

TARRANT COUNTY COMMUNITY DEVELOPMENT DIVISION HOUSING QUALITY STANDARDS INSPECTION CHECKLIST

NAME OF CLIENT	Social Security Number ____	
INSPECTOR	DATE OF INSPECTION	
TYPE OF INSPECTION <input type="checkbox"/> INITIAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> REINSPECTION <input type="checkbox"/> ANNUAL	DATE OF LAST INSPECTION	
GENERAL INFORMATION		
ADDRESS OF INSPECTED UNIT	CITY/STATE	ZIP CODE
NAME OF OWNER OR AGENT AUTHORIZED TO LEASE UNIT		
ADDRESS OF OWNER OR AGENT	CITY/STATE	ZIP CODE
HOUSING TYPE <input type="checkbox"/> MANUFACTURED HOME <input type="checkbox"/> SINGLE-FAMILY DETACHED <input type="checkbox"/> DUPLEX OR TWO FAMILY <input type="checkbox"/> ROW/TOWN HOUSE <input type="checkbox"/> APARTMENT COMPLEX <input type="checkbox"/> CONGREGATE <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> INDEPENDENT GROUP RESIDENCE <input type="checkbox"/> OTHER _____		
NUMBER OF ROOMS USED FOR SLEEPING: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
SUMMARY DECISION ON HOUSING UNIT		
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> INCONCLUSIVE		

INSPECTION CHECKLIST

ITEM NO.	1. LIVING ROOM	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					
1.9	Lead Paint				<input type="checkbox"/> Not Applicable	
ITEM NO.	2. KITCHEN	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead Paint				<input type="checkbox"/> Not Applicable	
2.10	Stove or Range with Oven				Gas <input type="checkbox"/> Electric <input type="checkbox"/>	
2.11	Refrigerator					
2.12	Sink					
2.13	Storage/Food Prep.					
ITEM NO.	3. DINING ROOM	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
3.1	Electricity					

3.2	Electrical Hazards				
3.3	Security				
3.4	Window Condition				
3.5	Ceiling Condition				
3.6	Wall Condition				
3.7	Floor Condition				
3.8	Lead Paint				<input type="checkbox"/> Not Applicable

ITEM NO.	4A. MASTER BEDROOM	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
4A.1	ROOM LOCATION				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear Floor Level	
4A.2	Electricity/Illumination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4A.3	Electrical Hazards					
4A.4	Security					
4A.5	Window Condition					
4A.6	Ceiling Condition					
4A.7	Wall Condition					
4A.8	Floor Condition					
4A.9	Lead Paint				<input type="checkbox"/> Not Applicable	

ITEM NO.	5A. MASTER BATHROOM	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
5A.1	Bathroom Present					
5A.2	Electricity					
5A.3	Electrical Hazards					
5A.4	Security					
5A.5	Window Condition					
5A.6	Ceiling Condition					
5A.7	Wall Condition					
5A.8	Floor Condition					
5A.9	Lead Paint				<input type="checkbox"/> Not Applicable	
5A.1	Flush Toilet in Enclosed Room in Unit					
5A.1	Fixed Wash Basin or Lavatory in Unit					
5A.1	Tub or Shower in Unit					
5A.1	Ventilation					

ITEM NO.	4B. BEDROOM 2	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
4B.1	ROOM LOCATION				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear Floor Level	
4B.2	Electricity/Illumination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4B.3	Electrical Hazards					
4B.4	Security					
4B.5	Window Condition					
4B.6	Ceiling Condition					
4B.7	Wall Condition					
4B.8	Floor Condition					
4B.9	Lead Paint				<input type="checkbox"/> Not Applicable	

ITEM NO.	4C. BEDROOM 3	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
4C.1	ROOM LOCATION				(Circle One) Right/Center/Left <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4C.2	Electricity/Illumination				(Circle One) Front/Center/Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4C.3	Electrical Hazards					
4C.4	Security					
4C.5	Window Condition					
4C.6	Ceiling Condition					
4C.7	Wall Condition					
4C.8	Floor Condition					
4C.9	Lead Paint				<input type="checkbox"/> Not Applicable	
ITEM NO.	5B. BATHROOM 2	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
5B.1	Bathroom Present					
5B.2	Electricity					
5B.3	Electrical Hazards					
5B.4	Security					
5B.5	Window Condition					
5B.6	Ceiling Condition					
5B.7	Wall Condition					
5B.8	Floor Condition					
5B.9	Lead Paint				<input type="checkbox"/> Not Applicable	
5B.10	Flush Toilet in Enclosed Room in Unit					
5B.11	Fixed Wash Basin or Lavatory in Unit					
5B.12	Tub or Shower in Unit					
5B.13	Ventilation					
ITEM NO.	5C. BATHROOM 3	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
5C.1	Bathroom Present					
5C.2	Electricity					
5C.3	Electrical Hazards					
5C.4	Security					
5C.5	Window Condition					
5C.6	Ceiling Condition					
5C.7	Wall Condition					
5C.8	Floor Condition					
5C.9	Lead Paint				<input type="checkbox"/> Not Applicable	
5C.10	Flush Toilet in Enclosed Room in Unit					
5C.11	Fixed Wash Basin or Lavatory in Unit					
5C.12	Tub or Shower in Unit					
5C.13	Ventilation					
ITEM NO.	4D. ADDITIONAL ROOM	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE

4D.1	ROOM CODE	ROOM LOCATION			(Circle One) Right/Center/Left	(Circle One) Front/Center/Rear
4D.2	Electricity/Illumination				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4D.3	Electrical Hazards					
4D.4	Security					
4D.5	Window Condition					
4D.6	Ceiling Condition					
4D.7	Wall Condition					
4D.8	Floor Condition					
4D.9	Lead Paint				<input type="checkbox"/> Not Applicable	

ITEM NO.	6. GARAGE	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE
6.1	Electricity/Illumination					
6.2	Electrical Hazards					
6.3	Security					
6.4	Window Condition					
6.5	Ceiling Condition					
6.6	Wall Condition					
6.7	Floor Condition					
6.8	Lead Paint				<input type="checkbox"/> Not Applicable	

ROOM CODES
 1 = Bedroom or any other room used for sleeping (Regardless of type of room)
 2 = Dining Room or Dining Area
 3 = Second Living Room, Family Room, Den, Playroom, TV Room
 4 = Entrance Halls, Corridors, Halls, Staircases
 5 = Additional Bathroom
 6 = Other

ITEM NO.	7. ALL SECONDARY ROOMS	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE	
	ROOM CODE	ROOM LOCATION			(Circle One) Right/Center/Left	(Circle One) Front/Center/Rear	
7.1	None <input type="checkbox"/> Go to Part 8				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.2	Security						
7.3	Electrical Hazards						
7.4	Other Potentially Hazardous Features in any of These						
ITEM NO.	8. BUILDING EXTERIOR	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE	
8.1	Condition of Foundation						
8.2	Condition of Stairs, Rails, and Porches						
8.3	Condition of Roof and Gutters						
8.4	Condition of Exterior Surfaces						
8.5	Condition of Chimney						
8.6	Lead Paint: Exterior Surfaces				<input type="checkbox"/> Not Applicable		
8.7	Manufactured Homes: Tie Downs				<input type="checkbox"/> Not Applicable		
8.8	Manufactured Homes: Smoke Detectors				<input type="checkbox"/> Not Applicable		
ITEM NO.	9. HEATING & PLUMBING	YES PASS	NO FAIL	IN-CONC.	COMMENT	FINAL APPROV. INITIAL/DATE	
9.1	Adequacy of Heating Equipment				Gas <input type="checkbox"/> Electric <input type="checkbox"/>		
9.2	Safety of Heating Equipment				Gas <input type="checkbox"/> Electric <input type="checkbox"/>		

9.3	Ventilation/Cooling								
9.4	Water Heater					Gas <input type="checkbox"/>	Electric <input type="checkbox"/>		
9.5	Approvable Water Supply								
9.6	Plumbing					<input type="checkbox"/> Not Applicable			
9.7	Sewer Connection					<input type="checkbox"/> Not Applicable			
ITEM NO.	10. GENERAL HEALTH AND SAFETY	YES PASS	NO FAIL	IN-CONC		COMMENT			FINAL APPROV. INITIAL/DATE
10.1	Access to Unit								
10.2	Fire Exits								
10.3	Evidence of Infestation								
10.4	Garbage and Debris								
10.5	Refuse Disposal								
10.6	Interior Stairs and Common Halls								
10.7	Smoke Detector								
10.8	Elevators					<input type="checkbox"/> Not Applicable			
10.9	Interior Air Quality								
10.10	Site and Neighborhood Conditions								
10.11	Lead Paint: Owner Certification					<input type="checkbox"/> Not Applicable			

<p align="center">8.11 LEAD PAINT: OWNER CERTIFICATION</p> <p><small>If the owner is required to treat or cover any interior or exterior surfaces, the PHA must obtain certification that the work has been done in accordance with such requirements prior to the execution or renewal of any HAP contract. No reinspection is necessary if certificate is obtained.</small></p> <p><small>Suggested wording of this certificate is as follows:</small></p>	<p align="center">*The undersigned hereby certifies that the property located at:</p> <p align="center"><i>(Property Address)</i></p> <p align="center">has had applicable surfaces treated or covered as required *</p> <p align="center"><i>(Owner's Signature)</i></p> <p align="center"><i>(Type or Print Name)</i> <i>(Date)</i></p>
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E - INSPECTION SUMMARY	
ORGANIZATION: _____	TENANT ID NO. _____ DATE OF INSPECTION _____
PROVIDE A SUMMARY DESCRIPTION OF EACH ITEM WHICH RESULTED IN A RATING OF FAIL OR PASS WITH COMMENTS.	INSPECTOR _____
	TYPE OF INSPECTION <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/> Annual
	ADDRESS OF INSPECTED UNIT _____

