

CITY OF WALLIS

MULTI-FAMILY UNIT SAFETY INSPECTION FORM

PERMIT: _____

INSPECTION DATE: _____ TIME: _____

LOCATION: _____

APPLICANT NAME: _____

ADDRESS: _____

REASON FOR INSPECTION: ___ MOVE IN ___ COMPLAINTS ___ VIOLATION REPAIRS

INSPECTED BY: _____

- | | | |
|--|----------|----------|
| 1. Is the unit number posted on door | ___ Pass | ___ Fail |
| 2. Are all switches, plus and light fixtures have covers
Including closet lights and outside lights, GFCI plugs | ___ Pass | ___ Fail |
| 3. All sinks and tubs have water stopper and properly
Installed. | ___ Pass | ___ Fail |
| 4. Cold and hot water working no pipe leaks | ___ Pass | ___ Fail |
| 5. Water heater in compliance (pan) | ___ Pass | ___ Fail |
| 6. No open spaces in the breaker box | ___ Pass | ___ Fail |
| 7. Smoke detectors in every bedroom & hallway | ___ Pass | ___ Fail |
| 8. Carpet and tile in good condition | ___ Pass | ___ Fail |
| 9. No broken windows, window blinds, or screen | ___ Pass | ___ Fail |
| 10. Exterior surroundings | ___ Pass | ___ Fail |
| 11. Anti-tip device on stove | ___ Pass | ___ Fail |
| 12. Handrails properly installed | ___ Pass | ___ Fail |
| 13. Fire extinguisher | ___ Pass | ___ Fail |

Remarks/Code Violations:

Disposition

___ No violations found at the time of inspection – Approved for occupancy

___ Re-inspection required in ___ days.

Inspector

Authorized Agent