

HEALTH & SAFETY INSPECTION CHECK LIST

Owner(s): _____ Phone: _____

Address: _____

Date: _____ Time: _____ Inspector: Jerry Green

Re-inspection Date: _____ Re-inspection required within 30 days. **For Re-inspection call (618) 799-8828.**

Type of Structure: 1 story _____ 2 story _____ Split Level _____ Modular/Mobile _____
 Basement _____ Apartment _____ Commercial _____

EXTERIOR

	Yes/OK	Deviation
4" House numbers on building	<input type="checkbox"/>	<input type="checkbox"/>
Foundation cracks or holes	<input type="checkbox"/>	<input type="checkbox"/>
Holes in siding or brick	<input type="checkbox"/>	<input type="checkbox"/>
Weeds, garbage or rubbish	<input type="checkbox"/>	<input type="checkbox"/>
Exterior painting	<input type="checkbox"/>	<input type="checkbox"/>
Chimney condition	<input type="checkbox"/>	<input type="checkbox"/>
Accessory structures	<input type="checkbox"/>	<input type="checkbox"/>
Exterior electrical wires 8' clearance	<input type="checkbox"/>	<input type="checkbox"/>
Doors work freely and lock	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing vent stack on roof	<input type="checkbox"/>	<input type="checkbox"/>
Site drains water properly	<input type="checkbox"/>	<input type="checkbox"/>

INTERIOR

Doors work freely and latch	<input type="checkbox"/>	<input type="checkbox"/>
Windows open and have screens	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling and walls free from cracks, chips, pops	<input type="checkbox"/>	<input type="checkbox"/>
Smoke & CO detectors on each level	<input type="checkbox"/>	<input type="checkbox"/>
Dirt leg & TPR tube on water heater	<input type="checkbox"/>	<input type="checkbox"/>
Stack on furnace & water heater	<input type="checkbox"/>	<input type="checkbox"/>
Running water in sinks, stools, tub	<input type="checkbox"/>	<input type="checkbox"/>
Sink traps & drains watertight	<input type="checkbox"/>	<input type="checkbox"/>
Grounded outlet for washer/dryer	<input type="checkbox"/>	<input type="checkbox"/>
Minimum 2 outlets in bedrooms	<input type="checkbox"/>	<input type="checkbox"/>
Vent/window in bathrooms	<input type="checkbox"/>	<input type="checkbox"/>
G.F.C.I. garage & exterior outlets	<input type="checkbox"/>	<input type="checkbox"/>
G.F.C.I. in kitchen 6' of water source	<input type="checkbox"/>	<input type="checkbox"/>
G.F.C.I. for all outlets in bath	<input type="checkbox"/>	<input type="checkbox"/>
Covered wiring splices	<input type="checkbox"/>	<input type="checkbox"/>
Proper wiring connectors	<input type="checkbox"/>	<input type="checkbox"/>
Handrails on stairs with 4 or more risers	<input type="checkbox"/>	<input type="checkbox"/>
Garage Fire Separation & Rated Door	<input type="checkbox"/>	<input type="checkbox"/>

See attached sheet

SWIMMING POOL (if applicable) Yes/OK Deviation

Fenced in and complies with code
 Self-latching gate & alarm

FORMULA FOR OCCUPANCY

Number of Bedrooms _____
 (no bedroom can have a dimension under 7' and must have two points of egress)
 Bedroom for 1 person cannot be less than 70 sq. ft.
 Bedroom for 2 or more must have at least 50 sq. ft per person 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Living room for 3-5 at least 120 sq. ft., for 6 or more 150 sq. ft. _____ sq. ft.
 Dining room for 3-5 at least 80 sq. ft., for 6 or more 100 sq. ft. _____ sq. ft.
 Kitchen for 3-5 at least 50 sq. ft, for 6 or more 60 sq. ft. _____ sq. ft.
 Allowed Occupants _____

Additional Comments:

PASS FAIL

INSPECTOR _____

** Please note that this is just a guideline. Other items can be inspected that are not included with this listing.