## Exterior Inspection Items

**Please check in the appropriate box.**

**P=Pass  F=Fail  NA= Not applicable  TC= Tenant Caused**

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th>F</th>
<th>NA</th>
<th>TC</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building and grounds kept clean, sanitary and free from garbage</td>
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<td>2. Adequate garbage receptacles if provided by landlord</td>
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<td>3. Sewage disposal system, no evidence of raw sewage</td>
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<td>4. Foundation does not appear to pose safety risk</td>
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<tr>
<td>5. Wiring maintained in good working order</td>
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<td>6. Visible inspection of roof, appears to be in sound condition and waterproof</td>
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<td>7. Exterior walls with effective waterproofing and weather protection</td>
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<td>8. Windows maintained in good working order - Capable of locking and screens (if intended for use) in good condition</td>
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<td>9. Electrical maintained in good working order, including panels and meters</td>
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<td>10. Water heaters maintained in good working order, including seismic strapping</td>
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<td>11. Landing, stairways and railing in good condition</td>
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<tr>
<td>12. Chimney does not pose risk to safety</td>
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<tr>
<td>13. Common areas in safe and sanitary condition. Walkways free of tripping hazards, pool, fencing, etc.</td>
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</tbody>
</table>

*Please note: A tenant caused item is not a pass or fail. However, it will still need to be fixed to meet requirements as set forth by the City of Fresno.*

All items that did not pass are to be corrected by the 30-day progress inspection scheduled for: ________________

**Additional Comments:**

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**Signature of Owner/Local Representative:** ____________________________  **Date:** ________________

**FOR OFFICE USE ONLY**

I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge.

**Inspector:** ____________________________  **Inspectors Signature:** ____________________________  **Date:** ________________
**City of Fresno**  
**Rental Housing Health and Safety**

<table>
<thead>
<tr>
<th>Property Address:</th>
<th>Unit Number:</th>
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</table>

### Interior Inspection Items

**Please check in the appropriate box.**

- **P** = Pass  
- **F** = Fail  
- **NA** = Not applicable  
- **TC** = Tenant Caused

<table>
<thead>
<tr>
<th>Item</th>
<th>P</th>
<th>F</th>
<th>NA</th>
<th>TC</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Floors, stairway, and railings maintained in good working order</td>
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<tr>
<td>2. Effective weatherproofing and weather protection</td>
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<tr>
<td>3. Wiring maintained in good working order</td>
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<td>4. Ceilings display no evidence of leaks</td>
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<td>5. Plumbing and/or gas facilities maintained in good working order, including gas fireplace</td>
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<td>6. Windows intended for opening can be opened, no missing or broken glazing, egress windows not blocked, security bars can be released from the interior</td>
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<td>7. Paint intact if built prior to 1978 - Deteriorated or disturbed paint requires proper abatement if lead present</td>
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<td>8. Doors secured and sealed - Main swinging door secured, standard dead bolt at interior and weather sealed</td>
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<td>9. Smoke detectors in good working order</td>
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<td>10. Carbon monoxide detectors in good working order</td>
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<td>11. Hot and cold running water, water supply connected to sewage disposal system maintained in good working order</td>
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<td>12. Heating system maintained in good working order</td>
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<td>13. Cooling system in good working order if part of original construction</td>
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<td>14. Unit clear from infestation; pest, rodent, bedbugs, vermin, etc.</td>
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<td>15. Appearance of mold (not to include mold that is minor and found on surfaces that can accumulate moisture as part of their proper function and intended use)</td>
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</tbody>
</table>

**Please note:** A tenant caused item is not a pass or fail. However, it will still need to be fixed to meet requirements as set forth by the City of Fresno.

**Additional Comments:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Signature of Owner/Local Representative:** ____________________________  **Date:** __________

**FOR OFFICE USE ONLY**

I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge.

**Inspector:** __________________________ **Inspectors Signature:** __________________________  **Date:** __________