

# 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
1 4" House numbers on building	<input type="checkbox"/>	<input type="checkbox"/>
2 Foundation cracks or holes	<input type="checkbox"/>	<input type="checkbox"/>
3 Holes in siding or brick	<input type="checkbox"/>	<input type="checkbox"/>
4 Weeds, garbage or rubbish	<input type="checkbox"/>	<input type="checkbox"/>
5 Exterior painting	<input type="checkbox"/>	<input type="checkbox"/>
6 Chimney condition	<input type="checkbox"/>	<input type="checkbox"/>
7 Accessory structures	<input type="checkbox"/>	<input type="checkbox"/>
8 Exterior electrical wires 8' clearance	<input type="checkbox"/>	<input type="checkbox"/>
9 Doors work freely and lock	<input type="checkbox"/>	<input type="checkbox"/>
10 Plumbing vent stack on roof	<input type="checkbox"/>	<input type="checkbox"/>
11 Site drains water properly	<input type="checkbox"/>	<input type="checkbox"/>

**INTERIOR**

12 Doors work freely and latch	<input type="checkbox"/>	<input type="checkbox"/>
13 Windows open and have screens	<input type="checkbox"/>	<input type="checkbox"/>
14 Ceiling, Floors and Walls free from cracks, chips and pops	<input type="checkbox"/>	<input type="checkbox"/>
15 Smoke detectors each bedroom each Level and hallway preceding bedroom CO detector within 15' of any bedroom	<input type="checkbox"/>	<input type="checkbox"/>
16 Dirt leg & TPR tube on water heater	<input type="checkbox"/>	<input type="checkbox"/>
17 Stack on furnace & water heater	<input type="checkbox"/>	<input type="checkbox"/>
18 Running water in sinks, stools, tub	<input type="checkbox"/>	<input type="checkbox"/>
19 Sink traps & drains watertight	<input type="checkbox"/>	<input type="checkbox"/>
20 Grounded outlet for washer/dryer	<input type="checkbox"/>	<input type="checkbox"/>
21 Minimum 2 outlets in bedrooms	<input type="checkbox"/>	<input type="checkbox"/>
22 Vent/window in bathrooms	<input type="checkbox"/>	<input type="checkbox"/>
23 G.F.C.I. garage & exterior outlets	<input type="checkbox"/>	<input type="checkbox"/>
24 G.F.C I. in kitchen 6' of water source	<input type="checkbox"/>	<input type="checkbox"/>
25 G.F.C I. for all outlets in bath	<input type="checkbox"/>	<input type="checkbox"/>
26 Covered wiring splices	<input type="checkbox"/>	<input type="checkbox"/>
27 Proper wiring connectors	<input type="checkbox"/>	<input type="checkbox"/>
28 Handrails on stairs with 4 or more risers	<input type="checkbox"/>	<input type="checkbox"/>
29 Garage Fire Separation & Rated Door	<input type="checkbox"/>	<input type="checkbox"/>
30 Overall Cleanliness Dirt, Mold Etc.	<input type="checkbox"/>	<input type="checkbox"/>
31 Whole house water shutoff valve	<input type="checkbox"/>	<input type="checkbox"/>

**SWIMMING POOL** (if applicable) Yes/OK Deviation

Fenced in and complies with code	<input type="checkbox"/>	<input type="checkbox"/>
Self-latching gate & alarm	<input type="checkbox"/>	<input type="checkbox"/>
* Rental Property Deadbolt	<input type="checkbox"/>	<input type="checkbox"/>

**FORMULA FOR OCCUPANCY**

Number of Bedrooms \_\_\_\_\_  
 (no bedroom can have a dimension under 7' and must have 2 points of egress 1 leading direct to Ext)  
 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 \_\_\_\_\_  
 See attached sheet   
 Additional Comments:

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PASS  FAIL

\_\_\_\_\_  
 INSPECTOR