



Rental Housing Inspection Checklist

Date: _____

Property Address: _____

Property Owner: _____ Tenant: _____

Exterior:	Yes	No	Comments
1. Walkways – free from hazardous conditions.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Rodent/Insects – free from visible signs of infestations.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Accessory structures – appear to be in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Foundation – free from open cracks, breaks & holes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Walls – free from holes, free from loose or rotting materials.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Roof – No visible damage, inside or outside, that admits rain.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Stairways, decks, porches & balconies – appear structurally sound.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Windows – free from holes and major cracks.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior:			
1. Common Areas (multi-family only) - free from debris	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Stairs – in sound condition without permanent obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Rodent/Insects - free from visible signs of infestations.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Interior doors – opens easily.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Exterior doors – proper size, with lock.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Walls – free from holes & covers the structure.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Ceilings – free from holes & covers the structure.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Mold – free from obvious signs of mold growth.	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Flooring – free from tripping hazards.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical Systems:			
1. Connected to City Electric, Water & Sewer.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Electric Fixtures & Outlets- properly covered, safe and functional.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Plumbing fixtures – free from leaks, safe and functional.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Water Heater- provide adequate supply of hot water to all facilities.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Sanitary Sewer fixtures & pipes – free from leaks, safe and functional.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Heating facilities – in place & capable of providing adequate heat.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Egress:			
1. Dwelling unit has 2 means of egress.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Each bedroom has 2 means of egress.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Below grade windows used to provide egress have a net clear opening of at least 5.7 square feet.	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Please attach another sheet if additional comments are necessary. Items marked no are deficiencies that may need to be corrected. Please submit pictures of deficiencies.

I hereby certify that I inspected the above listed property and the information contained in this report is true and accurate to the best of my knowledge.

Check One: Inspector / Owner / Tenant / Agent Date