

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED

Property ID #: _____ Inspection ID # _____ Inspection Date: _____
 Property name: _____ PHA Name _____ Property Phone: _____
 Property Address: _____ PHA ID Number _____ Agent Phone: _____
 Property City: _____ State: _____ Zip: _____

PART 1 EXIGENT HEALTH AND SAFETY HAZARDS

Air Quality A-- Propane/Natural Gas/Methane Gas Detected Electrical Hazards B-- Exposed Wires/Open Panels C-- Water Leaks On or Near Electrical Equipment	Emergency Equipment/Fire Exits/Fire Escapes D-- Emergency/Fire Exits/Blocked/Unusable Fire Escapes E-- Blocked Egress/Ladders Gas/Oil Hot Water Heater/Gas/Oil HVAC F-- Carbon Monoxide Hazard - Gas/Oil Fired Unit -Missing/Misaligned Chimney
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** The Offices of Housing and Public Housing require all exigent hazards be mitigated immediately. The office of Housing requires a written report to be filed with the local office within 72 hours of the date of the inspection. All public housing agencies are required to document activities in this area under both PHMAP and PHAS requirements for later evaluation by HUD.

During this inspection the following items were observed and noted as Exigent Health and Safety hazards which require immediate attention. Use additional sheets if needed.

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEFECT TYPE(s) (See list below)						COMMENT(s)
			A	B	C	D	E	F	
1									Certificate***
2									
3									
4									
5									

*** Reserved for HUD Use.

PART 2 FIRE SAFETY HAZARD

Emergency Equipment/Fire Exits/Fire Escapes G-- Window Security Bars Prevent Egress H-- Fire Extinguishers Expired	Smoke Detectors I -- Missing/Inoperative
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During this inspection the following items were observed and noted as Fire Safety hazards which require immediate attention:

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEFECT TYPE(s) (See list below)			COMMENT(s)
			G	H	I	
1						Certificate***
2						
3						

*** Reserved for HUD Use.

Other Health and Safety Concerns Not Defined In Above Matrix.

1.	
2.	

NAME OF OWNER/AGENT'S REPRESENTATIVE (Please print legibly)

INSPECTOR NAME: (Print)

 SIGNATURE OF OWNER/AGENT'S REPRESENTATIVE Date _____

 INSPECTOR ID NUMBER

A copy of this notification will be provided to the appropriate local health/safety/fire code enforcement entity. Neither the inspector, the inspector's employer nor the Department of Housing and Urban Development assume any liability whatsoever expressed or implied that the above noted health and safety hazards constitute all of the health and safety deficiencies that may be present on the property. Any and all liability for the health and safety hazards noted above, as well as any health and safety hazards that my exist on the property but were not observed by the inspector, are the full and absolute responsibility of the property owner and not the inspector, the inspector's employer nor the Department of Housing and Urban Development

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED (continued)

Property ID #: _____

Inspection ID # _____

Inspection Date: _____

Inspector ID # _____

PART 1 EXIGENT HEALTH AND SAFETY HAZARDS

<p>Air Quality A-- Propane/Natural Gas/Methane Gas Detected</p> <p>Electrical Hazards B-- Exposed Wires/Open Panels C-- Water Leaks On or Near Electrical Equipment</p>	<p>Emergency Equipment/Fire Exits/Fire Escapes D-- Emergency/Fire Exits/Blocked/Unusable Fire Escapes E-- Blocked Egress/Ladders</p> <p>Gas/Oil Hot Water Heater/Gas/Oil HVAC F-- Carbon Monoxide Hazard - Gas/Oil Fired Unit -Missing/Misaligned Chimney</p>
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NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED (continued)

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Inspection ID # _____

Inspection Date: _____

Inspector ID # _____

PART 2 FIRE SAFETY HAZARD

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