



RE-OCCUPANCY INSPECTION REPORT

Date: _____ Time: _____ Temperature: _____

Address: _____ UPI: _____

Owner: _____ Telephone #: _____

Person(s) Present: _____

Reason for Inspection: Single Family Multi-Family Resale Rental Re-occupancy

LIFE SAFETY

Smoke Detector(s): _____

CO Detector(s): _____

Gas Shut-offs: _____

Hand/Guard Rails: _____

GFI Outlets: _____

EXTERIOR

House Numbers: _____

Drainage/Gutters: _____

Walkways/Steps: _____

Sewer Vent Caps: _____

INTERIOR

Sump Pump/Condensate Lines : _____

Electrical Panel (Fuse boxes must be certified): _____

Electrical (General Condition): _____

Blow Down Pipe on Boilers/Heaters: _____

Dryer Vent Hose – METAL ONLY (UL Listed): _____

Plumbing (General Condition): _____

Fire Extinguisher (5ABC) Rental Properties: _____

Garage Door Safety (must auto-reverse): _____

COMMENTS:

REINSPECTION NEEDED: Yes No _____

Inspector: _____ Date: _____

Signature: _____