

**NEW YORK CITY HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT**

INITIAL INSPECTION REPORT

Name of Applicant			Voucher #	
Present Address			Telephone #	
APARTMENT INSPECTED			OWNER OR AGENT	
DEVELOPMENT	ADDRESS	APT.	NAME	
			ADDRESS	PHONE

INSTRUCTIONS: One of the requirements of this program is that housing into which an applicant moves must be clean, in good repair and free from any conditions that could be dangerous or unhealthy for the family. This inspection sheet will help you determine if the house or apartment being inspected is likely to meet this requirement. It is possible that the unit may be good housing but might require some repairs. If these are made before rental, the unit may be acceptable.

The Housing Authority will inspect the unit and reserves the right to require further repairs or replacement of fixtures, or to reject the unit if it does not meet the standards of the program or if it has major deficiencies which the landlord does not propose to correct.

APPLICANT: Answer questions for building and all rooms in apartment to be inspected.

1. STREET & EXTERIOR OF BUILDING

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1.1 Are SITE & immediate NEIGHBORHOOD free from conditions which endanger health & safety of tenants, including open vacant or fire gutted buildings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 Is building free from high levels of AIR POLLUTION from vehicular exhaust, sewer/fuel gas, dust or other pollutants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 Are EXTERIOR SURFACES sound and hazard free? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 Are the ROOF, GUTTERS & DOWNSPOUTS sound & free of hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.5 Are all exterior surfaces accessible to children under 7 years old free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.6 Are there adequate covered facilities for GARBAGE approved by local agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.7 Are all EXTERIOR STAIRS, RAILS & PORCHES sound & hazard free? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.8 Is FOUNDATION sound & hazard free? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.9 Is CHIMNEY sound & hazard free? | <input type="checkbox"/> | <input type="checkbox"/> |

2. INTERIOR OF BUILDING & UNIT

- | | | |
|--|--------------------------|--------------------------|
| 2.1 INTERIOR STAIRS & HALLS hazard free? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 Are ELEVATORS working & do they have current inspection certificate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 Unblocked FIRE EXIT from building? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 Is there ACCESS TO UNIT without going through another unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 Unit/bldg. free of RATS, MICE, VERMIN? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 Unit/bldg. free of GARBAGE OR DEBRIS? | <input type="checkbox"/> | <input type="checkbox"/> |

3. LIVING ROOM

- | | YES | NO |
|--|--------------------------|--------------------------|
| 3.1 Are there at least 2 WORKING OUTLETS or 1 working outlet & 1 WORKING LIGHT FIXTURE? Is room free from electrical HAZARD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 Is there at least one window and are all WINDOWS in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 Are all WINDOWS & DOORS accessible from the outside LOCKABLE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 } Are the CEILING, WALLS & FLOOR sound and free
3.6 } from hazardous defects?
3.7 } | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.8 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent tenant exposure to LEAD BASE PAINT? | <input type="checkbox"/> | <input type="checkbox"/> |

4. KITCHEN

- | | | |
|--|--------------------------|--------------------------|
| 4.1 Is there at least one WORKING ELECTRICAL OUTLET & one permanently installed LIGHT FIXTURE? Is kitchen free from ELECTRICAL HAZARD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 Are all WINDOWS & DOORS accessible from the outside LOCKABLE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 Is there a SINK with hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 Are WINDOWS in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 Is there a SPACE TO STORE AND PREPARE FOOD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.8 } Are the CEILING, WALLS & FLOOR sound and
4.9 } free from hazardous defects?
4.10 } | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.11 Is there a working OVEN & RANGE with working top burners? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12 Is there appropriate size REFRIGERATOR in working order. | <input type="checkbox"/> | <input type="checkbox"/> |



<p>5. BATHROOM</p> <p>5.1 Is there at least one permanently installed LIGHT FIXTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5.2 Is room free from ELECTRICAL HAZARD? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5.3 Are all WINDOWS & DOORS accessible from the outside LOCKABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5.4 Are all WINDOWS in good condition? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5.5 } Are the CEILING, WALLS & FLOOR sound 5.6 } and free from hazardous defects? 5.7 }</p> <p>5.8 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5.9 Is there a private TOILET in working order? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5.10 Are there private BATH OR SHOWER & 5.11 WASH BASIN, with hot and cold running WATER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5.12 Is there an operable WINDOW OR EXHAUST FAN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. HEATING & PLUMBING</p> <p>6.1 Is the HEATING EQUIPMENT capable of providing ADEQUATE heat? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6.2 Is the apartment free of any UNSAFE HEATING EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6.3 Does apartment have adequate VENTILATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6.4 Is HOT WATER HEATER located, equipped and installed in a safe manner? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6.5 Is PLUMBING free from major leaks or corrosion causing rust or contamination of drinking water? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>7. BEDROOMS & OTHER ROOMS FOR LIVING</p> <p>7.1 Room Code _____ 1. Bedroom 2. Dining Room or Area 3. 2nd Living Room & Den 4. Halls, Staircase 5. Additional Bathroom 6. Other _____</p> <p>Location Right/Left _____ Front/Rear _____ Floor Level _____</p> <p>7.2 If room code 1, are there 2 WORKING OUTLETS or 1 working outlet & 1 working permanently installed LIGHT FIXTURE? If not code 1, is there means of illumination? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.3 Is room free from ELECTRICAL HAZARD? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.4 Are all WINDOWS in good condition? If code 1, is there at least 1 window? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.5 Are all WINDOWS & DOORS accessible from the outside LOCKABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.6 } Are the CEILING, WALLS & FLOOR sound and free 7.7 } from hazardous defects? 7.8 }</p> <p>7.9 Are all interior surfaces free of peeling, cracking & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. BEDROOMS & OTHER ROOMS FOR LIVING</p> <p>7.1 Room Code <input type="checkbox"/> Location _____</p> <p>7.2 If room code 1, are there 2 WORKING OUTLETS or 1 working outlet & 1 working permanently installed LIGHT FIXTURE? If not code 1, is there means of illumination? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.3 Is room free from ELECTRICAL HAZARD? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.4 Are all WINDOWS in good condition? If code 1, is there at least 1 window? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.5 Are all WINDOWS & DOORS accessible from the outside LOCKABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.6 } Are the CEILING, WALLS & FLOOR sound and free 7.7 } from hazardous defects? 7.8 }</p> <p>7.9 Are all interior surfaces free of peeling, cracking & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8. SMOKE DETECTORS and CARBON MONOXIDE DETECTORS</p> <p>8.1 Is there at least one battery-operated or hard-wired smoke and carbon monoxide detector in proper working condition on each level of unit? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8.2 If apartment is occupied by hearing-impaired persons, is there an alarm system for hearing-impaired in each bedroom occupied by a hearing-impaired person? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>9. WINDOW GUARDS If a child under 11 is moving into or will visit the apartment, are window guards installed on all windows? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>10. LEAD PAINT</p> <p>If owner is required to cover any interior or exterior surface, has compliance certification been obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Not Required, check this box. <input type="checkbox"/> Not Required</p>	<p>OWNER CERTIFICATION</p> <p>I certify that above property has had applicable surfaces covered as required.</p> <p>Signature _____ Date _____</p>
<p>Total Rooms _____ # Bedrooms _____ # of Family Members _____ Complete on This Page <input type="checkbox"/> Continued on Next Page <input type="checkbox"/></p> <p style="text-align: right;">Does unit meet Housing Quality Standards? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Remarks:</p>	
<p>Applicant/Tenant/Landlord Signature _____ Signature _____ Date _____</p>	

