

Environmental Health Services Housing Program Renters Walkthrough Inspection

Walkthrough Date		Landlord/Manager on Duty			
Tenant Name					
Complex Name					
Address/Unit					
1.	Exterior of property clean, sanitary, and in good repair		Yes	No	N/A
2.	Out buildings in good repair		Yes	No	N/A
3.	ces and Gates in good repair and working condition		Yes	No	N/A
4.	Doors and windows open and close and in good repair		Yes	No	N/A
5.	Doors have locks and can be opened from inside without use of key		Yes	No	N/A
6.	Windows have locks and are not painted shut		Yes	No	N/A
7.	Bugs or rodents inside property		Yes	No	N/A
8.	Exposed wiring		Yes	No	N/A
9.	Carpet and floors clean and in finished condition		Yes	No	N/A
10.	Walls and ceilings in good condition (Lead based paint sealed)		Yes	No	N/A
11.	Stairs and handrails in good condition		Yes	No	N/A
12.	Light switches and electrical outlets in working condition		Yes	No	N/A
13.	All toilets flush without any leaks		Yes	No	N/A
14.	All sinks in working condition without any leaks		Yes	No	N/A
15.	Bathroom has a functioning vent or window that can open		Yes	No	N/A
16.	Property has running hot water		Yes	No	N/A
17.	Appliances are clean and in working condition (i.e. stove, washer, microwave)		Yes	No	N/A
18.	Heat and air conditioning in working order and covers all rooms		Yes	No	N/A
19.	Gas appliances are vented and have an easily accessible shut-off valve		Yes	No	N/A
20.	One smoke detector per floor near sleeping rooms		Yes	No	N/A
Corrections to be made within days Remarks:					
l acknowledge receipt of this inspection report & receipt of all marked items on the inspection.					
Landlord/Manager Signature		Tenant Signature			

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