

# UPCS ANNUAL INSPECTIONS COMMON AREA INSPECTION SHORT FORM

Name/Location: \_\_\_\_\_ Year Constructed: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Inspection Type: ☐ Annual ☐ Special ☐ QC Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

On each line, put an [X] in one of the columns: NA, No, or OD. If OD is marked, enter appropriate code in WO column. Record descriptions of deficiencies on the lines below.

1.	Lobby	NA	NO	OD	WO
1.1	Electrical System				
1.2	Elec. Outlets/Fixtures				
1.3	Doors and Hardware				
1.4	Window Condition				
1.5	Window Covering				
1.6	Ceiling Condition				
1.7	Wall Condition				
1.8	Floor Condition				
1.9	Paint				
1.10	Other				

2.	Community Room (s)	NA	NO	OD	WO
2.1	Electrical System				
2.2	Elec. Outlets/Fixtures				
2.3	Doors and Hardware				
2.4	Window Condition				
2.5	Window Covering				
2.6	Ceiling Condition				
2.7	Wall Condition				
2.8	Floor Condition				
2.9	Paint				
2.10	Other				

3.	Office Space	NA	NO	OD	WO
3.1	Electrical System				
3.2	Elec. Outlets/Fixtures				
3.3	Doors and Hardware				
3.4	Window Condition				
3.5	Window Covering				
3.6	Ceiling Condition				
3.7	Wall Condition				
3.8	Floor Condition				
3.9	Paint				
3.10	Other				

4.	Laundry Area (Room)	NA	NO	OD	WO
4.1	Ventilation/Windows				
4.2	GFI Operable				
4.3	Doors and Hardware				
4.4	Ceiling/Walls/Floors				
4.5	Plumbing				
4.6	Appliances				
4.7	Dryer Vent(s)				
4.8	Other				

5.	Food Preparation Area	<input type="checkbox"/> yes	<input type="checkbox"/> NA	NA	NO	OD	WO
5.1	Electrical System						
5.2	Elec. Outlets/Fixtures						
5.3	Doors and Hardware						
5.4	Window Condition						
5.5	Window Covering						
5.6	Ceiling Condition						
5.7	Wall Condition						
5.8	Floor Condition						
5.9	Paint						
5.10	Plumbing						
5.11	Cabinet/Counter/Sink						
5.12	Stove/Range/Venting						
5.13	Refrigerator						

6.	Bathroom (s)	NA	NO	OD	WO
6.1	Ventilation				
6.2	Elec. Outlets/ Fixtures				
6.3	Doors and Hardware				
6.4	Window Condition				
6.5	Window Covering				
6.6	Ceiling Condition				
6.7	Wall Condition				
6.8	Floor Condition				
6.9	Paint				
6.10	Plumbing				
6.11	Fixtures				

7	Porch/Patio/Balcony	NA	NO	OD	WO
7.1	Baluster/Railings				
7.2	Other				

8.	Halls, Corridors, Stairs	NA	NO	OD	WO
8.1	Electrical/Illumination				
8.2	Handrails				
8.3	Handrail				
8.4	Tread/Step/Landing				
8.5	Ceiling/Wall Condition				
8.6	Graffiti Present				
8.7	Mailboxes				
8.8	Other				

9.	Pools and Related Structures	NA	NO	OD	WO
9.1	Fencing				
9.2	Not Operational				

10.	HVAC	NA	NO	OD	WO
10.1	Heating/Cooling Equip.				
10.2	Water Heater				
10.3	Ventilation				
10.4	Plumbing/Gas lines				
10.5	Water Supply Lines				
10.6	Other				

11.	Health and Safety	NA	NO	OD	WO
11.1	Mold/ Mildew				
11.2	Natural/Methane Gas				
11.3	Sewer Gas				
11.4	Electrical Hazards				
11.5	Emergency Exits				
11.6	Flammable Storage				
11.7	Call for Aid				
11.8	Fire Extinguishers				
11.9	Smoke Detector				
11.10	Garbage/Debris				
11.11	Exit Signs				
11.12	Tripping Hazards				
11.13	Cutting Hazards				
11.14	Insect Infestation				
11.15	Rats/Mice/Vermin				
11.16	Elevator				

## CODES:

NA = Not Applicable (not a part of Area)  
 ND = No Deficiencies Observed  
 OD = Observed Deficiency  
 WO = Work Order/ Corrective Action  
 C = Completed During Inspection  
 E = Emergency  
 R = Routine  
 M =Defer to Capital Fund/Mod

Refrigerator Serial/ID # \_\_\_\_\_

Stove/Range Serial/ID # \_\_\_\_\_

Water Heater Serial/ID # \_\_\_\_\_

## Signatures:

Inspector \_\_\_\_\_

Supervisor \_\_\_\_\_

Item #	Details/Description of Deficiencies	WO#

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