



DIDD HOME INSPECTION FORM FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING

The checklist is used prior to anyone moving into a home or apartment. It is important all Independent Support Coordination agencies and residential providers are aware of these items so appropriate residences are selected for people. Some basic items that should be in place before a home or apartment is selected or occupied are:

1. ****At least one smoke detector must be operable.**
2. ****Lights must have globe covers including those in closets.**
3. ****There is a second means of exit (window or door).**
4. ****All outlets near a water source (i.e.: sink) must be GFCI.**
5. ****Handrails must be present on exterior steps and ramps.**
6. ****Windows made to open easily and stay open without props.**
7. ****A second floor bedroom can not be used for a person using an ambulation aid.**

Inspection Codes:

Pass: Meets specified requirement acceptable for move in or continued occupancy.

****Fail:** Does not meet specified requirement acceptable for move in or continued occupancy. The deficiency found would impact the health of the participant and/or safety of the unit and needs correction within 30 days.

	YES	
**Are there any leaks in the roof or ceiling?		
Are there any holes in the floor or walls?		
Are there any plumbing leaks or other plumbing problems?		
Are there any electrical problems?		
**Are there any cracks or breaks in any of your windows?		
Are there any locks on all of your windows in each room?		
**Will at least one window in each room remain up when raised?		
Do your oven and all 4 burners on your stove work properly?		
Does your freezer or refrigerator work properly?		
Do you have any bugs or mice?		
Do you have a key to unlock your doors?		
What kind of water do you have?	CITY	WELL
Do you have any problems with your water, such as leaks, rust or corrosion, odors or inadequate pressure?		
What kind of air conditioning do you have?	Central None	
Is your heat.....?	GAS	ELECTRIC
If gas, is it.....	NATURAL	PROPANE
What kind of heat do you have?	Central	Ventless Gas
	Wood	Baseboard
	Radiant	Other
Are you having any problems with your heat?	YES	WHAT KIND
Do persons use a wheelchair or an ambulation aid?	YES	
If so, do any consumers self-propel?	YES	
If so, are all interior floors hard for easy ambulation/propelling?	YES	
If no, what rooms make it difficult to self-propel?		



DIDD HOME INSPECTION FORM FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING

Item #		P	F	Repair required/Comments
101.00	Is there a living room?			
102.01	Are there at least two working outlets or one working outlet and one working permanently installed ceiling or wall light fixture?			
103.01	Are all outlets/switches flush with the wall and do they have unbroken tight fitting cover plates?			
103.02	Are light fixtures/ceiling fans secured to wall or ceiling?			
**103.03	Is room free from any frayed or exposed wiring and is the wiring the proper type?			
**103.05	Do all permanently installed ceiling or walk light fixtures have covers, if they were designed to have covers?			
**104.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work? NOTE: Padlocks are not allowed: if door is partially glass then doubled keyed locks are allowed (if there is not glass present, then the "flip" type lock can be installed.)			
105.01	Is there at least one window? (which opens to the exterior)			
**105.02	Are all windows airtight, free of breaks/cracks and do sashes meet? Any other deterioration?			
105.03	If windows are made to open, will at least one window open? (SEE ITEM 830.02) Does this window have a screen, if no central A/C? Is screen torn, missing, need to be replaced? NOTE: Props are not allowed in any windows.			
105.06	Are exterior doors airtight, have adequate weather stripping and sound threshold? If storm door is present, is it properly installed?			
105.07	Are interior doors opening into rooms properly installed and stay shut? Any hazardous conditions? Doorknobs properly installed?			
105.08	Are closet doors properly installed and do they shut? Any hazardous conditions? Doorknobs properly installed?			
106.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?			
107.01	Are the walls sound and free from hazardous defects, or holes?			
**108.01	Is the floor sound and free from hazardous defects, holes, bulges, soft spot or tripping hazards?			
109.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint?			
118.02	Is there a direct or indirect heat source?			
119.04	Does the permanent heater have a knob, and appear to be properly installed? (Wall units, baseboards, vented gas, etc.)			



DIDD HOME INSPECTION FORM FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING

Item #		P	F	Repair required/Comments
	KITCHEN			
**202.01	Is there at least one working outlet or one working permanently installed ceiling or wall light fixture? (All outlets near water source must have GFCI.)			
203.01	Are all outlet fixtures flush with the wall and do they have unbroken, tight fitting cover plates?			
203.02	Are light fixtures/ceiling fans secured to the wall or ceiling?			
203.03	Are stove and refrigerator plugged into an outlet? NOTE: The stove or refrigerator cannot be plugged in an extension cord.			
205.07	Are interior doors opening into rooms properly installed and stay shut? Any hazardous conditions? Door knobs properly installed?			
205.08	Are closet doors properly installed and stay shut? Door knobs properly installed?			
209.01	Does the vent fan over the stove operate properly?			
**210.01	Is there a microwave or stove with an oven and all burners working?			
210.02	Is the oven door secure and knobs and handles present? Is there at least one rack in the oven?			
**211.01	Is there a refrigerator that freezes and cools properly? Check gaskets/seals. Are there any other safety hazards? Is there at least one shelf present? Is grill present? If designed to have a grill?			
**212.01	Is there a sink in the kitchen with hot and cold water? Are handles present? Does the water drain properly? Is there adequate water pressure?			
212.02	Is the trap properly installed?			
212.03	Are all pipes and the faucet free from leaks or drips?			
212.04	Are holes around the pipes covered?			
213.01	Is there a space to store and prepare food?			
213.02	Are cabinet doors and drawers properly installed? Knobs or handles present?			
218.02	Is there a direct or indirect heat source?			
219.04	Does the permanent heater have a knob, and appear to be properly installed? (Wall units, baseboards, vented gas, etc.)			
**219.05	Is there a fire extinguisher in the kitchen?			
	BATHROOM			
**302.01	Bathroom has GFCI near water source/sink?			
305.05	Is there no operable window? Is there a vent fan present?			
305.07	Does vent fan operate properly in bathroom?			
**312.01	Is there a sink in the bathroom with hot and cold water? Are handles present? Does the water drain properly? Is there adequate water pressure?			
314.01	Is there a flush toilet in an enclosed room?			
314.02	Does the toilet flush and shut off properly? Is it free from leaks/cracks, and does it have a toilet seat and tank top?			



DIDD HOME INSPECTION FORM FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING

Item #		P	F	Repair required/Comments
**315.01	Is there a tub or shower with hot and cold running water? Is there adequate water pressure?			
312.01	Is the tub or shower free from leaks or drips and sharp objects, and does it drain properly? Are handles and levers present? Is there a need for caulking in or around the tub/shower area?			
316.01	Is there a door for privacy?			
318.02	Is there a direct or indirect heat source?			
319.04	Does the permanent heater have a knob, and appear to be properly installed? (Wall units, baseboards, vented gas, etc.)			
BEDROOM(S)				
**405.01	Is there at least one window, which opens to the exterior?			
418.03	Is the room free of a ventless gas heater?			
**432.02	Is there a smoke detector located outside the bedroom?			
**432.03	Does the smoke detector operate properly?			
502.01	Is there a means of illumination e.g. light fixture, wall outlet, windows in halls and living areas?			
532.02	If this room is used for sleeping, is there a smoke detector located outside the bedroom?			
**532.03	Does the smoke detector operate properly and one in the hallway?			
**632.01	If basement, is there a smoke detector present?			
638.05	Are all steps present, stable and secure?			
**638.08	If there are four or more steps, or the steps are 30" or higher and one side of the steps is exposed (open), is there one secure handrail with slats, lattice, etc. to prevent a person from falling through?			
**638.09	If there are four or more steps, or the steps are 30" or higher and both sides of the steps are exposed (open), is there two secure handrails with slats, lattice, etc. to prevent a person from falling through?			
PLUMBING AND HEATING				
718.01	TYPE OF HEAT: GAS OR ELECTRIC			
719.01	Is unit free of any unvented gas space heaters?			
719.02	If there are flues or gas or wood stoves, are they properly installed with secure pipes?			
719.03	Are collars present and installed securely, with no visible openings?			
WATER HEATER				
720.01	Is water heater GAS OR ELECTRIC?			
**720.02	Is there a temperature pressure relief valve with a 3/4" overflow pipe?			
720.03	Does the overflow pipe extend to within 6" of the floor or to the exterior of the unit?			
720.04	Gas water heater: Is the flue secure?			
**720.05	Gas water heater: Is collar present and installed securely, with no visible openings?			



DIDD HOME INSPECTION FORM FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING

Item #		P	F	Repair required/Comments
720.06	Gas water heater: If located in living or sleeping area, is it enclosed? (an acceptable enclosure is a "shield" that is secured to the wall or floor, provides ventilation, and is at least 6" higher than the water heater)			
720.07	Electric water heater: If it is readily accessible to the family, is the romex wire enclosed in protective conduit?			
720.08	Are there any hazardous or combustible materials stored on top of or near the water heater?			
720.09	Are cover panels present and securely installed?			
721.01	Specify water System: (Circle) Public or Well Water			
721.02	If well water, is it tested every two years?			
721.03	Any leaks, rust or corrosion in water, odors, adequate pressure, or other problems?			
722.01	Specify Sewer System: (Circle) Public or Septic Tank			
**722.02	If septic system, is there any evidence of water, sewage in the yard, or does tenant report a problem?			
	GENERAL HEALTH AND SAFETY			
824.02	If there are security bars on windows, does at least one in each room without an exterior door open from the inside?			
824.03	If unit, is more than 2 stories in there a fire escape?			
**825.01	For interior stairs and common halls if there are four or more steps or the steps, balconies, or ledges are 30" or higher, is there a secure handrail?			
838.05	Are all steps present, stable and secure?			
825.02	For interior stairs and common halls is there adequate lighting?			
**825.03	For interior stairs and common halls is there any hazardous or failing conditions in the walls, floors, ceiling, windows or doors?			
826.01	Where local practice requires, do all elevators have a current inspection certificate? Are elevators safe and working?			
827.01	Is there evidence of insect, mice or rat infestation?			
828.01	Is the unit free from garbage and debris?			
829.01	Is the unit free from any other hazards not previously identified? Ex: protruding nails, broken soap dishes, etc.			
829.02	Are window air conditioners free of any exposed or frayed wiring, or any other hazardous conditions?			
829.03	Is cover present on window air conditioners?			
829.04	Is window air conditioner installed in such a manner that daylight cannot be seen above or around it?			



DIDD HOME INSPECTION FORM FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING

Item #		P	F	Repair required/Comments
830.01	Unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?			
830.02	Does unit have adequate ventilation? NOTE: Consider availability of air conditioning in each room, number of operable windows in each room, type of unit, etc., when making this decision.			
831.01	Is there an emergency evacuation plan available in the unit?			
**832.01	Is there a smoke detector or fire alarm on each level of the unit (including the basement)?			
	SMOKE DETECTORS FOR THE HEARING IMPAIRED			
832.04	Does the smoke detector have lights, and is the detector installed in the bedroom of the hearing impaired tenant?			
**832.05	Is there at least one fire extinguisher available on every floor?			
832.06	Is there a ventless gas heater being used in the unit? Is there a carbon monoxide detector present?			
832.07	Is the carbon monoxide detector currently operating (power on)?			
	BREAKER BOX			
833.01	Is there a metal cover over fuse/breaker box?			
**833.02	Are there any hazardous conditions inside or around the fuse/breaker box? Ex: exposed or frayed wiring of any type. Openings or holes around the box, etc.			
833.03	Are there any openings inside the fuse/breaker box? NOTE: "knock-out" caps or "dead" fuses are required. If openings are present inside.			
	GENERAL HEALTH AND SAFETY: Exterior			
934.01	Are the grounds free of garbage and debris?			
935.01	Are the covered trashcans or dumpsters for the tenants' use?			
936.01	Are the site and immediate neighborhood free from conditions which would seriously endanger the health and safety of the residents such as uncovered wells, deep holes, abandoned appliances, abandoned cars, broken glass, etc.			
936.02	Are all "out buildings" in sound condition?			
	BUILDING EXTERIOR (front, rear, and sides)			
**1003.05	Do all permanently installed light fixtures have covers, if designed to have covers? Front, Side, Rear of unit			
1009.02	Are all large exterior painted surfaces free of deteriorated paint?			
1037.01	Is the foundation free from large cracks, and does it appear stable?			
1037.02	Are all vents and crawl spaces covered?			
**1038.01	Are all stairs, rails and porches secured?			
**1038.05	Are steps present stable and secure?			



DIDD HOME INSPECTION FORM FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING

Item #		P	F	Repair required/Comments
**1038.08	If there is a porch, balcony, carport, or any other exposed area 30" or higher, is there a secure rail with adequate protection (such as slats, lattice, etc.) to prevent a person from falling through?			
**1038.07	If there are four or more steps 29" or less in height, is there at least one handrail?			
**1038.09	If there are four or more steps, or the steps are 30" or higher, and one side of the steps is exposed (open), is there one secure handrail with adequate protection (such as slats, lattice, etc.) to prevent a person from falling through?			
1038.10	If there is a sidewalk present, is it free from large cracks or holes, and does it appear stable? (This includes the driveway to the unit.)			
1039.01	Any sign of roof damage or leaks?			
1039.02	If gutters, downspouts, and shutters are present, are they sound/secure?			
1039.03	Any signs of leaks or drips from hydrants?			
1040.01	Is exterior free from holes, missing siding, and does it appear airtight?			
1041.01	Is chimney sound, stable, and free from hazards?			
1043.01	Do plumbing vent pipes extend above the roofline?			
1043.02	Do gas or wood stove flues extend above the roofline?			
1043.03	Does the gas water heater flue extend above the roofline?			
**1044.01	Are there any loose, frayed, or exposed wires that could be hazardous?			
1045.01	If unit has window air conditioners, are they installed securely?			
	MOBILE HOMES			
**1146.01	Are there tie downs? NOTE: If tie downs are inaccessible by the inspector, please note in comments.			
1146.02	Is underpinning present: Is it installed securely with no large openings?			
**1146.03	Is unit free of ventless gas heater?			
1148.04	If there is a wood burning stove present, is there a permanently installed, primary source of heat? NOTE: Wood burning stoves are not allowed as the primary source of heat in a mobile home.			