



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"/>
22. Are all smoke detectors operable and permitted per the Keene Fire Department?	<input type="checkbox"/>	<input type="checkbox"/>

Date of inspection _____

Pass _____ Fail _____

Inspector _____

unit # _____