

HOUSING AUTHORITY COUNTY OF SAN MATEO

Housing Quality Standards Inspection Report

Tenant:		Inspection Type: Initial Annual Reinspection Special QC	Unit Type: <input type="checkbox"/> S/F Detached <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Town House <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured <input type="checkbox"/> SRO <input type="checkbox"/> Shared Hsg. <input type="checkbox"/> Other (Specify): _____	Unit Size: _____ Unit Decision: <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive <input type="checkbox"/> Pass Date: _____
Owner:				

Responsibility Codes: T = Tenant O = Owner **Condition Codes: 1 = New 2 = Good 3 = Fair 4 = Badly Worn**

	F	I	P	Comments/Condition Codes		F	I	P	Comments/Condition Codes
1.1 LIVING ROOM					4.1 BEDROOM # 2				Location:
1.2 Electricity					4.2 Electricity				
1.3 Electric Hazards					4.3 Electric Hazards				
1.4 Security					4.4 Security				
1.5 Windows					4.5 Windows				
1.6 Ceiling Condition					4.6 Ceiling Condition				
1.7 Wall Condition					4.7 Wall Condition				
1.8 Floor Condition -T L C H					4.8 Floor Condition-T L C H				
1.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable	4.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable
1.10 Smoke / CO / Combo					4.10 Smoke / CO / Combo				
2.1 KITCHEN					4.1 BEDROOM #3				Location:
2.2 Electricity					4.2 Electricity				
2.3 Electric Hazards					4.3 Electric Hazards				
2.4 Security					4.4 Security				
2.5 Windows					4.5 Windows				
2.6 Ceiling Condition					4.6 Ceiling Condition				
2.7 Wall Condition					4.7 Wall Condition				
2.8 Floor Condition-T L C H					4.8 Floor Condition-T L C H				
2.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable	4.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable
2.10 Stove O I T					4.10 Smoke / CO / Combo				
2.11 Refrigerator O I T					4.1 BEDROOM #4				Location:
2.12 Sink/Faucet/P-Trap					4.2 Electricity				
2.13 Counter/Storage					4.3 Electric Hazards				
2.14 Smoke / CO / Combo					4.4 Security				
3.1 BATHROOM #1				Location:	4.5 Windows				
3.2 Electricity					4.6 Ceiling Condition				
3.3 Electric Hazards					4.7 Wall Condition				
3.4 Security					4.8 Floor Condition-T L C H				
3.5 Windows					4.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable
3.6 Ceiling Condition					4.10 Smoke / CO / Combo				
3.7 Wall Condition					5.1 SECONDARY ROOM				Location:
3.8 Floor Condition-T L C H					5.2 Security				
3.9 Lead-Based Paint					5.3 Electrical Hazards				
3.10 Toilet					5.4 Other Hazards				
3.11 Sink/Faucet/P-Trap					6. BUILDING EXTERIOR				
3.12 Tub/Shower					6.1 Foundation				
3.13 Ventilation -fan					6.2 Stairs, Rails, Porches				
3.1 BATHROOM #2				Location:	6.3 Roof/Gutters				
3.2 Electricity					6.4 Exterior Surfaces				
3.3 Electric Hazards					6.5 Chimney				
3.4 Security					6.6 Lead-Based Paint				<input type="checkbox"/> Not Applicable
3.5 Windows					6.7 Mobile Home Tie Down				<input type="checkbox"/> Not Applicable
3.6 Ceiling Condition					7. HEATING & PLUMBING				
3.7 Wall Condition					7.1 Adequate Heating				
3.8 Floor Condition-T L C H					7.2 Safe Heating Equip				
3.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable	7.3 Adequate Vent & Cooling				
3.10 Toilet					7.4 Water Heater				
3.11 Sink/Faucet/P-Trap					7.5 Water Supply				
3.12 Tub/Shower					7.6 Plumbing				
3.13 Ventilation -fan					7.7 Sewer Connection				
4.1 BEDROOM # 1				Location:	8. HEALTH & SAFETY				
4.2 Electricity					8.1 Access to Unit				
4.3 Electric Hazards					8.2 Fire Exits				
4.4 Security					8.3 Evidence of infestation				
4.5 Window Condition					8.4 Garbage & Debris				
4.6 Ceiling Condition					8.5 Refuse Disposal				
4.7 Wall Condition					8.6 Interior stairs/Common Halls				
4.8 Floor Condition T L C H					8.7 Other interior hazards				
4.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable	8.8 Elevators				
4.10 Smoke / CO / Combo					8.9 Air Quality				
COMMENTS:					8.10 Site/Neighborhood				
					8.11 Lead Paint – Owner Cert.				<input type="checkbox"/> Not Applicable
					Owner Signature / Date:				
					Tenant Signature / Date:				
					Inspector Signature / Date:				