		
88	Refrigerator		
89	Sink		
90	Space for Storage, Preparation, and Serving Food		
91	Space for Storage, Preparation, and Serving Food		
92	Sink		
93	Space for Storage, Preparation, and Serving Food		



C. Unit Review (Print out as many forms as necessary for the number of units inspected)

For each category check the box to indicate "Not Applicable" (N), "Pass" (P or ✓), "Fail" (F), "Inconclusive" (I). For all "Poor" (P) ratings, describe condition or fault (or any other Comment) in the **NOTES** section

Ref Nbr	Description	"N" "P" "F" "I"	NOTES
(Unit # _____)			
Gen Health & Safety			
94	Access to Unit		
95	Exits		
96	Evidence of Infestation		
97	Garbage and Debris		
98	Refuse Disposal		
99	Interior Stairs and Common Halls		
100	Other Interior Hazards		
101	Interior Air Quality		
102	Lead-Based Paint: Owner Certification		
LIVING ROOM			
103	Living Room Present		
104	Electricity/Illumination		
105	Electrical Hazards		
106	Security		
107	Window Condition		
108	Ceiling Condition		
109	Wall Condition		
110	Floor Condition		
KITCHEN			
111	Kitchen Present		
112	Electricity/Illumination		
113	Electrical Hazards		
114	Security		
115	Window Condition		
116	Ceiling Condition		
117	Wall Condition		
118	Floor Condition		
119	Stove/Range/Microwave		
120	Refrigerator		
121	Sink		
122	Space for Storage, Preparation, and Serving Food		



BATHROOM			
Ref Nbr	Description	"N" "P" "F" "I"	NOTES
123	Bathroom Present		
124	Electricity/Illumination		
125	Electrical Hazards		
126	Window Condition		
127	Ceiling Condition		
128	Wall Condition		
129	Floor Condition		
130	Flush Toilet		
131	Wash basin		
132	Tub or Shower		
133	Ventilation		
Other Rooms Used for Living and Halls – BEDROOM 1-2			
<i>Indicate all that have been checked and note any faults of each or both in NOTES section.</i>			
134	Electricity/Illumination		
135	Electrical Hazards		
136	Security		
137	Window Condition		
138	Ceiling Condition		
139	Wall Condition		
140	Floor Condition		
141	Smoke Detector		
Other Rooms Used for Living and Halls – BEDROOM 3-4			
<i>Indicate all that have been checked and note any faults of each or both in NOTES section.</i>			
142	Electricity/Illumination		
143	Electrical Hazards		
144	Security		
145	Window Condition		
146	Ceiling Condition		
147	Wall Condition		
148	Floor Condition		
149	Smoke Detector		
Other Rooms Used for Living and Halls – BEDROOM 5			
<i>Indicate all that have been checked and note any faults of each or both in NOTES section.</i>			
150	Electricity/Illumination		
151	Electrical Hazards		
152	Security		
153	Window Condition		
154	Ceiling Condition		
155	Wall Condition		
156	Floor Condition		
157	Smoke Detector		

