

UPCS ANNUAL INSPECTIONS BUILDING SYSTEMS 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.	DOMESTIC WATER	NA	NO	OD	WO
1.1	Leaking Water Supply				
1.2	Gas Water Heater Chimney/Vent				
1.3	Water Heater Pressure Relief Valve				
1.4	Water Supply Inoperable				
1.5	Other				

2.	ELECTRICAL SYSTEMS	NA	NO	OD	WO
2.1	Blocked Access/Improper Storage				
2.2	Burnt/Missing Breakers/Fuses				
2.3	Evidence of Leaks/Corrosion				
2.4	Frayed Wiring				
2.5	Missing Panel Covers				

3.	ELEVATORS	NA	NO	OD	WO
3.1	Not Operable				
3.2	Other				

4.	EMERGENCY POWER	NA	NO	OD	WO
4.1	Auxiliary Lighting Inoperable				
4.2	Run-Up Records Not Available				

5.	EXHAUST SYSTEM	NA	NO	OD	WO
5.1	Roof Exhaust Fan Does Not Function				
5.2	Other				

6.	FIRE PROTECTION	NA	NO	OD	WO
6.1	Missing Sprinkler Heads				
6.2	Extinguishers Missing/Exp/Damaged				

7.	HVAC (includes boilers, furnaces, hot water distribution, and fittings)	NA	NO	OD	WO
7.1	Boiler/Pump Leaks				
7.2	Fuel Supply Leaks				
7.3	Misaligned Chimney/Ventilation Sys.				
7.4	General Rust/Corrosion				
7.5	Other				

8.	SANITARY	NA	NO	OD	WO
8.1	Broken/Leaking/Clogged Pipes/Drains				
8.2	Missing Drain/Cleanout/Manhole Covers				
8.3	Other				

9.	HEALTH AND SAFETY	NA	NO	OD	WO
9.1	Air Quality				
9.2	Electrical Hazards				
9.3	Flammable Storage				
9.4	Garbage and Debris				
9.5	Tripping Hazards				
9.6	Cutting Hazards				
9.7	Insect Infestation				
9.8	Rats/Mice/Vermin				
9.9	Emergency/Fire Exits				
9.10	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#