

# HOUSING QUALITY STANDARDS (HQS) INSPECTION FORM

**A. General Information** Name of Inspector: \_\_\_\_\_

Address of Inspected Property: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Date of Re-inspection: \_\_\_\_\_

**B. How to Fill Out This Checklist**

Proceed through the inspection as follows:

Area	Checklist Category
Room by Room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
Outside	6. Building Exterior
Basement or Utility Room	7. Heating and Plumbing
Overall	8. General Health and Safety

- Each part of the checklist will be accompanied by an explanation of the item to be inspected.
- Important: For each item numbered on the checklist, check one box only.
- In the space to the right of the description of the item, if the decision on the item is "Fail," write what repairs are necessary.
- Also, if "Pass" but there are additional code items or items not consistent with rehab standards or area codes, write these in the space to the right.

**1. LIVING ROOM**

For each item numbered, check one box only.

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
1.1	<b>LIVING ROOM PRESENT</b> Is there a living room?			
1.2	<b>ELECTRICITY</b> Are there at least two working outlets or one working outlet and one working light fixture?			
1.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?			
1.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?			
1.5	<b>WINDOW CONDITION</b> Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?			
1.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
1.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?			
1.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?			
1.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?			
1.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?			
1.11	<b>OTHER</b>			
1.12	<b>OTHER</b>			

Notes: (Give Item #)

**2. KITCHEN**

For each item numbered, check one box only.

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
2.1	<b>KITCHEN AREA PRESENT</b> Is there a kitchen?			
2.2	<b>ELECTRICITY</b> Is there at least <i>one</i> working electric outlet and <i>one</i> working, permanently installed light fixture?			
2.3	<b>ELECTRICAL HAZARDS</b> Is the kitchen free from electrical hazards?			
2.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?			
2.5	<b>WINDOW CONDITION</b> Are all windows free of signs of deterioration or missing or broken out panes?			
2.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
2.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?			
2.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?			
2.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?			
2.10	<b>STOVE OR RANGE WITH OVEN</b> Is there a working oven and a stove (or range) with top burners that work?			
2.11	<b>REFRIGERATOR</b> Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?			
2.12	<b>SINK</b> Is there a kitchen sink that works with hot and cold running water?			
2.13	<b>SPACE FOR STORAGE AND PREPARTATION OF FOOD</b> Is there space to store and prepare food?			
2.14	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?			
2.15	<b>OTHER</b>			

**2. KITCHEN****For each item numbered, check one box only.**

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
<b>2.16</b>	<b>OTHER</b>			

Notes: (Give Item #)

**3. BATHROOM**

For each item numbered, check one box only.

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
3.1	<b>BATHROOM (see description)</b> Is there a bathroom?			
3.2	<b>ELECTRICITY</b> Is there at least <i>one</i> permanently installed light fixture?			
3.3	<b>ELECTRICAL HAZARDS</b> Is the bathroom free from electrical hazards?			
3.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?			
3.5	<b>WINDOW CONDITION</b> Are all windows free of signs of deterioration or missing or broken out panes?			
3.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
3.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?			
3.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?			
3.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?			
3.10	<b>FLUSH TOILET IN ENCLOSED ROOM IN PROPERTY</b> Is there a working toilet in the unit for exclusive private use of the tenant?			
3.11	<b>FIXED WASH BASIN OR LAVATORY IN PROPERTY</b> Is there a working, permanently installed washbasin with hot and cold running water in the unit?			
3.12	<b>TUB OR SHOWER IN PROPERTY</b> Is there a working tub or shower with hot and cold running water in the unit?			
3.13	<b>VENTILATION</b> Are there operable windows or a working vent system?			

**3. BATHROOM**

**For each item numbered, check one box only.**

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
3.14	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?			
3.15	<b>OTHER</b>			
3.16	<b>OTHER</b>			

Notes: (Give Item #)

**4. OTHER ROOMS USED FOR LIVING AND HALLS**

**For each item numbered, check one box only.**

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
4.1	<p><b>ROOM CODE and ROOM LOCATION:</b></p> <p>right/left _____</p> <p>front/rear _____</p> <p>floor level _____</p>	<p><b>ROOM CODES</b></p> <p>1 = Bedroom or any other room used for sleeping (regardless of type of room)</p> <p>2 = Dining Room, or Dining Area</p> <p>3 = Second Living Room, Family Room, Den, Playroom, TV Room</p> <p>4 = Entrance Halls, Corridors, Halls, Staircases</p> <p>5 = Additional Bathroom</p> <p>6 = Other</p>		
4.2	<p><b>ELECTRICITY</b></p> <p>If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?</p>			
4.3	<p><b>ELECTRICAL HAZARDS</b></p> <p>Is the room free from electrical hazards?</p>			
4.4	<p><b>SECURITY</b></p> <p>Are <i>all</i> windows and doors that are accessible from the outside lockable?</p>			
4.5	<p><b>WINDOW CONDITION</b></p> <p>If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?</p>			
4.6	<p><b>CEILING CONDITION</b></p> <p>Is the ceiling sound and free from hazardous defects?</p>			
4.7	<p><b>WALL CONDITION</b></p> <p>Are the walls sound and free from hazardous defects?</p>			
4.8	<p><b>FLOOR CONDITION</b></p> <p>Is the floor sound and free from hazardous defects?</p>			
4.9	<p><b>LEAD PAINT</b></p> <p>Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?</p>			
4.10	<p><b>WEATHER STRIPPING</b></p> <p>Is weather stripping present and in good condition on all windows and exterior doors?</p>			
4.11	<p><b>OTHER</b></p>			
4.12	<p><b>OTHER</b></p>			

**4. OTHER ROOMS USED FOR LIVING AND HALLS**

**For each item numbered, check one box only.**

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
<b>4.13</b>	<b>OTHER</b>			

Notes: (Give Item #)

**5. ALL SECONDARY ROOMS NOT USED FOR LIVING**

**For each item numbered, check one box only.**

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
5.1	<b>NONE. GO TO PART 6</b>			
5.2	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable in each room?			
5.3	<b>ELECTRICAL HAZARDS</b> Are all these rooms free from electrical hazards?			
5.4	<b>OTHER POTENTIALLY HAZARDOUS FEATURES IN ANY OF THESE ROOMS</b> Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature" explain hazard and means of control of interior access to room.			
5.5	<b>OTHER</b>			
5.6	<b>OTHER</b>			

Notes: (Give Item #)

**6. BUILDING EXTERIOR**

**For each item numbered, check one box only.**

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
6.1	<b>CONDITION OF FOUNDATION</b> Is the foundation sound and free from hazards?			
6.2	<b>CONDITION OF STAIRS, RAILS, AND PORCHES</b> Are all the exterior stairs, rails and porches sound and free from hazards?			
6.3	<b>CONDITION OF ROOF AND GUTTERS</b> Are the roof, gutters and downspouts sound and free from hazards?			
6.4	<b>CONDITION OF EXTERIOR SURFACES</b> Are exterior surfaces sound and free from hazards?			
6.5	<b>CONDITION OF CHIMNEY</b> Is the chimney sound and free from hazards?			
6.6	<b>LEAD PAINT: EXTERIOR SURFACES</b> Are all exterior surfaces, which are accessible to children under seven years of age <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated or covered</i> to prevent exposure of such children to lead based paint hazards?			
6.7	<b>MOBILE HOMES: TIE DOWNS</b> If the unit is a mobile home, is it properly placed and tied down? If not a mobile home, write "Not Applicable."			
6.8	<b>MOBILE HOMES: SMOKE DETECTORS</b> If a unit is a mobile home, does it have at least one smoke detector in working condition? If not a mobile home, write "Not Applicable."			
6.9	<b>CAULKING</b> Are all fixed joints including frames around doors and windows, areas around all holes for pipes, ducts, water faucets or electric conduits, and other areas, which may allow unwanted air flow appropriately caulked.			
6.10	<b>OTHER</b>			
6.11	<b>OTHER</b>			

Notes: (Give Item #)

**7. HEATING, PLUMBING AND INSULATION**

For each item numbered, check one box only.

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
7.1	<b>ADEQUACY OF HEATING EQUIPMENT</b> a. Is the heating equipment capable providing adequate heat (either directly or indirectly) to all rooms used for living? b. Is the heating equipment oversized by more than 15%? c. Are pipes and ducts located in unconditioned space insulated?			
7.2	<b>SAFETY OF HEATING EQUIPMENT</b> Is the unit free from unvented fuel burning space heaters, or any other types of unsafe heating conditions?			
7.3	<b>VENTILATION AND ADEQUACY OF COOLING</b> Does this property have adequate ventilation and cooling by means of operable windows or a working cooling system?			
7.4	<b>HOT WATER HEATER</b> Is hot water heater located, equipped, and installed in a safe manner?			
7.5	<b>WATER SUPPLY</b> Is the unit served by an approvable public or private sanitary water supply?			
7.6	<b>PLUMBING</b> Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?			
7.7	<b>SEWER CONNECTION</b> Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back up?			
7.8	<b>INSULATION</b> Are the attic and walls appropriately insulated for regional conditions?			
7.9	<b>OTHER</b>			
7.10	<b>OTHER</b>			

Notes: (Give Item #)

**8. GENERAL HEALTH AND SAFETY**

For each item numbered, check one box only.

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
8.1	<b>ACCESS TO UNIT</b> Can the unit be entered without having to go through another unit?			
8.2	<b>EXITS</b> Is there an acceptable fire exit from this building that is not blocked?			
8.3	<b>EVIDENCE OF INFESTATION</b> Is the unit free from rats or severe infestation by mice or vermin?			
8.4	<b>GARBAGE AND DEBRIS</b> Is the property free from heavy accumulation of garbage or debris inside and outside?			
8.5	<b>REFUSE DISPOSAL</b> Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approved by a local agency?			
8.6	<b>INTERIOR STAIRS AND COMMON HALLS</b> Are interior stairs and common halls free from hazards to the occupant because of loose, broken or missing steps on stairways, absent or insecure railings; inadequate lighting, or other hazards?			
8.7	<b>OTHER INTERIOR HAZARDS</b> Is the interior of the property free from any other hazards not specifically identified previously?			
8.8	<b>ELEVATORS</b> Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?			
8.9	<b>INTERIOR AIR QUALITY</b> Is the property free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?			
8.10	<b>SITE AND NEIGHBORHOOD CONDITIONS</b> Are the site and immediate neighborhood free from conditions, which would seriously and continuously endanger the health or safety of the residents?			
8.11	<b>LEAD PAINT: OWNER CERTIFICATION</b> If the owner of the unit is required to treat or cover any interior or exterior surfaces, has the certification of compliance been obtained? If the owner was not required to treat surfaces, write "Not Applicable."			
8.12	<b>OTHER</b>			

**8. GENERAL HEALTH AND SAFETY**

**For each item numbered, check one box only.**

Item #	Description	DECISION		Repairs Required
		Yes, PASS	No, FAIL	
<b>8.13</b>	<b>OTHER</b>			

Notes: (Give Item #)