

OCCUPIED DWELLING INSPECTION

TENANT _____ PROJECT NO. _____

ADDRESS _____ DATE OF LEASE _____

UNIT NO. _____ ACCOUNT NO. _____

CHECKING SYMBOLS X DIRTY, MISSING OR BROKEN ✓ ACCEPTABLE	LIVING ROOM	KITCHEN	BATH 1	BATH 2	STAIR HALL	BEDROOM 1	BEDROOM 2	BEDROOM 3	BEDROOM 4	BEDROOM 5	KITCHEN EQUIPMENT	
											RANGE	
											SWITCHES _____	OVEN LIGHT _____
											RACKS _____	OVEN UNIT _____
											SURFACE UNITS _____	OVEN DOOR _____
											BROILER PANS _____	PILOT LIGHT _____
WALLS											REFRIGERATOR	
CEILING											DOOR(S) _____	ICE TRAYS NO. _____
FLOORS											CHILLER TRAY _____	BUTTER DISH _____
LIGHT FIXTURES											VEGETABLE TRAY _____	MEAT TRAY _____
LIGHT SWITCHES											CABINETS	
RECEPTACLES											SHELVES _____	DOORS _____
REGISTARS											DRAWERS _____	HARDWARE _____
WINDOW GLASS											PLUMBING	
WINDOW HARDWARE											SINK _____	SPRAYER _____
WINDOW SHADES											STOPPER _____	
WINDOW SCREENS											FAUCET _____	DRAIN _____
CURTAIN RODS											CRUMB CAP _____	DRAIN BOARD _____
DOOR											BATHROOM 1 & 2 FIXTURES	
DOOR HARDWARE											FLUSHING _____	PAPER HOLDER _____
DOOR SCREENS											TOWEL RACK _____	GLASS HOLDER _____
CLOSET											MEDICINE CAB. _____	SHOWER _____
											WATER CLOSET _____	DRAIN _____
											BATHTUB _____	LAVATORY _____
											DRAIN _____	DRAIN _____
											STOPPER _____	STOPPER _____
EXTERIOR: HOUSE NUMBER _____ CLOTHESLINE _____ YARDS _____ PORCHES & STEPS _____ FENCE _____												
SIDEWALKS _____ LIGHT FIXTURES: FRONT _____ REAR _____ ROOF _____ SIDING _____												

REPAIRS NEEDED:

TENANT APPLIANCES:

COMMENTS ON GENERAL HOUSEKEEPING HABITS:

INSTRUCTIONS TO TENANT:

TENANT: _____ DATE: _____

INSPECTOR: _____ DATE: _____