

Miller River, 15 Lambert Street, Cambridge, Ma 02141  
UPCS Physical Inspection Worksheet

Unit: \_\_\_\_\_

Tenant Name \_\_\_\_\_

Scheduled Date: \_\_\_\_\_

Permission to Enter: Yes No

Performed By \_\_\_\_\_

Type: (circle one) Annual, Move In, Move Out, Reinspect  
Items Inspected and Defects Found

Tel. No. \_\_\_\_\_

Units	Location	Severity	Issues/Defects	W.O.
Bathroom				
Call-For-Aid				
Ceiling				
Intercom Button				
Doors				
Electrical System				
Floors				
Hot Water Heater				
HVAC System				
Kitchen				
Lighting				
Outlets/Switches				
Patio/Porch/Balcony				
Smoke Detector				
Stairs				
Walls				
Windows				
Air Quality				
Electrical Hazards				
Emergency/Fire Exits				
Flammable Materials				
Garbage and Debris				
Hazards				
Infestation				
CHA Unit				

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Need to Reinspect ☐ Resident Signature: \_\_\_\_\_

## HOUSEKEEPING INSPECTION FORM

Initial	<input type="checkbox"/>	<input type="checkbox"/>
Re-Inspection	<input type="checkbox"/>	<input type="checkbox"/>

Date: \_\_\_\_\_

Participant ID No.: \_\_\_\_\_

Participant Name \_\_\_\_\_

Participant Telephone Number \_\_\_\_\_

Participant Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Area	Observed Deficiency	Non-Observed Deficiency	Notes
Dirty doors (interior & exterior), walls, floors, and/or windows			
Dirty dishes, grease & other refuse in sink			
Dirty kitchen appliances (dirt, handprints, etc.)			
Broken/missing blinds or shades			
Holes in screens (doors and/or windows)			
Dirt rings in sink/tub			
Absence of shower curtain			
Build up of mold, mildew and/or scum on kitchen and/or bathroom fixtures			
Cuts and/or holes in Formica counter tops			
Missing floor and/or wall tiles			
Wallpaper, paneling and/or corkboard on walls, nails in walls (resident must restore walls to original condition prior to moving out)			
Leaky faucets			
Stains on wood stairs			
Pet odor and/or hair in unit			
Unauthorized window coverings (sheets, blankets, newspaper, clothes, etc.)			
Freezer has excessive build-up			
Rotten food not thrown out			

AREA	Observed Deficiency	Non-Observed Deficiency	Notes
Fungus and/or stains at base of toilet bowl			
Appliances excessively dirty			
Graffiti on walls			
Roach and/or rodent infestation			
Evidence of trash and debris throughout the unit			
Hanging laundry in unauthorized areas (fire escapes, windows, railings, balconies, fences, etc.)			
Garbage, bulk items and/or recyclables in unauthorized areas			
Large holes in screens, doors, walls and/or windows			
Un-removable dirt embedded in tiles, walls, etc.			
Deliberate abuse of carpeting			
Evidence of human and/or pet waste/urine in carpet and/or on walls, etc.			
Broken toilet bowls (not just cracked)			
Hazardous items stored in the unit			
Broken/missing kitchen cabinets			
Unauthorized/hazardous electrical outlets			
Missing smoke detectors			
Evidence of overcrowding			
Evidence that the unit is being used commercially			

Comments:

This is to certify that the foregoing report is a true and accurate representation of the condition of this unit at the time of inspection.

Participant Signature \_\_\_\_\_

Inspector Signature \_\_\_\_\_

CHA Staff Signature \_\_\_\_\_

<<INSERT CHA STAFF TITLE>> \_\_\_\_\_

CHA Staff Title \_\_\_\_\_

<<INSERT INSPECTOR NAME>> \_\_\_\_\_

Inspector Name \_\_\_\_\_

<<INSERT CHA STAFF NAME>> \_\_\_\_\_

CHA Staff Name \_\_\_\_\_

<<INSERT DATE>> \_\_\_\_\_

Date

<<INSERT DATE>> \_\_\_\_\_

Date

<<INSERT DATE>> \_\_\_\_\_

Date



## HOUSING UNIT INSPECTION FORM

Date: \_\_\_\_\_

Participant ID No.: \_\_\_\_\_

Participant Name \_\_\_\_\_

Participant Telephone Number \_\_\_\_\_

Participant Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Annual			
Move-In/Out			
Pre-REAC/PM			
Fire			
Vandalism			
Re-inspection			

**L = Living Room    K = Kitchen    B = Bathroom    H = Hallway    BR = Bedroom**

**CODE: 1.** Good Condition, No repair needed; **2.** Poor Condition, but not requiring immediate repair or replacement; **3.** Repair or replace immediately, CHA responsible for cost; **4.** Repair or replace immediately, Resident responsible for cost.

Inspected Items	Service Code	Describe Any Observed Deficiencies
<b>KITCHEN</b>		
Countertops/Cabinets- Missing/Damaged		
Exhaust Systems- Excessive Grease/Inoperable		
GFI- Inoperable		
Plumbing- Clogged Drains		
Plumbing- Leaking Faucets/Pipes		
Range/Stove- Missing/Damaged/Inoperable		
Range Hood- Missing/Damaged/Inoperable		
Refrigerator- Missing/Damaged/Inoperable		
Sink- Missing/Damaged		
<b>SMOKE DETECTOR</b>		
Inoperable		
Missing		
<b>FLOORS</b>		
Bulging/Buckling		
Holes/Missing Tiles/Panels		
Peeling/Needs Paint		
Rot/Deteriorated Flooring		

Inspected Items	Service Code	Describe Any Observed Deficiencies
<b>FLOORS (CONT'D)</b>		
Dirty/Stained/Water Damage/Mould/Mildew		
<b>CEILINGS</b>		
Bulging/Buckling		
Holes/Missing Tiles/Panels		
Peeling/Needs Paint		
Dirty/Stained/Water Damage/Mould/Mildew		
<b>WALLS</b>		
Bulging/Buckling		
Damaged/Deteriorated Trim		
Holes/Missing Tiles/Panels		
Peeling/Needs Paint		
Dirty/Stained/Water Damage/Mould/Mildew		
<b>LIGHTING</b>		
Missing/Inoperable Fixtures		
Missing/Broken Covers		
<b>DOORS</b>		
Damaged Frames/Threshold/Lintels/Trim		
Damaged Hardware/Locks		
Damaged Surface (Holes, Paint, Rusting)		
Deteriorated/Missing Seals		
Dirty/Stained		
Closet Doors- Missing/Damaged/Inoperable		
Door- Inoperable/Missing/Damaged		
<b>BATHROOM</b>		
Countertops/Cabinets- Missing/Damaged		
GFI- Inoperable		



Inspected Items	Service Code	Describe Any Observed Deficiencies
<b>BATHROOM (CONT'D)</b>		
Lavatory Sink- Missing/Damaged/Chipped		
Plumbing- Clogged Drains		
Plumbing- Leaking Faucets/Pipes		
Shower- Tub/Missing/Damaged		
Ventilation/Exhaust Systems- Inoperable		
Water Closet/Toilet- Missing/Damaged/Loose		
Grab Bars- Missing/Damaged		
Tissue/Towel Holder- Missing/Damaged		
Soap Dish- Missing/Damaged		
<b>ELECTRICAL SYSTEMS</b>		
Blocked Access to Electrical Panel		
Burnt Breakers		
Evidence of Leaks or Corrosion		
Frayed Wiring		
Missing Breakers		
Missing Covers		
Missing/Broken Covers		
<b>HVAC SYSTEMS</b>		
Thermostat- Inoperable/Missing/Damaged		
Air Conditioner- Inoperable/Damaged		
Noisy/Vibrating/Leaking		
Radiator Covers- Missing/Damaged		
Rust/Corrosion		
<b>WINDOWS</b>		
Cracked/Broken/Missing Panes		
Damaged Window Sill		



Inspected Items	Service Code	Describe Any Observed Deficiencies
<b>WINDOWS (CONT'D)</b>		
Deteriorated/Missing Caulking/Seals		
Inoperable/Not Lockable		
Peeling/Needs Paint		
Screen- Missing/Damaged		
Blinds/Shade- Missing/Damaged		
<b>HEALTH AND SAFETY</b>		
Air Quality- Mould and/or Mildew Observed		
Air Quality- Propane/Natural Gas/Methane Gas Detected		
Air Quality- Sewer Odor Detected		
Electrical Hazards- Exposed Wire/Open Panel		
Electrical Hazards- Water Leaks on or near Electrical Equipment		
Elevator- Tripping		
Emergency/Fire Exits- Blocked/Unusable		
Flammable Materials- Improperly Stored		
Garbage and Debris- Outdoor		
Garbage and Debris- Indoor		
Handrails/Porches- Cracked/Damaged/Peeling/Needs Paint		
Handrails/Porches- Missing/Broken		
Hazards- Other (As specified by Inspector)		
Hazards- Sharp Edges		
Hazards- Tripping		
Infestation- Insects		
Infestation- Rats/Mice/Vermin		

Housekeeping Concerns: ☐ Yes ☐ No

Notes/Comments:

☐ Annual Inspection - This is to certify that the foregoing report is a true and accurate representation of the condition of this unit at the time of inspection.



☐ Move-In Inspection - I accept the apartment as being in the condition noted above and I understand that I am responsible for any damage other than that indicated on this report after the date of inspection beyond normal wear and tear.

☐ Move-Out Inspection - I accept the apartment as being in the condition noted above on the date of inspection and I understand that I am responsible for any damages indicated on this report.

☐ Evidence of Mold – This is to certify that the foregoing report is a true and accurate representation of the condition of the unit and that there is no visible mold in the unit at the time of the inspection.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Inspector Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
CHA Staff Signature

\_\_\_\_\_  
CHA Staff Name

\_\_\_\_\_  
Date

