

Property Address: _____

Rating Key: M = Meets minimum B = Below minimum C = See Comment H = Hazardous Y =Yes N = No NV = Not Visible/Viewed NA = Not Applicable

BASEMENT/CELLAR

Item #

Comment

Specify location(s), where necessary

- 1. Stairs and Handrails _____
- 2. Basement/cellar floor _____
- 3. Foundation _____
- 4. Evidence of dampness or staining _____
- 5. First floor, floor system _____
- 6. Beams and columns _____

ELECTRICAL SERVICE(S) # of Services _____

- 7. Service size:
Amps: 30 _____ 60 _____ 100 _____ 150 _____ Other _____
Volts: 115 _____ 115/220 _____

BASEMENT or METER LOCATION(S) ONLY:

- 8. Electrical service installation/grounding _____
- 9. Electrical wiring, outlets and fixtures _____

PLUMBING SYSTEM

- 10. Floor drain(s) (basement) _____
- 11. Waste and vent piping (all floors) _____
- 12. Water piping (all floors) _____
- 13. Gas piping (all floors) _____
- 14. Water heater(s), installation _____
- 15. Water heater(s), venting _____
- 16. Plumbing fixtures (basement) _____

HEATING SYSTEM(S) # of _____

- 17. Heating plant(s): Type: _____ Fuel: _____
 - a. Installation and visible condition _____
 - b. Viewed in operation (required in heating season) _____
 - c. Combustion venting _____

The Evaluator is not required to operate the heating plant(s), except during heating season, between October 15 and April 15.

- 18. Additional heating unit(s) Type: _____ Fuel: _____
 - a. Installation and visible condition _____
 - b. Viewed in operation _____
 - c. Combustion venting _____

- 19. **ADDITIONAL COMMENTS (1 through 18)** _____

EVALUATOR: _____ DATE: _____

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Where there are multiple rooms to a category, the Evaluator must specify the room to which a Comment is related.

KITCHEN

Item # Comment

- 20. Walls and ceiling _____
- 21. Floor condition and ceiling height _____
- 22. Evidence of dampness or staining _____
- 23. Electrical outlets and fixtures _____
- 24. Plumbing fixtures _____
- 25. Water flow _____
- 26. Window size/openable area/mechanical exhaust . _____
- 27. Condition of windows/doors/mech. exhaust _____

LIVING AND DINING ROOM(S)

- 28. Walls and ceiling _____
- 29. Floor condition and ceiling height _____
- 30. Evidence of dampness or staining _____
- 31. Electrical outlets and fixtures _____
- 32. Window size and openable area _____
- 33. Window and door condition _____

HALLWAYS, STAIRS AND ENTRIES

- 34. Walls, ceilings, floors _____
- 35. Evidence of dampness or staining _____
- 36. Stairs and handrails to upper floors _____
- 37. Electrical outlets and fixtures _____
- 38. Window and door condition _____
- 39. Smoke detector(s) _____
 Properly located _____
 * Hard-Wired (HWSD) _____

*if N or H in a single family home then SPFire Dept requires HWSD installation

BATHROOM(S)

- 40. Walls and ceiling _____
- 41. Floor condition and ceiling height _____
- 42. Evidence of dampness or staining _____
- 43. Electrical outlets and fixtures _____
- 44. Plumbing fixtures _____
- 45. Water flow _____
- 46. Window size/openable area/mechanical exhaust . _____
- 47. Condition of windows/doors/mech. exhaust _____

SLEEPING ROOM(S)

- 48. Walls and ceiling _____
- 49. Floor condition and ceiling height _____
- 50. Evidence of dampness or staining _____
- 51. Electrical outlets and fixtures _____
- 52. Window size and openable area _____
- 53. Window and door condition _____

ENCLOSED PORCHES AND OTHER ROOMS

- 54. Walls, ceiling, and floor, condition _____
- 55. Evidence of dampness or staining _____
- 56. Electrical outlets and fixtures _____
- 57. Window and door condition _____

ATTIC SPACE (Visible Areas)

- 58. Roof boards and rafters _____
- 59. Evidence of dampness or staining _____
- 60. Electrical wiring/outlets/fixtures _____
- 61. Ventilation _____
- 62. **ADDITIONAL COMMENTS (20 through 61)** _____

CO Detector information reported here

EVALUATOR: _____ DATE: _____

