



# City of Keene

3 Washington Street

New Hampshire 03431

## Application for a Voluntary Minimum Housing and Safety Standards Inspection

Address: \_\_\_\_\_

Number of Units: \_\_\_\_\_

### Contact Information

Owner: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

The Voluntary Minimum Housing and Safety Inspection is intended to provide the public, including tenants, with information on rental properties whose owners have voluntarily agreed to be inspected on the basis of safety-oriented guidelines. This is a visual inspection only. This inspection covers only the items listed which are reasonably observable and is based only on the then-present condition of those items. However if there are any observed issues that would be considered a hazard to life or safety they will be addressed by the City with the owner. Such items include but not limited to: no permitted smoke detector system, missing smoke detectors, no means of egress, blocked means of egress. The City of Keene assumes no responsibility for condition of the properties inspected and expressly disclaims any guarantees, warranties, or any other representations that the properties are code compliant or recommended. The City is not approving any rental properties inspected. People must make their own individual and personal choices with regard to the selection of living accommodations. The inspection only indicates that the property met the listed safety-oriented guidelines on the date of inspection.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **OFFICE USE ONLY**

Smoke detector permit on file:  Yes  No

If yes date of Permit: \_\_\_\_\_

Number of units on file: \_\_\_\_\_

Number of units noted at inspection: \_\_\_\_\_

Date of inspection: \_\_\_\_\_

Unit inspected: \_\_\_\_\_

Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

Pass  Fail

Reasons for failure: \_\_\_\_\_

\_\_\_\_\_

Re-inspection date: \_\_\_\_\_

Items corrected:  Yes  No



## Voluntary Minimum Housing and Safety Standards Inspection Checklist

	Pass	Fail
1. Are there provisions for living, sleeping, and cooking?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there facilities that provide privacy with a fixed wash basin, flush toilet and shower/tub?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the bathroom have at least one light fixture?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a window or ventilation system in the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the bathroom have at least one GFCI protected outlet?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there hot and cold running water available in the kitchen and bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any signs of leaks or stoppage in the water and sewage pipes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there at least one permanently installed wall or ceiling light in the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
9. If appliances are present: stove, oven, refrigerator, microwave, are they in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all electrical outlets, switches and lights working and equipped with appropriate covers?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there any visible exposed electrical wiring?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all openings (accessible from the outside) in the unit capable of being locked?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do all windows open and close, have screens, and do not have any missing or broken panes of glass?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there any holes, rips or peeling in the surfaces of the walls, ceilings or floors?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the hot water heater equipped with a discharge pipe on the relief valve as to not cause injury?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there any evidence of infestation?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is the apartment free of garbage/debris?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there adequate facilities for temporary storage of food wastes and other garbage?	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all stairs, porches, and common halls lighted and free from loose, broken or missing steps, missing or unsecured railings?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the foundation free of holes or missing windows so not to allow access for animals to enter?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are there 4 inch exterior address numbers visible from the street?	<input type="checkbox"/>	<input type="checkbox"/>

Date of inspection \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_

Inspector \_\_\_\_\_

unit # \_\_\_\_\_