

UPCS ANNUAL INSPECTIONS
DWELLING UNIT INSPECTION SHORT FORM

Development # _____ Site _____ Unit # _____ Bedrooms _____ Date _____

Inspector _____ Inspection Type: [] Annual [] Housekeeping [] Special [] QC

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.	Living Room				
		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.	Kitchen				
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	Plumbing				
2.11	Cabinets/Countertop/ Sink				
2.12	Stove/Range				
2.13	Vent Hood				
2.14	Refrigerator				
2.15	Other				

3.	Dining Area				
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.	Bathroom #1				
4.1	Electrical System				
4.2	Elec. Outlets/ Fixtures				
4.3	Doors and Hardware				
4.4	Window Condition				
4.5	Window Covering				
4.6	Ceiling Condition				
4.7	Wall Condition				
4.8	Floor Condition				
4.9	Paint				
4.10	Plumbing				
4.11	Commode				
4.12	Lavatory				
4.13	Tub/Shower				
4.14	Ventilation				
4.15	Other				

4.	Bathroom #2				
4.1	Electrical System				
4.2	Elec. Outlets/ Fixtures				
4.3	Doors and Hardware				
4.4	Window Condition				
4.5	Window Covering				
4.6	Ceiling Condition				
4.7	Wall Condition				
4.8	Floor Condition				
4.9	Paint				
4.10	Plumbing				
4.11	Commode				
4.12	Lavatory				
4.13	Tub/Shower				
4.14	Ventilation				
4.15	Other				

5.	Bedroom #1				
		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	Other				

5.	Bedroom #2				
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	Other				

5.	Bedroom #3				
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	Other				

5.	Bedroom #4				
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	Other				

6.	Halls				
6.1	Electrical System				
6.2	Elec. Outlets/Fixtures				
6.3	Doors and Hardware				
6.4	Window Condition				
6.5	Ceiling Condition				
6.6	Wall Condition				
6.7	Floor Condition				
6.8	Paint				
6.9	Other				

7.	Laundry Area				
7.1	Electrical System				
7.2	Elec. Outlets/ Fixtures				
7.3	Doors and Hardware				
7.4	Window Condition				
7.5	Window Covering				
7.6	Ceiling Condition				
7.7	Wall Condition				
7.8	Floor Condition				
7.9	Paint				
7.10	Plumbing				
7.11	Dryer Vent				
7.12	Other				

8.	Stairs, Staircase, Steps				
		NA	NO	OD	WO
8.1	Electrical System				
8.2	Elec. Outlets/Fixtures				
8.3	Handrail				
8.4	Stair Tread/Step				
8.5	Landing				
8.6	Ceiling Condition				
8.7	Wall Condition				
8.8	Other				

9.	HVAC				
9.1	Heating/Cooling Equip.				
9.2	Water Heater				
9.3	Ventilation				
9.4	Plumbing/Gas lines				
9.5	Water Supply Lines				
9.6	Other				

10.	Health and Safety				
10.1	Mold/ Mildew				
10.2	Natural/Methane Gas				
10.3	Sewer Gas				
10.4	Electrical Hazards				
10.5	Emergency Exits				
10.6	Flammable Storage				
10.7	Call for Aid				
10.8	Fire Extinguisher				
10.9	Smoke Detector				
10.10	Garbage/Debris Indoors				
10.11	Garbage/Debris Outdoors				
10.12	Tripping Hazards				
10.13	Cutting Hazards				
10.14	Insect Infestation				
10.15	Rats/Mice/Vermin				
10.16	Elevator				

CODES:
NA = Not Applicable (not a part of unit)
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/
Modernization

Refrigerator Serial/ID # _____

Stove/Range Serial/ID # _____

Water Heater Serial/ID # _____

Water Heater Setting [] warm []mid range []hot

Housekeeping: [] good [] fair [] unsatisfactory

Signatures:

Tenant _____

Inspector _____

Manager _____

Maintenance
Supervisor _____

Item #	Details/Description of Deficiency	WO#