

BUILDING INSPECTION CHECKLIST

Location:

Exterior:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Is the building address or identification clearly visible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Are exterior lights in working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Are periodic inspections conducted and documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Is an unobstructed access road to the building provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Are the exits onto public streets free from visibility obstructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Are trees and shrubs pruned and documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Are roots pruned and documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. Are all building sides accessible to emergency equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 9. Are fire hydrants accessible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10. Are sprinkler/standpipe connections accessible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11. Are sprinkler/standpipe connections clearly marked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 12. Are landscape sprinklers at least 6 inches from walkways or pathways? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 13. Does the building appear to be in good repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 14. Is building free from signs of vandalism? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 15. Are exterior walls free from cracks or other damages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 16. Are windows free from cracks or broken panes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 17. Has vegetation been cut back from the building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 18. Are turf areas inspected for holes, exposed roots, etc. and documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 19. Are paved surfaces inspected and repaired (i.e., lifts, cracks, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 20. Are combustible materials stored away from the building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 21. Is the building free from signs of exterior damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 22. Are stairs, landings and handrails in good repair and fastened securely?
(inspect the bottom of each step) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 23. Are facilities periodically inspected and documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 24. Are all sewer clean out caps in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 25. Are all irrigation covers in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 26. Are housing authority owned light post bases free of rust and/or deterioration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 27. Do entrance doors close slowly to avoid hazards to fingers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 28. Are utility/cable boxes marked "Keep Off"? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Interior:

Electrical System:

- 29. Are all electrical panels secured? Yes No N/A
- 30. Is a 3' clearance provided around all electrical panels? Yes No N/A
- 31. Are all electrical rooms free from combustible storage? Yes No N/A
- 32. Are all electrical panels cool to the touch? Yes No N/A
- 33. Are all electrical panels free from evidence of burning? Yes No N/A
- 34. Have all electrical circuits been identified? Yes No N/A
- 35. Are all electrical switches and receptacles in good repair? Yes No N/A
- 36. Has the use of extension cords been discontinued? Yes No N/A
- 37. Have Ground Fault Interrupter's been provided on circuits in proximity to water? Yes No N/A
- 38. Is there a "lock-out" procedure in place? Yes No N/A

Heating System:

- 39. Is a 3' clearance provided around all heating equipment? Yes No N/A
- 40. Are furnace/boiler rooms kept locked? Yes No N/A
- 41. Are furnace/boiler rooms free from combustible storage? Yes No N/A
- 42. Are residents reminded to keep combustibles away from heaters? Yes No N/A

Smoking:

- 43. Is smoking prohibited in the building common areas? Yes No
- 44. Are designated smoking areas properly identified? Yes No N/A
- 45. Are non-combustible receptacles provided in smoking areas? Yes No N/A
- 46. Are smoking materials disposed of properly? Yes No N/A

Housekeeping:

- 47. Is trash removed from the building daily? Yes No
- 48. Is storage restricted to designated areas? Yes No N/A
- 49. Is storage neatly arranged and secured from rolling away? Yes No N/A

Private Protection:

- 50. Is building equipped with an automatic sprinkler system? Yes No
- 51. Is the main sprinkler control valve accessible? Yes No N/A
- 52. Are all valves supplying water or air to the system open? Yes No N/A
- 53. Is system operation monitored by an alarm company? Yes No N/A
- 54. Is valve operation monitored by an alarm company? Yes No N/A
- 55. Is the sprinkler system tested on a quarterly basis and documented? Yes No N/A
- 56. Are spare sprinkler heads available in the building? Yes No N/A
- 57. Is the building equipped with a fire detection system? Yes No
- 58. Does the system protect the entire building? Yes No N/A
- 59. Does the system provide an alarm signal in the building? Yes No N/A
- 60. Is system tested on a monthly basis and documented? Yes No N/A
- 61. Is the main alarm panel in normal operating condition? Yes No N/A
- 62. Are portable fire extinguishers provided? Yes No
- 63. Are all extinguishers inspected on a monthly basis and documented? Yes No N/A
- 64. Do all extinguishers have a current inspection tag? Yes No N/A

Emergency Evacuation:

- 65. Are all exits and travel paths identified with illuminated "EXIT" signs? Yes No
- 66. Are travel paths leading to exits free of obstructions? Yes No
- 67. Are exits unlocked and operational? Yes No
- 68. Are working emergency lights provided in the building? Yes No
- 69. Are emergency lights tested periodically and documented? Yes No
- 70. Are evacuation diagrams posted throughout the building? Yes No

Miscellaneous:

- 71. Has flammable storage been limited to designated areas? Yes No N/A
- 72. Is all cooking equipment protected by extinguishing systems? Yes No N/A
- 73. Is cooking equipment clean? Yes No N/A
- 74. Are filters inspected periodically and documented? Yes No N/A
- 75. Are all computer areas free from combustible storage? Yes No N/A

NOTIFY YOUR SUPERVISOR IF ANY QUESTIONS WERE ANSWERED "NO"

Inspected By:

Date:

The following items have been followed-up on. This has been accomplished by putting them on a work order:

Item No.	Work Order #	Item No.	Work Order #	Item No.	Work Order #
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