

# Checksheet for the Physical Inspection of Unit

## Physical Inspection Review Summary

**Project Name:**

BIN:

Address:

City/State/Zip:

Owner Contact:

Phone:

**Unit #:**

Unit Size:

Handicap Accessible: Yes or No

Inspection Date:

Inspector:

Email:

	Finding
<b>UNITS:</b>	
<b>Bathroom</b>	
Cabinet	
Sink	
Plumbing	
Shower/Tub	
Ventilation/Exhaust System	
Toilet	
<b>Call-For-Aid</b>	
<b>Ceiling</b>	
<b>Doors</b>	
<b>Electrical Systems</b>	
<b>Floors</b>	
<b>Hot Water Heater</b>	
<b>Heating/Ventilation/Air Conditioning</b>	
<b>Health &amp; Safety</b>	
Air Quality	
Electrical Hazards	
Emergency Fire Exits	
Flammable Materials	
Garbage and Debris	
Hazards	
Infestations	

	Finding
<b>Kitchen</b>	
Cabinets	
Countertops	
Dishwasher/Garbage Disposal	
Plumbing	
Range Hood/Exhaust Fan	
Range/Stove	
Refrigerator	
Sink	
<b>Laundry Area (Room)</b>	
<b>Lighting</b>	
<b>Outlets/Switches</b>	
<b>Patio/Porch/Balcony</b>	
<b>Smoke Detectors</b>	
<b>Walls</b>	
<b>Windows</b>	
<b>Bedroom #1</b>	
<b>Bedroom #2</b>	
<b>Bedroom #3</b>	
<b>Bedroom #4</b>	

**Findings:**  
 Marked each item with a "1", "2" or "3" to identify the level of deficiency or "NOD" for No Observable Deficiency.  
 All deficiencies should also be marked as "NLT" (Non-Life Threatening) or "LT" (Life Threatening).

**Units:**  
 Separate forms should be filled out for each unit inspected.

Observations/Findings: