Multifamily Unit Inspection

U. S. Department of Housing and Urban Development Office of Housing

Project Name and Address						Project Number
						Number of Units
						Number of Office
Owner Name and Address				Resident manager		
				Management agent		
Inspector				Unit Number		Date of Inspection (mm/dd/yyyy)
Type of unit inspection		· 0.1100	Half Language			Others
FHA unit inspection			Unit Inspection	Move-in	Move-out	Other
Condition codes G = Good	A = Acceptabl	e R=R	equires action	I = Immediate actio		
	Condition G A	R I	Description of No	oted Conditions or Rec	quired Corrections	Target Completion Date (mm/dd/yyyy)
Entire unit						(
Smoke detectors						
Doors and lock						
Windows/screens						
Heating/ac						
Ventilation/air quality						
Access to fire escape						
Free of vermin/rodents						
Other						
Hazards?	Yes	No 🗌				
Living room						
Walls/int.door						
Ceiling						
Floors						
Elec.fixtures/outlets						
Other						
Hazards?	Yes	No 🗌				
Dinning area						
Walls/int. doors						
Ceiling						
Floors						
Elec. Fixtures/outlets						
Other						
Hazards?	Yes	No 🗌				
Bathroom						
Walls/int. doors						
Ceiling						
Floors						
Elec.fixtures/outlets						
Working toilet						
Lavatory (h/c water)						
Tub/shower (h/c water)						
Other						
Hazards?	Yes 🗀	No 🗀				
Kitchen						
Walls/int. doors						
Ceiling						
Floors		ЩЩ				
Elec.fixtures/outlets						
Stove						
Refrigerator						

Project Name and Address						Unit Number	Date of Inspection (mm/dd/yyyy)
	0				Description of Natad Conditions on Des		Tanant as santation data
	Cond G	A	R	I	Description of Noted Conditions or Rec	quired Corrections	Target completion date (mm/dd/yyyy)
Kitchen (con't.)							
Sink							
Disposal/Trash Containe	r						
Cabinets							
Countertops							
Other							
Hazards?	Yes		No				
Bedroom #()							
Walls/int. doors	Щ	Ш	Щ				
Ceiling							
Floors							
Elec.fixtures/outlets							
Other							
Hazards?	Yes		No				
Room ID*							
Walls/int. doors	Щ	Щ					
Ceiling	Щ	Щ					
Floors	Щ	Щ					
Elect. fixtures/outlets				_			
Other		Щ					
Hazards?	Yes		No				
Room ID*							
Walls/int. doors		Щ		_			
Ceiling	Щ	Щ					
Floors		Щ		_			
Elect. fixtures/outlets	Щ	Ш					
Other		Щ					
Hazards?	Yes		No				
Room ID*							
Walls/int. doors							
Ceiling							
Floors				Щ			
Elec. fixtures/outlets	Щ	Щ					
Other				Щ			
Hazards?	Yes		No				
Room ID*							
Walls/int. doors	H	H					
Ceiling	H	H					
Floors	H	H					
Elec.fixtures/outlets		H		H			
Other Hazards?	Yes	H	No				
Comments (Tenant Maintenan	ice; Tei	nant; (Other)				
Inspector's Signature						Па	ite (mm/dd/yyyy)
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