

This is the homepage of PHA Ipad, this is how it looks like:

UPCS Inspections Homepage

*Area		Time Period		
Site Code	Description	New	InProgress	Closed
901	Haddington			45
902	Mantua			33
903	Kingsessing			42
180	Markoe Street Phase III			
905	Fairhill Square			42
906	Francisville	2		41
907	Ludlow	1		39
154	Ludlow Infill Fourteen			
904	Germantown/Hunting Park	1		37
908	Susquehanna	2		33
909	Strawberry Mansion	4		34
910	Oxford Jefferson	4		21
ALL	Total for All Sites	14		367

Now if you see there are 4 categories in **Area** field, which are:

1. Scattered
2. Conventional
3. AMPB
4. PAPMC

Then there is **Year** field, we have years from **2004** to **2025** (Current Year)

Then there is **Month** field, which is from Jan to Dec

After configuring that, we get the table as you can see above, which has following fields:

1. Site Code
2. Description
3. New (It means are there any new inspections added, since the month that I have selected is May Month, so it won't have any new inspections added, if it is current month, it will have new inspections added)
4. Inprogress (It means, the inspections which are ongoing or inprogress)
5. Closed (It means, the inspections are completed)

Let's say if I click on **Total** inspections that is 367:

UPCS Inspections Homepage

*Area <div style="border: 1px solid black; padding: 2px; width: 100%;">Scattered</div>	Time Period <div style="display: flex; justify-content: space-between;"> Year 2025 Month May </div>
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Site Code	Description	New	InProgress	Closed
901	Haddington			45
902	Mantua			33
903	Kingsessing			42
180	Markoe Street Phase III			
905	Fairhill Square			42
906	Francisville		2	41
907	Ludlow		1	39
154	Ludlow Infill Fourteen			
904	Germantown/Hunting Park		1	37
908	Susquehanna		2	33
909	Strawberry Mansion		4	34
910	Oxford Jefferson		4	21
ALL	Total for All Sites	14		367

It will show you this:

Inspection SO	Unit	SO Date	Division Code	Site Code	Site Name	Tenant Name	Address	Personalize Find First 1-367 of 367 Last	Completion Date
1 3184947	041529	05/01/2025	SS	909	Strawberry Mansion	LETTIE WARD	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021		05/02/2025
2 3184948	041539	05/01/2025	SS	909	Strawberry Mansion	ANIQUE HAYMAN	1812 N 22ND STREET A PHILADELPHIA PA 19121-2111		05/02/2025
3 3184885	041540	05/01/2025	SS	909	Strawberry Mansion	7 909	1812 N 22ND STREET B PHILADELPHIA PA 19121-2111		05/02/2025
4 3184949	041563	05/01/2025	SS	905	Fairhill Square	6 905	508 W YORK ST PHILADELPHIA PA 19133-2519		05/14/2025
5 3185088	041723	05/01/2025	SS	903	Kingsessing	Shirley Davis	2100 FITZWATER ST A PHILADELPHIA PA 19146-1213		05/22/2025
6 3185122	041760	05/01/2025	SS	906	Francisville	SHAMIKA BOLGER	868 N 20TH STREET PHILADELPHIA PA 19130-2025		05/12/2025
7 3185123	041762	05/01/2025	SS	910	Oxford Jefferson	DELORES WHITE	1412 N ETTING ST PHILADELPHIA PA 19121-3710		05/20/2025
8 3184886	041768	05/01/2025	SS	906	Francisville	7 906	845 N 20TH STREET A PHILADELPHIA PA 19130-2023		05/02/2025
9 3185124	041769	05/01/2025	SS	906	Francisville	TANESHA MARTIN	845 N 20TH STREET B PHILADELPHIA PA 19130-2023		05/12/2025
10 3185125	041817	05/01/2025	SS	902	Mantua	IRVING LOVE	639 N 34TH STREET PHILADELPHIA PA 19104-2038		05/22/2025
11 3185127	041842	05/01/2025	SS	910	Oxford Jefferson	DONALD REGUSTERS-CLARK	1406 N ETTING ST PHILADELPHIA PA 19121-3710		05/20/2025
12 3185128	041843	05/01/2025	SS	910	Oxford Jefferson	DELORES CROSS	1408 N ETTING ST PHILADELPHIA PA 19121-3710		05/20/2025
13 3185129	041844	05/01/2025	SS	910	Oxford Jefferson	MIKELL STOKES	1410 N ETTING ST PHILADELPHIA PA 19121-3710		05/30/2025
14 3185130	041863	05/01/2025	SS	909	Strawberry Mansion	LOUENIA SNOWDEN	1810 N 23RD STREET A PHILADELPHIA PA 19121-2031		05/05/2025
15 3185131	041910	05/01/2025	SS	902	Mantua	AMIRA HAMMOND	3702 BRANDYWINE ST PHILADELPHIA PA 19104-2350		05/13/2025

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Now this has:

1. Inspection SO : This is Inspection Service Order
2. Unit
3. SO Date : This is Service Order Date
4. Division Code: This is Division Code (Like we have selected Scattered, so it is SS, similarly the division code for PAPMC is PAPMC, then for Conventional it is CS, then for AMPB, it is AMPB)
5. Site Code
6. Site Name
7. Tenant Name
8. Address
9. Completion Date (This is date where inspections were completed, now if you would have clicked on Inspections which are **inprogress**, it would not have completion date)

Now when I click on specific **Inspection SO** (Inspection Service Order), let's say the first one 3184947:

Inspection SO	Unit	SO Date	Division Code	Site Code	Site Name	Tenant Name	Address	Completion Date	Personalize Print Email First Last 1-30 / Of 30
1 3184947	041529	05/01/2025	SS	909	Strawberry Mansion	LETTIE WARD	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021	05/02/2025	
2 3184948	041539	05/01/2025	SS	909	Strawberry Mansion	ANIQUE HAYMAN	1812 N 22ND STREET A PHILADELPHIA PA 19121-2111	05/02/2025	
3 3184885	041540	05/01/2025	SS	909	Strawberry Mansion	7 909	1812 N 22ND STREET B PHILADELPHIA PA 19121-2111	05/02/2025	
4 3184949	041563	05/01/2025	SS	905	Fairhill Square	6 905	508 W YORK ST PHILADELPHIA PA 19133-2519	05/14/2025	
5 3185088	041723	05/01/2025	SS	903	Kingsessing	Shirley Davis	2100 FITZWATER ST A PHILADELPHIA PA 19146-1213	05/22/2025	
6 3185122	041780	05/01/2025	SS	906	Francisville	SHAMIKA BOLGER	868 N 20TH STREET PHILADELPHIA PA 19130-2025	05/12/2025	
7 3185123	041762	05/01/2025	SS	910	Oxford Jefferson	DELORES WHITE	1412 N ETTING ST PHILADELPHIA PA 19146-2740	05/20/2025	

It redirects me to this page:

S/O #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>	
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021			
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694	N/A: <input type="checkbox"/>	Status	Closed
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes	BR Size 2		
Vehicle Tag ID	CASTOR_USER5 Q						
		No	Is the Unit Hardwired		No	If yes, does Unit contain fire panel box	
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>
<input type="button" value="Add Time"/>							
<input type="button" value="View Open SO's"/>		<input type="button" value="PMI Checklist"/>		<input type="button" value="Tenant Acknowledgement"/> 			
<input type="button" value="Save"/>							

 Site and Building Exterior	
 Patio/Porch/Balcony	
 Common Area (multi-family bldg.)	
 Entry Door (Unit)	
 Living / Dining Room	
 Powder Room/Bathroom	 <input type="checkbox"/>
 Kitchen	
 Basement and Building Systems	
 Main Stair 1st to 2nd Floor & Hall	
 2nd Floor Front Bedroom	 <input type="checkbox"/>
 2nd Floor Middle Bedroom	 <input type="checkbox"/>
 2nd Floor Bathroom	 <input type="checkbox"/>
 2nd Floor Rear Bedroom	 <input type="checkbox"/>
 Main Stair 2nd to 3rd Floor and Hall	
 3rd Floor Front Bedroom	 <input type="checkbox"/>
 3rd Floor Middle Bedroom	 <input type="checkbox"/>
 3rd Floor Bathroom	 <input type="checkbox"/>
 3rd Floor Rear Bedroom	 <input type="checkbox"/>
 EXIGENT HEALTH AND SAFETY	

Now we have:

1. S/O # which is same as Inspection SO
2. Unit

3. Site
4. Address
5. Site Name
6. Tenant Name
7. Tenant Phone
8. Status: this has 3 fields only which are Closed, Inprogress, New
9. Inspector Name
10. Vehicle Tag ID
11. Tenant Availability?
12. BR Size
13. Is the Unit Hardwired?
14. Inspection Time. Inspection Time has another fields, which are:
 - a. Technician Name (which is same as Inspector Name)
 - b. Time Type
 - c. Start Date
 - d. Start Time
 - e. End Date
 - f. End Time
 - g. Submit time (it is a button, if you see it is disabled, because the inspection is already closed)
15. PMI Checklist (This is another hyperlink, which redirects to another page which shows Materials, it will be discussed below)
16. Tenant Acknowledgement (This is another hyperlink, which redirects to another page which shows further details related to this, it will be discussed below)
17. Site and Building Exterior (Another hyperlink)
18. Patio/Porch/Balcony (Another hyperlink)
19. Common Area (multi-family bldg.) (Another hyperlink)
20. Entry Door (Unit) (Another hyperlink)
21. Living / Dining Room (Another hyperlink)
22. Powder Room/Bathroom (Another hyperlink)
23. Kitchen (Another hyperlink)
24. Basement and Building Systems (Another hyperlink)
25. Main Stair 1st to 2nd Floor & Hall (Another hyperlink)
26. 2nd Floor Front Bedroom (Another hyperlink)
27. 2nd Floor Middle Bedroom (Another hyperlink)
28. 2nd Floor Bathroom (Another hyperlink)
29. 2nd Floor Rear Bedroom (Another hyperlink)
30. Main Stair 2nd to 3rd Floor and Hall (Another hyperlink)
31. 3rd Floor Front Bedroom (Another hyperlink)
32. 3rd Floor Middle Bedroom (Another hyperlink)
33. 3rd Floor Bathroom (Another hyperlink)
34. 3rd Floor Rear Bedroom (Another hyperlink)
35. EXIGENT HEALTH AND SAFETY (Another hyperlink)

At the bottom, it has **Attach Images** for the inspection

PMI Checklist

Now if you click on PMI Checklist, this is what it shows:

	* Task done / checked	Action Taken	Material Used
HVAC, BOILER, & PTAC Units			
Replace or clean air filter. Tag date of filter change	<input checked="" type="checkbox"/>		Material Used
Check operation of all controls. Cycle unit on and off	<input checked="" type="checkbox"/>		Material Used
HOT WATER TANK			
Ensure the thermostat setting is set to A	<input checked="" type="checkbox"/>		Material Used
Ensure operation. Inspect for and tighten leaks at hot/cold water lines and tank	<input checked="" type="checkbox"/>		Material Used
Ensure drip tube is installed and within 6"-18" of the floor	<input checked="" type="checkbox"/>		Material Used
Check the supply/flue pipe connection and for excessive rust/corrosion	<input checked="" type="checkbox"/>		Material Used
SMOKE DETECTORS and CO (carbon monoxide) DETECTORS			
Inspect, TEST, and repair/replace all Smoke and CO Detectors in unit.			
*One carbon monoxide detector on each floor - at least fifteen feet away from any gas appliance	<input checked="" type="checkbox"/>		Material Used
*One smoke detector on each floor - within 15 feet of each bedroom door & not in kitchen	<input checked="" type="checkbox"/>		Material Used
*Install smoke detector batteries, as needed	<input checked="" type="checkbox"/>		Material Used
ELECTRICAL			
Check the panel cover and secure if loose	<input checked="" type="checkbox"/>		Material Used
Install panel fillers and panel knockout seals on any open spaces in the electrical panel/boxes	<input checked="" type="checkbox"/>		Material Used
Install wire ties on any unlocked disconnects and meter sockets	<input checked="" type="checkbox"/>		Material Used
Test all GFI outlets - replace as needed	<input checked="" type="checkbox"/>		Material Used
Replace deficient switches/receptacles and plate/junction box covers	<input checked="" type="checkbox"/>		Material Used
Install range hood filter if missing or dirty	<input checked="" type="checkbox"/>		Material Used
Check & clean exhaust fan in bathroom	<input checked="" type="checkbox"/>		Material Used
Test all outlets and GFCI's with electrical tester to ensure they are wired correctly	<input checked="" type="checkbox"/>		Material Used
PLUMBING			
PLUMBING			
Check operation, tighten/repair leaks, and replace caulk at the following locations, as needed:			
Kitchen faucet, sink, supply lines, & drain assembly	<input checked="" type="checkbox"/>		Material Used
Bathroom faucet, sink, supply lines, & drain assembly	<input checked="" type="checkbox"/>		Material Used
Caulk bathroom tub and sink as needed	<input checked="" type="checkbox"/>		Material Used
Bathtub, drain, and diverter assembly	<input checked="" type="checkbox"/>		Material Used
Toilet, supply lines, fluidmaster, and handle	<input checked="" type="checkbox"/>		Material Used
CARPENTRY			
Repair or tighten kitchen cabinet and bathroom vanity doors, drawers, and hardware	<input checked="" type="checkbox"/>		Material Used
Remove any illegally placed interior lock sets	<input checked="" type="checkbox"/>		Material Used
Remove any illegally placed no pad	<input checked="" type="checkbox"/>		Material Used
Remove any illegally placed keyed locks used on interior doors	<input checked="" type="checkbox"/>		Material Used
Tighten Bath door hardware - replace as needed	<input checked="" type="checkbox"/>		Material Used
Tighten exterior door hardware - replace as needed	<input checked="" type="checkbox"/>		Material Used
Tighten interior door hardware - replace as needed	<input checked="" type="checkbox"/>		Material Used
Install weatherstripping if required - no daylight should be visible at entry doorways	<input checked="" type="checkbox"/>		Material Used
Tighten handrail brackets - install if needed	<input checked="" type="checkbox"/>		Material Used
Fill all cement gaps < 3/8" wide and < 1linear ft. long	<input checked="" type="checkbox"/>		Material Used
Repair malfunctioning window lock hardware and check window balances	<input checked="" type="checkbox"/>		Material Used

Tenant Acknowledgement

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Tenant Acknowledgement, this is what it shows:

 PHILADELPHIA HOUSING AUTHORITY

S/O #	3184947	Site	909	Strawberry Mansion
Unit	041529	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021	
Tenant Name	LETTIE WARD	Tenant Phone	<input type="button" value="Save"/>	

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TENANT ACKNOWLEDGEMENT OF RECEIPT OF LEAD VISUAL ASSESSMENT, INSTALLATION, AND RESPONSIBILITY FOR SMOKE DETECTOR(S), CARBON MONOXIDE DETECTOR(S) AND BATTERY(IIES)

I, LETTIE WARD, a Tenant of the Philadelphia Housing Authority (PHA) / Philadelphia Asset & Property Management Corporation (PAPMC), (whose signature appears on this document and PHA/PAPMC lease) acknowledge the receipt and installation by PHA of smoke detector(s) with batteries in the proper working order, as well as carbon monoxide detector(s).

I understand that if I, or any household members or guests, damage the smoke/carbon monoxide detectors, that I will be responsible for the repair or replacement costs for the smoke/carbon monoxide detectors. The cost for replacement or repair shall be listed in the schedule of Maintenance Charges that is available, upon request, in the management office. I understand that I may request a grievance hearing if I disagree with the charge.

I further understand and acknowledge that all smoke detectors and carbon monoxide detectors are PHA property, and as such, shall be subject to inspection by PHA on a periodic basis.

I agree to report any non-functioning smoke detectors or carbon monoxide detectors to PHA by calling the work control center at 215- 684-8920. PHA's replacement of smoke detectors, carbon monoxide detectors, and batteries will be determined through periodic inspections of all detectors. PHA does not assume liability for unreported malfunctioning smoke detectors or carbon monoxide detectors.

I, LETTIE WARD, certify that I am a tenant at the above-referenced address and that a Visual Assessment for Deteriorated Paint was conducted in my unit on 2025-11-03.

I further certify that the results of the Visual Assessment were shared with me and that have I informed the Visual Assessor of any deteriorated paint that I have noticed in my unit. I understand that by signing this certification that I am agreeing that the results of the Visual Assessment are accurate and reflect the current condition of my unit.

of Smoke Detector(s) in the Unit: 5

of Carbon Monoxide Detector(s) in the Unit: 3

Now when you click on **Show signature section:**

of Carbon Monoxide Detector(s) in the Unit: 3



Lettie Ward,

Signature Denied

View Open SO

This is section where there are any outstanding previous **Service Orders**, now for this unit, there are no open Service Orders, it looks like this:



S/O #	3184947	Site	909 Strawberry Mansion
Unit	041529	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021
Tenant Name	LETTIE WARD	Tenant Phone	

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There are no open Service Orders's for this Unit

Let's say if the scenario was there were any **Open Service Orders**, then it would look like this:



S/O #	3251525	Site	100	Cecil B Moore
Unit	000016	Address	3479 HUNTINGDON ST	PHILADELPHIA PA 19132-2844
Tenant Name	DEXTER BOWIE	Tenant Phone		

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Open Service Orders for the unit

	Service Order	Unit	Site Code	Problem Description	Site	Case ID	Service ID
1	3259098	000016	100	+++ Kitchen +++ Deficiency: Faucet / Drain Line and assembly - leaking +++ Tenant Available for repair: Morning +++ Tenant Phone: 215/294-0068 +++ Scope of Work: Leak at base of faucet handle +++ Material required:Repair Services performed on: 2025-10-23 Send it had to reschedule for tomorrow. I have a doctors appointment this afternoon. Material Details added on: 2025-10-23 Reschedule for tomorrow afternoon	Cecil B Moore	3374439	100 - PLUMBING
2	3260483	000016	100	Derived from SO # 3259095 +++ Entry Door (Unit) +++ Deficiency: Door / Frame / Threshold / Trim +++ Tenant Available for repair: Morning +++ Tenant Phone: 215/294-0068 +++ Scope of Work: Front door is a bit hard to shut (it opens fine) +++ Material required:Repair	Cecil B Moore	3374439	600 - PAINTING
3	3261126	000016	100	Derived from SO # 3259100 +++ Powder Room/Bathroom +++ Deficiency: Door / Frame / Lockset +++ Tenant Available for repair: Morning +++ Tenant Phone: 215/294-0068 +++ Scope of Work: Door cracked/broken +++ Material required:35 3/4" x 80 3/4" +++ Inspector recommended charges	Cecil B Moore	3374439	600 - PAINTING
4	3259096	000016	100	+++ EXIGENT HEALTH AND SAFETY +++ Deficiency: Infestation - insects/rats/mice/bed bugs/vermin +++ Tenant Available for repair: Morning +++ Tenant Phone: 215/294-0068 +++ Scope of Work: Roaches +++ Material required:Exterminator	Cecil B Moore	3374439	900 - EXTERMINATION

Site and Building Exterior

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Site and Building Exterior, this is what it shows:



Tenant Name	LETTIE WARD	Tenant Phone	484/239-7694	N/A: <input type="checkbox"/>	Status	Closed	
Inspector Name	CASTOR_USER5	Tenant Availability?	Yes	BR Size 2			
Vehicle Tag ID	CASTOR_USER5	Utilities Shutoff					
	Q						
	No	Is the Unit Hardwired		No	If yes, does Unit contain fire panel box		
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>
<input type="button" value="Add Time"/>							
View Open SO's	PMI Checklist	Tenant Acknowledgement					 <input type="button" value="Save"/>

Site and Building Exterior

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		Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1	Walkway/Sidewalk - cracks, settlement, tripping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	Front Steps - cracks, settlement, heaving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	Front Wrought Iron Handrail - damaged, loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4	Front Fence & Gate - damaged, non-functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5	Front Wall	Brick Siding Stucco	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
6	Side Wall	Brick Siding Stucco	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
7	Rear Wall	Brick Siding Stucco	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
8	Foundation/Retain. Wall	Brick Stucco	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
9	Exterior Bay - damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

Now if you notice the columns for this, there are fields:

1. OK ⇒ it means if everything is fine, the inspector clicks OK (no problem with the inspection of the Unit)
2. NA ⇒ it means Not Applicable, if you get to the unit (for example there is no Back Door in the unit) so the inspector has to click Not Applicable.
3. Def ⇒ Let's say if the inspector finds if there is no smoke detector (smoke detector is an example over here), then the inspector needs to select **Def** meaning **Deficiency** because as per the law, it needs to have Smoke Detector in the US, so the inspector has to also write **Scope of Work** that the owner has to work or repair for the house
4. Scope of Work ⇒ As explained above in 3rd field, when there is **Def**, the inspector has to define the **Scope of Work** section otherwise leave it empty if it looks good
5. Material Required ⇒ It is material required by the owner to repair for that particular part
6. **RRP** ⇒ Recently PHA has removed RRP button for **Lead Paints only**, it is used if it is Lead free or not
7. Tenant Charge ⇒ If the tenant has damaged the room or part where it was inspected, the inspector will click on Tenant Charge. The money needs to be paid by the Tenant and not by the Owner. Let's say if the Tenant refuse it, if you look above we had **Tenant Acknowledgement**, it will deny the acknowledgement from PHA
8. Urgent ⇒ When the inspector selects Urgent, then it will show PHA needs to treat the problem immediately. When you scroll down to **EHS Section** (it is Exigent Health Safety), usually the inspectors need to be called on the phone call and has to be fixed by 24 hrs or duration defined by **NSPIRE** governed by HUD (Housing Urban Development)

Patio/Porch/Balcony

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Patio/Porch/Balcony, this is what it shows:

S/I #	3184947		Site	909	Strawberry Mansion	Complete Inspection		
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021				
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status: Closed		
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes				
Vehicle Tag ID	CASTOR_USER5 Q		Utilities Shutoff					
		No	Is the Unit Hardwired	No	If yes, does Unit contain fire panel box			
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time	
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	Submit Time	
	Add Time							
View Open SO's	PMI Checklist	Tenant Acknowledgement						Save

Patio/Porch/Balcony

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	Ok	Def.	N/A	Tenant Charge	Scope of Work		Material Required	Service ID	Activity Code	RRP	Urgent
1 Roof/Ceiling - clogged drains, leaks, ponding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
2 Gutter/Downspout - damaged, disconnected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
3 Stairs/Railings - loose, damaged, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
4 Walls/Columns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
5 Floor/Decking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

Common Area (multi-family bldg.)

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Common Area (multi-family bldg) , this is what it shows:



S/O #	3184947	Site	909 Strawberry Mansion	Complete Inspection
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021
Tenant Name	LETTIE WARD	Tenant Phone	484/239-7694	N/A: <input type="checkbox"/> Status Closed
Inspector Name	CASTOR_USER5	Tenant Availability?	Yes	BR Size 2
Vehicle Tag ID	CASTOR_USER5 Q	Utilities Shutoff		
No Is the Unit Hardwired		No If yes, does Unit contain fire panel box		
Inspection Time	Technician Name	Time Type	Start Date	Start Time End Date End Time Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM 05/02/2025 9:00AM Submit Time
Add Time				
View Open SO's		PMI Checklist	Tenant Acknowledgement	
Print Save				

[Common Area \(multi-family bldg.\)](#)

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3 Trim/Baseboards Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4 Stairs / Handrails - loose, damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
5 Smoke Detector - inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
6 Hallway Light - inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
7 Switches/Receptacles/Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8 Fire Extinguishers Expired	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
9 Carbon Monoxide Detector-inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

Entry Door (Unit)

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Entry Door (Unit), this is what it shows:

SIO #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021		
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status Closed
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes		
Vehicle Tag ID	CASTOR_USERS5					BR Size 2
Utilities Shutoff						
No		Is the Unit Hardwired		No If yes, does Unit contain fire panel box		
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM
						<input type="button" value="Submit Time"/>
	<input type="button" value="Add Time"/>					
<input type="button" value="View Open SO's"/>	<input type="button" value="PMI Checklist"/>	<input type="button" value="Tenant Acknowledgement"/>		<input type="button" value="Save"/>		

Entry Door (Unit)

Return

		Ok	Def.	N/A	Tenant Charge	Scope of Work		Material Required		Service ID	Activity Code	RRP	Urgent
1	Door / Frame / Threshold / Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
2	Lockset	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
3	Transom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
4	Door Bell/Door Knocker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
5	Storm/Screen Door and hardware	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

Living / Dining Room

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Living/ Dining Room, this is what it shows:

S/O #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021		
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status: Closed
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes		
Vehicle Tag ID	CASTOR_USER5 Q		BR Size 2			
Utilities Shutoff						
No Is the Unit Hardwired No If yes, does Unit contain fire panel box						
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM
						<input type="button" value="Submit Time"/>
						<input type="button" value="Add Time"/>
<input type="button" value="View Open SO's"/>	<input type="button" value="PMI Checklist"/>	<input type="button" value="Tenant Acknowledgement"/>		<input type="button" value="Save"/>		

Living / Dining Room

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Floor Wood VCT Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2 Walls, Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3 Trim/Baseboards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4 Closet Door/Frame/Lockset	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
5 Closet Rod/Shelves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
6 Light - inoperable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
7 Switches/Receptacles/Cover Plates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8 Window(s)/Screen(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
9 Smoke Detector - inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
10 Carbon Monoxide Detector-inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Powder Room/Bathroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Powder Room/Bathroom, this is what it shows:



S/O #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>	
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021			
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694	N/A: <input type="checkbox"/>	Status Closed	
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes	BR Size 2		
Vehicle Tag ID	CASTOR_USER5 Q		Utilities Shutoff				
No Is the Unit Hardwired			No If yes, does Unit contain fire panel box				
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>
<input type="button" value="Add Time"/> <input type="button" value="Save"/>							
View Open SO's		PMI Checklist		Tenant Acknowledgement			

Powder Room/Bathroom

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
4 Bath Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
5 Tub Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
6 Toilet - loose, clogged, leaking, inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
7 Accessories (towel bar, soap dish, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
8 Window(s)/Screen(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
9 Exhaust Fan/Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
10 Light - inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
11 Switches/Receptacles/Cover Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
12 Bathroom vanity and sink top	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
13 Faucet / Drain Line and assembly - leaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>
14 Medicine Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Pencil"/>	<input type="button" value="Pencil"/>		<input type="checkbox"/>	<input type="checkbox"/>

Kitchen

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Kitchen, this is what it shows:



SIO #	3184947	Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>							
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021								
Tenant Name	LETTIE WARD	Tenant Phone	484/239-7694	N/A: <input type="checkbox"/>	Status Closed							
Inspector Name	CASTOR_USER5	Tenant Availability?	Yes	BR Size 2								
Vehicle Tag ID	CASTOR_USER5 Q	Utilities Shutoff										
Inspection Time	No	Is the Unit Hardwired		No	If yes, does Unit contain fire panel box							
		Technician Name	Time Type	Start Date	Start Time	End Date	End Time					
		CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM					
							<input type="button" value="Submit Time"/>					
							<input type="button" value="Add Time"/>					
View Open SO's	PMI Checklist	Tenant Acknowledgement					<input type="button" value="Save"/>					
Kitchen		Return										
		Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent	
1	Walls, Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2	Floor Wood VCT Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3	Cabinets Wall Base	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4	Countertops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5	Sink / Garbage disposal - clogged, leaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage disposal don't work	<input type="button" value="Edit"/>	<input type="button" value="Edit"/>	100 - PLUMBING	703	<input type="checkbox"/>	<input type="checkbox"/>
6	Faucet / Drain Line and assembly - leaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7	Range/Stove - inoperable, damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8	Range Hood / Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9	Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10	Window(s)/Screen(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11	Trim/Baseboards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12	Door/Frame/Lockset	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13	Kitchen Light - inoperable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14	Switches/GFIs/Receptacles/Cover plates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Basement and Building Systems

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Basement and Building Systems, this is what it shows:

S/I#	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>	
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021			
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694	N/A: <input type="checkbox"/>	Status Closed	
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes	BR Size 2		
Vehicle Tag ID	CASTOR_USER5 Q		Utilities Shutoff				
No Is the Unit Hardwired			No	If yes, does Unit contain fire panel box			
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>
			<input type="button" value="Add Time"/>				
<input type="button" value="View Open SO's"/>	<input type="button" value="PMI Checklist"/>	<input type="button" value="Tenant Acknowledgement"/>					

Basement and Building Systems

	Ok	Def.	N/A	Tenant Charge	Scope of Work		Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
2 Stairs / Handrail - loose, damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
4 Floor Joists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
5 Basement Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
6 Electric Service Cable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
7 Smoke Detector - inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
8 Electrical Panel: 60/100 amp:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
9 Missing breakers/Fuses/Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
10 Exposed/fraying Wires	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
11 Blocked Access to electrical panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
12 Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
13 Leaking valves/tanks/pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
14 Pressure Relief Valve/drip tube	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

15 Missing/misaligned flue pipes/chimney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Rust/corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 HVAC System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Missing/misaligned flue pipes/ductwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Radiator covers missing/damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Rust/corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Laundry Tub/Faucet/Shut-off Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Dryer Vent and Exhaust line - missing, blocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Main Drain, Soil, Supply Lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
25 Basement Light - inoperable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Switches/GFIs/Receptacles/Cover plates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Basement Window(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Carbon Monoxide Detector-inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

Main Stair 1st to 2nd Floor & Hall

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Main Stair 1st to 2nd Floor & Hall, this is what it shows:

S/I #	3184947		Site	909	Strawberry Mansion	Complete Inspection	
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021			
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status Closed	
Inspector Name	CASTOR_USER5		Tenant Availability? Yes	BR Size 2			
Vehicle Tag ID	CASTOR_USER5 Q		Utilities Shutoff				
No		Is the Unit Hardwired		No		If yes, does Unit contain fire panel box	
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	Submit Time
		Add Time					Save
View Open SO's		PMI Checklist		Tenant Acknowledgement			

Main Stair 1st to 2nd Floor & Hall

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work		Material Required	Service ID	Activity Code	RRP	Urgent	
1 Stairs / Handrail - loose, damaged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Banister broken		Banister		200 - CARPENTRY	223	<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
3 Walls, Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
4 Trim/Baseboards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
5 Closet Door / Frame / Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
6 Light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
7 Switches/Receptacles/Cover Plates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
8 Smoke Detector - inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
9 Carbon Monoxide Detector-inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

2nd Floor Front Bedroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on 2nd Floor Front Bedroom, this is what it shows:

S/O #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>	
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021			
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status Closed	
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes			
Vehicle Tag ID	CASTOR_USER5					BR Size 2	
Utilities Shutoff							
No		Is the Unit Hardwired		No If yes, does Unit contain fire panel box			
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>
	<input type="button" value="Add Time"/>						<input type="button" value="Save"/>
View Open SO's	PMI Checklist	Tenant Acknowledgement					

2nd Floor Front Bedroom

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doorknob damaged	 Doorknob	 200 - CARPENTRY	209	<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3 Walls , Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4 Trim/Baseboards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
5 Window(s)/Screen(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
6 Closet Door/Frame/Lockset	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
7 Rod/Shelves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8 Bedroom Light - inoperable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
9 Switches/Receptacles/Cover Plates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
10 Smoke Detector - inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
11 Carbon Monoxide Detector-inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

2nd Floor Middle Bedroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on 2nd Floor Middle Bedroom, this is what it shows:

SIO #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>		
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021				
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694	N/A:	<input type="checkbox"/> Status Closed		
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes	BR Size 2			
Vehicle Tag ID	CASTOR_USER5 Q		Utilities Shutoff					
Inspection Time	No	Is the Unit Hardwired		No	If yes, does Unit contain fire panel box			
		Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USERS5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>	
	<input type="button" value="Add Time"/>							
View Open SO's		PMI Checklist		Tenant Acknowledgement				<input type="button" value="Save"/>

2nd Floor Middle Bedroom

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4 Trim/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
5 Window(s)/Screen(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
6 Closet Door/Frame/Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
7 Rod/Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8 Bedroom Light	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
9 Switches/Receptacles/Cover Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
10 Smoke Detector - inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
11 Carbon Monoxide Detector-inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

2nd Floor Bathroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on 2nd Floor Bathroom, this is what it shows:

S/O #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>		
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021				
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status: Closed		
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes				
Vehicle Tag ID	CASTOR_USER5 Q		BR Size 2					
Utilities Shutoff								
No		Is the Unit Hardwired		No		If yes, does Unit contain fire panel box		
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time	
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>	
	CASTOR_USER5						<input type="button" value="Add Time"/>	
View Open SO's	PMI Checklist	Tenant Acknowledgement					<input type="button" value="Print"/>	<input type="button" value="Save"/>

2nd Floor Bathroom

[Return](#)

		Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1	Door / Frame / Lockset	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	Floor Wood VCT Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	Walls, Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
4	Bath Tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
5	Tub Surround	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
6	Toilet - loose, clogged, leaking, inoperable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
7	Bathroom vanity and sink top	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
8	Faucet / Drain Line and assembly - leaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
9	Accessories (towel bar, soap dish, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
10	Window(s)/Screen(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
11	Medicine Cabinet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
12	Exhaust fan/vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
13	Bathroom Light - inoperable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Edit"/>		<input type="checkbox"/>	<input type="checkbox"/>
14	Switches/Receptacles/Covers/GFI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFI outlet loose	<input type="button" value="Edit"/>	Receptacle	<input type="button" value="Edit"/>	400 - ELECTRIC	405

2nd Floor Rear Bedroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on 2nd Floor Rear Bedroom, this is what it shows:

S/O #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021		
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status: Closed
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes		
Vehicle Tag ID	CASTOR_USER5 Q		BR Size 2			
Utilities Shutoff						
No Is the Unit Hardwired No If yes, does Unit contain fire panel box						
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM
						<input type="button" value="Submit Time"/>
						<input type="button" value="Add Time"/>
View Open SO's	PMI Checklist	Tenant Acknowledgement				
<input type="button" value="Print"/> <input type="button" value="Save"/>						

2nd Floor Rear Bedroom

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing doorknob	 Doorknob	 200 - CARPENTRY	209	<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4 Trim/Baseboards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
5 Window(s)/Screen(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
6 Closet Door/Frame/Lockset	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
7 Rod/Shelves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8 Bedroom Light - inoperable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
9 Switches/Receptacles/Cover Plates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
10 Smoke Detector - inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
11 Carbon Monoxide Detector-inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

Main Stair 2nd to 3rd Floor and Hall

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on Main Stair 2nd to 3rd Floor and Hall, this is what it shows:

S/O #	3184947		Site	909	Strawberry Mansion	Complete Inspection	
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021			
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status: Closed	
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes			
Vehicle Tag ID	CASTOR_USER5 Q		Utilities Shutoff				
		No	Is the Unit Hardwired		No	If yes, does Unit contain fire panel box	
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	Submit Time
		Add Time					Save
View Open SO's		PMI Checklist		Tenant Acknowledgement			

Main Stair 2nd to 3rd Floor and Hall [Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work		Material Required		Service ID	Activity Code	RRP	Urgent
1 Stairs / Handrail - loose, damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
4 Trim/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
5 Closet Door/Frame/Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
6 Light - inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
7 Switches/Receptacles/Cover Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
8 Smoke Detector - inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
9 Carbon Monoxide Detector-inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

3rd Floor Front Bedroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on 3rd Floor Front Bedroom, this is what it shows:

S/O #	3184947		Site	909	Strawberry Mansion	Complete Inspection	
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021			
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status Closed	
Inspector Name	CASTOR_USER5 CASTOR_USER5		Tenant Availability?	Yes			
Vehicle Tag ID	Q		Utilities Shutoff				
			No	Is the Unit Hardwired			
			No	If yes, does Unit contain fire panel box			
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	Submit Time
Add Time							
View Open SO's		PMI Checklist	Tenant Acknowledgement				
 							

3rd Floor Front Bedroom

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4 Trim/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
5 Window(s)/Screen(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
6 Closet Door/Frame/Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
7 Rod/Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8 Bedroom Light - inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
9 Switches/Receptacles/Cover Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
10 Smoke Detector - inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
11 Carbon Monoxide Detector-inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

3rd Floor Middle Bedroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on 3rd Floor Middle Bedroom, this is what it shows:

S/O #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021		
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694	N/A: <input type="checkbox"/>	Status Closed
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes	BR Size 2	
Vehicle Tag ID	CASTOR_USER5 Q		Utilities Shutoff			
Inspection Time	No Is the Unit Hardwired		No If yes, does Unit contain fire panel box			
	Technician Name	Time Type	Start Date	Start Time	End Date	End Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM
<input type="button" value="Add Time"/>						
<input type="button" value="View Open SO's"/>	<input type="button" value="PMI Checklist"/>	<input type="button" value="Tenant Acknowledgement"/>				 <input type="button" value="Save"/>

3rd Floor Middle Bedroom

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4 Trim/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
5 Window(s)/Screen(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
6 Closet Door/Frame/Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
7 Rod/Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8 Bedroom Light - inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
9 Switches/Receptacles/Cover Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
10 Smoke Detector - inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
11 Carbon Monoxide Detector-inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

3rd Floor Bathroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on 3rd Floor Bathroom, this is what it shows:

S/I #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>		
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021				
Tenant Name	LETTIE WARD	Tenant Phone	484/239-7694		N/A:	<input type="checkbox"/>	Status	Closed
Inspector Name	CASTOR_USER5	Tenant Availability?	Yes		BR Size 2			
Vehicle Tag ID	CASTOR_USER5 Q	Utilities Shutoff						
No Is the Unit Hardwired			No If yes, does Unit contain fire panel box					
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time	
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>	
<input type="button" value="Add Time"/>								
<input type="button" value="View Open SO's"/>		<input type="button" value="PMI Checklist"/>		<input type="button" value="Tenant Acknowledgement"/>  <input type="button" value="Save"/>				

3rd Floor Bathroom

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work		Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
4 Bath Tub and Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
5 Toilet - loose, clogged, leaking, inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
6 Bathroom vanity and sink top	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
7 Faucet / Drain Line and assembly - leaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
8 Accessories (towel bar, soap dish, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
9 Window(s)/Screen(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
10 Medicine Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
11 Exhaust fan/vent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
12 Bathroom Light - inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
13 Switches/GFIs/Receptacles/Cover plates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

3rd Floor Rear Bedroom

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on 3rd Floor Rear Bedroom, this is what it shows:

S/I #	3184947		Site	909	Strawberry Mansion	Complete Inspection			
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021					
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694		N/A: <input type="checkbox"/> Status Closed			
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes BR Size 2					
Vehicle Tag ID	CASTOR_USER5 Q		Utilities Shutoff						
		No	Is the Unit Hardwired	No	If yes, does Unit contain fire panel box				
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time		
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	Submit Time		
Add Time									
View Open SO's		PMI Checklist	Tenant Acknowledgement						Save

3rd Floor Rear Bedroom

[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work	Material Required	Service ID	Activity Code	RRP	Urgent
1 Door / Frame / Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2 Floor Wood VCT Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3 Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4 Trim/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
5 Window(s)/Screen(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
6 Closet Door/Frame/Lockset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
7 Bedroom Light - inoperable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8 Switches/Receptacles/Cover Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
9 Smoke Detector - inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
10 Rod/Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
11 Carbon Monoxide Detector-inoperable, missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

EXIGENT HEALTH AND SAFETY

Coming back to the screen where it shows details for that **Inspection SO**

Now, if you click on EHS, this is what it shows:



S/O #	3184947		Site	909	Strawberry Mansion	<input type="button" value="Complete Inspection"/>	
Unit	041529	Occupied	Address	1940 N TAYLOR ST PHILADELPHIA PA 19121-2021			
Tenant Name	LETTIE WARD		Tenant Phone	484/239-7694 N/A: <input type="checkbox"/> Status Closed			
Inspector Name	CASTOR_USER5		Tenant Availability?	Yes BR Size 2			
Vehicle Tag ID	CASTOR_USER5		Utilities Shutoff				
	Q		No	Is the Unit Hardwired No If yes, does Unit contain fire panel box			
Inspection Time	Technician Name	Time Type	Start Date	Start Time	End Date	End Time	Submit Time
	CASTOR_USER5	Maint	05/02/2025	8:30AM	05/02/2025	9:00AM	<input type="button" value="Submit Time"/>
	<input type="button" value="Add Time"/>						
<input type="button" value="View Open SO's"/>	<input type="button" value="PMI Checklist"/>	<input type="button" value="Tenant Acknowledgement"/>		<input type="button" value="Save"/>			

EXIGENT HEALTH AND SAFETY
[Return](#)

	Ok	Def.	N/A	Tenant Charge	Scope of Work		Material Required	Service ID	Activity Code	RRP	Urgent
1 Smoke Detector - inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Emergency/Fire exits - 2 blocked/unusable egress, missing exit signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Infestation - 3 insects/rats/mice/bed bugs/vermin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Environmental - 4 mold/mildew/sewage odor detected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 SQFT moisture at back bedroom wall				620 - ENVIRONMENTAL 624	<input type="checkbox"/>	<input type="checkbox"/>
Air Quality - propane/natural gas odor detected (contact PGW ASAP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Flammable materials - 6 gas/propane improperly stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Electrical Hazards - exposed 7 wires/open panels, water leaks on/near electrical equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Elevator/ Chair Lifts - 8 inoperable or tripping hazards present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Other Hazards - sharp 9 edges/tripping hazards/missing handrails	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
10 Excessive garbage/debris - indoor/outdoors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
11 Carbon Monoxide Detector-inoperable, missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
12 Chimney and Flue Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

At the End when you come back to Inspection SO, it has these following:

Additional Notes:

*** Open Service Orders at the time of inspection completion (3181372,3175237)

Extraordinary circumstances

Extraordinary circumstances	Comment

Attach Pictures

Comments	View Picture	Add Picture
	SO3184947#1_image.jpg	Add Picture

1. Attach Images ⇒ which allows inspectors to attach live images captured during the inspection
2. Extraordinary Circumstances