

## MISSOURI HOUSING DEVELOPMENT COMMISSION HOME Repair Program Property Inspection Checklist and Report

**General Information**

Date of Inspection: \_\_\_\_\_ Inspector: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: **MO** Zip: \_\_\_\_\_

Name of Family: \_\_\_\_\_

**Summary of Condition**

P = Pass

F = Fail

A = Action

Summary Decision     Pass     Fail

**Living Room**

Code	Description	P	F	Action
	Living Room Present	<input type="checkbox"/>	<input type="checkbox"/>	
	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	Security	<input type="checkbox"/>	<input type="checkbox"/>	
	Window Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	
	Weatherstripping	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

**Kitchen**

Code	Description	P	F	Action
	Kitchen Present	<input type="checkbox"/>	<input type="checkbox"/>	
	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	Security	<input type="checkbox"/>	<input type="checkbox"/>	
	Window Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	

Kitchen Cont'd				
Code	Description	P	F	Action
	Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	
	Stove or Range with Oven	<input type="checkbox"/>	<input type="checkbox"/>	
	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	
	Sink	<input type="checkbox"/>	<input type="checkbox"/>	
	Space for Storage and Preparation of Food	<input type="checkbox"/>	<input type="checkbox"/>	
	Weatherstripping	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Bathroom				
Code	Description	P	F	Action
	Bathroom Present	<input type="checkbox"/>	<input type="checkbox"/>	
	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	Security	<input type="checkbox"/>	<input type="checkbox"/>	
	Window Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	
	Flush Toilet in Enclosed Room in unit	<input type="checkbox"/>	<input type="checkbox"/>	
	Fixed Wash Basin or Lavatory in unit	<input type="checkbox"/>	<input type="checkbox"/>	
	Tub or Shower in unit	<input type="checkbox"/>	<input type="checkbox"/>	
	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
	Weatherstripping	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Other Rooms				
Code	Description	P	F	Action
	Room Locations	<input type="checkbox"/>	<input type="checkbox"/>	Room Codes 1=Bedroom 2=Dining Room or Area 3=Second Living or Family Room. Den, etc. 4=Entrance Halls, Corridors, Halls, Staircases 5=Additional Bathroom 6=Other
	Right/Left	<input type="checkbox"/>	<input type="checkbox"/>	
	Front/Rear	<input type="checkbox"/>	<input type="checkbox"/>	
	Floor Level/Upper Level	<input type="checkbox"/>	<input type="checkbox"/>	
	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	Security	<input type="checkbox"/>	<input type="checkbox"/>	
	Window Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	

Other Rooms Cont'd				
Code	Description	P	F	Action
	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	
	Weather Stripping	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

All Secondary Rooms				
Code	Description	P	F	Action
	None	<input type="checkbox"/>	<input type="checkbox"/>	
	Security	<input type="checkbox"/>	<input type="checkbox"/>	
	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	Other Potentially Hazardous Features	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Building Exterior				
Code	Description	P	F	Action
	Condition of Foundation	<input type="checkbox"/>	<input type="checkbox"/>	
	Condition of Stairs, Rails and Proaches	<input type="checkbox"/>	<input type="checkbox"/>	
	Condition of Roof and Gutters	<input type="checkbox"/>	<input type="checkbox"/>	
	Condition of Exterior Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
	Condition of Chimney	<input type="checkbox"/>	<input type="checkbox"/>	
	Lead Paint: Exterior Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
	Manufactured Homes: Tie Downs	<input type="checkbox"/>	<input type="checkbox"/>	
	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	
	Caulking	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Heating, Plumbing, Insulation				
Code	Description	P	F	Action
	Adequacy of Heating	<input type="checkbox"/>	<input type="checkbox"/>	
	Safety of Heating Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
	Ventilation and Adequacy of Cooling	<input type="checkbox"/>	<input type="checkbox"/>	
	Hot Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	
	Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	
	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	
	Sewer Connection	<input type="checkbox"/>	<input type="checkbox"/>	
	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	

