RESIDENTIAL RENTAL DWELLING INTERIOR INSPECTION REPORT

| Property Address Ov | | | Owner/Mana | Owner/Manager/Agent | | |
|--|--------------|-------------------|------------|---------------------|-----------------------|--|
| | | | | | | |
| Inspection type: ☐ Annual ☐ New Application ☐ Complaint ☐ Follow-up ☐ | | | | | | |
| LICENSE #FAM | # Building L | | ng Units | # Dwelling Units | # Accessory Buildings | |
| Items | Compliance | Not Applicable | | No | tes | |
| Walls and Ceilings | | | | | | |
| In good repair and minimum 7' ceiling height | | | | | | |
| No defective surface conditions | | | | | | |
| No water damage | | | | | | |
| Floors | | | | | | |
| In good repair and structurally sound No tripping hazards | | | | | | |
| Stairs/Steps/Hallways/Landings | | | | | | |
| Clear pathway | | | | | | |
| Handrail and guardrail securely attached | | | | | | |
| Capable of supporting imposed load | | | | | | |
| Windows and Doors | | | | | | |
| Free of defects | | | | | | |
| Working hardware and easily opens and closes | | | | | | |
| Fits well within frame and securely attached | | | | | | |
| Bedroom | | | | | | |
| Proper egress | | | | | | |
| Sleeping area of 70 sq ft / 1 occupant; 50 sq ft / > 1 occupant | | | | | | |
| Proper lighting and ventilation | | | | | | |
| Accessible water closet | | | | | | |
| Bedroom(s) | | | | | | |
| Proper egress | | | | | | |
| Sleeping area of 70 sq ft / 1 occupant; 50 sq ft / > 1 occupant | | | | | | |
| Proper lighting and ventilation | | | | | | |
| Accessible water closet | | | | | | |
| Kitchen | | | | | | |
| Suitable space and sanitary conditions | | | | | | |
| Properly working plumbing Necessary lighting and ventilation | | | | | | |
| Proper outlets and no electrical hazards | | | | | | |
| Properly connected and working appliances | | | | | | |
| Bathroom(s) | | | | | | |
| Properly installed and operating facilities | | | | | | |
| Necessary lighting and ventilation | | | | | | |
| Water-impervious flooring | | | | | | |
| Hot and cold running water to each fixture | | | | | | |
| Proper outlets and no electrical hazards Electrical/Mechanical/Plumbing | | | | | | |
| Properly installed service panel and outlets | | | | | | |
| Proper outlets and no electrical hazards | | | | | | |
| Properly installed and maintained heating system | + | | | | | |
| Properly working plumbing | | | | | | |
| Unused gas lines capped | | | | | | |
| Fire Protection | | | | | | |
| Working smoke detectors installed to requirements | | | | | | |
| Smoke detectors on each level | | | | | | |
| Smoke detectors within close proximity to all sleeping areas and in each room used for sleeping purposes | | | | | | |
| Adequate egress | + | | | | | |
| Properly maintained fire resistant walls and floors | | | | | | |