

UPCS ANNUAL INSPECTIONS BUILDING EXTERIORS INSPECTION SHORT FORM

Development # _____ Building # _____ Building Type _____ #Apartments/Units _____
 Year Constructed _____ Address _____ Inspection Date: _____
 Inspection Type: [] Annual [] Special [] QC Inspector: _____

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.	DOORS	NA	NO	OD	WO
1.1	Frames/Thresholds				
1.2	Hardware/Locks				
1.3	Surface				
1.4	Caulking/Seals				
1.5	Screen/Storm/Security Door				
1.6	Other				

2.	FIRE ESCAPES	NA	NO	OD	WO
2.1	Blocked Egress/Ladders				
2.2	Visibly Missing Components				
2.3	Other				

3.	FOUNDATIONS	NA	NO	OD	WO
3.1	Cracks/Gaps				
3.2	Spalling/Exposed Rebar				
3.3	Other				

4.	LIGHTING	NA	NO	OD	WO
4.1	Broken/Inoperable Fixtures				
4.2	Other				

5.	ROOFS	NA	NO	OD	WO
5.1	Damaged/Clogged Drains				
5.2	Soffits/Facis				
5.3	Vents				
5.4	Membrane/Ballast				
5.5	Downspout/Gutter				
5.6	Missing/Damaged Shingles				
5.7	Ponding				
5.8	Other				

6.	WALLS	NA	NO	OD	WO
6.1	Cracks/Gaps				
6.2	Damaged Chimneys				
6.3	Missing Pieces/Holes/Spalling				
6.4	Caulking/Mortar				
6.5	Stained/Peeling/Needs Paint				
6.6	Other				

7.	WINDOWS	NA	NO	OD	WO
7.1	Broken/Cracked/Missing Panes				
7.2	Damaged/Missing Screens				
7.3	Sills/Frames/Lintels/Trim				
7.4	Caulking/Glazing				
7.5	Peeling/Needs Paint				
7.6	Blocked Egress				
7.7	Other				

8.	HEALTH AND SAFETY	NA	NO	OD	WO
8.1	Mold/ Mildew				
8.2	Electrical Hazards				
8.3	Flammable Storage				
8.4	Garbage and Debris				
8.5	Tripping Hazards				
8.6	Cutting Hazards				
8.7	Insect Infestation				
8.8	Rats/Mice/Vermin				
8.9	Missing Emergency Exit Signs				
8.10	Other				

CODES:

NA = Not Applicable (not intended to be on Site)

ND = No Deficiencies Observed

OD = Observed Deficiency

WO = Work Order/ Corrective Action

C = Completed During Inspection

R = Routine

E = Emergency

M = Defer to Capital Fund/Mod

Signatures:

Inspector _____

Supervisor _____

Item #	Details/Description of Deficiencies	WO#