An Inspection was done for apartment/suite #________ on __________. Inspection performed by: ___________________________

The following concerns were noted:

<table>
<thead>
<tr>
<th>Area</th>
<th>Condition:</th>
<th>Comments/Damages:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clean</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat Dirty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dirty</td>
<td></td>
</tr>
</tbody>
</table>

**KITCHEN:**
- Stove/Oven
- Hood/Filter
- Refrigerator
- Counter Tops
- Linoleum Floor
- Walls
- Ceilings
- Sink

**BATHROOM:**
- Bathtub/Enclosure/Door
- Floor
- Toilet
- Counter Tops/Mirror
- Walls
- Ceilings
- Sink

**LIVING ROOM:**
- Carpet
- Walls
- Ceilings
- Couch

**BED ROOM:**
A/B
- Carpet
- Walls/Ceilings
- Furniture
- Closets
- Blinds/Windows
C/D
- Carpet
- Walls/Ceilings
- Furniture
- Closets
- Blinds/Windows

**MISC:**
- Patio
- Hall Closets

**FIRE SAFETY:**
- Smoke Detector: Attached? Yes [ ] No [ ]
- Working? Yes [ ] No [ ]
- Sprinkler Head: Drips? Yes [ ] No [ ] Where?
- Fire Extinguisher: Attached? Yes [ ] No [ ]
- Pressurized? Yes [ ] No [ ]
- Window Egress: Windows Blocked? Yes [ ] No [ ]

**DEFERRED MAINTENANCE ISSUES**
- Appliances: Stove Top [ ] Oven [ ] Fridge [ ]

**OTHER ISSUES OR CONCERNS:**
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

**Action Taken:** 1st Check Pass [ ] 1st Check Fail [ ] 2nd Check Date (1 week): ________ 2nd Check Pass [ ] 2nd Check Fail [ ] Refer to RLC [ ]

Note: Refer to RLC after 2nd check has failed.

Inspector Signature: __________________________ Date: __________________