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|  | **RENTAL HOUSING INSPECTION PROGRAM**  Department of Community Development | | |  |
| **County of Sacramento**  916.876.9020 |  | **City of Sacramento**  916.808.7368 |

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| --- | --- | --- | --- |
| **Exterior Inspection - PART I:** *Unit Identification (Print legibly)* | | | |
| Property Address: | Sacramento | Unit Number: | Unit 1, Address |
| Tenant Name: |  | Phone Number: |  |

**Check the box next to each item ONLY if the item is found to be in compliance**

|  |  |  |
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| ***Interior Checklist*** | | ***Comments*** |
| Y | **Hot/Cold Running Water**  (Unit must have hot and cold running water) |  |
| Y | **Electrical Power**  (Unit must have electrical power) |  |
| Y | **Heat**  (Unit be permanently installed and property functioning) |  |
| Y | **Sewage Disposal Systems**  (Unit must have a proper sewer system and must be clear of any surfacing sewage indoors or outdoors) |  |
| Y | **Entry Doors**  (All doors and door jambs have strike plates that are secure, not loose; entry doors have a standard deadbolt with thumb latch at interior, locking mechanisms do not exceed 48” in height, a peephole, and are weather sealed.) |  |
| Y | **Vector Infestation or Rodent Harborage**  (Unit must be clear of any infestations) |  |
| Y | **Mechanical**  (All mechanical equipment in the unit must properly function including; appliances, venting systems, thermostats, smoke detectors, carbon monoxide detector, air conditioning unit – if provided, etc.\*Bathrooms must have operable window or exhaust vent) |  |
| Y | **Electrical**  (All wiring must be in good working condition – no spliced wiring, no exposed wiring, and all outlets and switch plates must have appropriate coverings. Electrical panel must be labeled. GFCI outlets must function and be installed in bathrooms, kitchen, exterior, and garage) |  |
| Y | **Plumbing**  (Unit must have proper plumbing throughout unit – no leaks, must have P-traps, must have proper caulking, toilets must be secured to ground and sinks must be secured to walls. Water heaters are installed in an approved location, and have seismic strapping, operable temperature relief valve and drain line, venting, and a minimum 120 degrees water temperature.) |  |
| Y | **Counters and Sink Surfaces**  (Surfaces are in good condition, no significant cracked, chipped or missing pieces, and not constructed with porous material) |  |
| Y | **Windows**  (All windows must have proper weather protection and can be opened and closed easily, and have no missing or broken glazing. Bedroom egress windows are not blocked by furniture or air conditioners, and any security bars can be released from the interior.) |  |
| Y | **Flooring**  (Floors must be in good condition, free from holes/missing pieces and do not create a trip hazard or unsanitary conditions) |  |
| Y | **Foundation/Sub-flooring**  (Must be in good condition, must not be buckling or sagging) |  |
| Y | **Walls/Ceiling**  (Walls must be clear of holes, missing sections, must not be collapsing, buckling or sagging) |  |
| Y | **Smoke Detectors/Carbon Monoxide Detectors**  (Smoke detectors are working, and are located in hallways leading to rooms used for sleeping purposes or are installed and maintained in compliance with the Code in effect at the time of their original installation. Carbon Monoxide detectors are located outside each sleeping area and on each level of a dwelling including basements. Installation must be per manufacturer’s instruction and per California Building Code) |  |

**I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my**

**knowledge.** *(Provide a copy of this form to the tenant and keep a copy for your files. Do not send copies to Code Enforcement.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Please print): |  | Phone Number: |  |
| Relationship to the Property: | Property Manager | | |
| Signature: |  | Date: | 03/03/2014 |
| Tenant Signature |  | Date: | 03/03/2014 |

*Audit inspections will be done randomly and property owners/managers will be required to produce proper documentation within 72 hours after notification(16.20.906 (D, E, F) of the Sacramento County Code.)*

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| **County of Sacramento**  916.876.9020 |  | **City of Sacramento**  916.808.7368 |

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| --- | --- | --- | --- |
| **Interior Inspection - PART II:** *Unit Identification (Print legibly)* | | | |
| Property Address: | Sacramento | Unit Number: | Unit 1, Address |
| Tenant Name: |  | Phone Number: |  |

**Check the box next to each item ONLY if the item is found to be in compliance**

|  |  |  |
| --- | --- | --- |
| ***Interior Checklist*** | | ***Comments*** |
| Y | **Storage of Junk and rubbish and/or overgrown vegetation**  (Household trash, tires, scrap wood, scrap metal, other items not intended for outdoor use – Property must be clear from any overgrown vegetation and/or weeds) |  |
| Y | **Dumpsters & Trash cans**  (Must be properly enclosed, free from trash overflow, and properly covered) |  |
| Y | **Inoperable/Unregistered Vehicles**  (DMV Non-operations permits do not qualify as current registration. Inoperable vehicles must be stored within a fully enclosed structure) |  |
| Y | **Foundation Vent Screens/Crawl Space Covers**  (Spaces must be properly covered. Screens must be in good working condition) |  |
| Y | **Roof/Ceiling**  (Must be free from any holes, leaks, etc.) |  |
| Y | **Stairways – Landings/treads/risers/balusters/railings**  (Must not be rotting, deteriorating, loose, etc. and the balusters must not exceed 4” apart or in accordance with code at the time of construction) |  |
| Y | **Fire Extinguishers - Multi-Family Only**  (Must be properly serviced, labeled, and stored) |  |
| Y | **Exterior Lighting**  (Must function properly and must have cover and be free from any exposed wiring) |  |
| Y | **Infestation of vectors or rodents**  (Property must be clear of all vector or rodent infestations) |  |
| Y | **Electrical/Gas Meters- Multi-Family Only**  (Must have proper labeling, be properly protected, and must not be tampered with) |  |
| Y | **Electrical Panel**  (Must have a panel cover, all breakers and fuses are labeled with appropriate identification, have dead front cover, and free from any exposed wiring) |  |
| Y | **Exterior Walkways**  (Must remain clear at all times and free from any trip hazards) |  |
| Y | **Water Heaters**  (Water heaters are installed in an approved location, and have seismic strapping, operable temperature relief valve and drain line, venting, and a minimum 120 degrees water temperature.) |  |

**I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my**

**knowledge.** *(Provide a copy of this form to the tenant and keep a copy for your files. Do not send copies to Code Enforcement.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Please print): | Inspector Name | Phone Number: |  |
| Relationship to the Property: | Property Manager | | |
| Signature: |  | Date: |  |
| Tenant Signature |  | Date: |  |

*Audit inspections will be done randomly and property owners/managers will be required to produce proper documentation within 72 hours after notification(16.20.906 (D, E, F) of the Sacramento County Code.)*