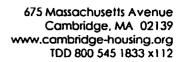
Miller River, 15 Lambert Street, Cambridge, Ma 02141 UPCS Physical Inspection Worksheet

Unit:		Tenant Nar	ne	
Scheduled Date:		Р	ermission to Enter: Yes No	
Performed By				
Type: (circle one) Annual Items Inspected and Defe		Out, Reinspect	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:				
·				





H	OUSEKEEPING INSPECTION FORM	<u>-</u>	Initial Re-Inspection	T
Date:	Participant ID No.:			
Participant Name	Participant Telephone Number			
Participant Address	City	State	Zip Code	

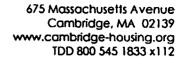
		State Zip Code
Observed Deficiency	Non- Observed Deficiency	Notes
		Deficiency Observed

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. INSERT DATE>>

		< <insert date="">></insert>
Participant Signature		Chate
	< <insert inspector="" name="">></insert>	< <insert date="">></insert>
Inspector Signature	Inspector Name	Oate
	< <insert cha="" name="" staff="">></insert>	< <insert date="">></insert>
CHA Staff Signature	CHA Staff Name	Date
< <insert cha="" staff="" title="">></insert>		
CHA Staff Title		
Page 2 of 2	Housekeeping In: rection Form	ŏ





Date:	Participant II		M 	Annual Move-In/Out Pre-REAC/PM Fire	
Participant Name	Participant Telep	hone Number		Vandalism Re-inspection	1
Participant Address	City	State	Zip Code		

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
KITCHEN		
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		
SMOKE DETECTOR		
Inoperable		
Missing		
FLOORS		
Bulging/Buckling		
Holes/Missing Tiles/Panels		
Peeling/Needs Paint		
Rot/Deteriorated Flooring		

Inspected Items	Service Code	Describe Any Observed Deficiencies
FLOORS (CONT'D)		
Dirty/Stained/Water Damage/Mould/Mildew		
CEILINGS		
Bulging/Buckling		
Holes/Missing Tiles/Panels		
Peeling/Needs Paint		
Dirty/Stained/Water Damage/Mould/Mildew		
WALLS		
Bulging/Buckling		
Damaged/Deteriorated Trim		
Holes/Missing Tiles/Panels		
Peeling/Needs Paint		
Dirty/Stained/Water Damage/Mould/Mildew		
LIGHTING		
Missing/Inoperable Fixtures		
Missing/Broken Covers		
DOORS		
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		
BATHROOM		
Countertops/Cabinets- Missing/Damaged		
GFI- Inoperable		



Inspected Items	Service Code	Describe Any Observed Deficiencies
BATHROOM (CONT'D)		
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		
ELECTRICAL SYSTEMS		
Blocked Access to Electrical Panel		
Burnt Breakers		
Evidence of Leaks or Corrosion		
Frayed Wiring		
Missing Breakers		
Missing Covers		
Missing/Broken Covers		
HVAC SYSTEMS		
Thermostat- Inoperable/Missing/Damaged		
Air Conditioner- Inoperable/Damaged		
Noisy/Vibrating/Leaking		
Radiator Covers- Missing/Damaged		
Rust/Corrosion		
WINDOWS		
Cracked/Broken/Missing Panes		
Damaged Window Sill		



Inspected Items	Service Code	Describe Any Observed Deficiencies
WINDOWS (CONT'D)		
Deteriorated/Missing Caulking/Seals		
Inoperable/Not Lockable		
Peeling/Needs Paint		
Screen- Missing/Damaged		
Blinds/Shade- Missing/Damaged		
HEALTH AND SAFETY		
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:		
of this unit at the time of inspection.	regoing repoi	rt is a true and accurate representation of the condition

	t the apartment as being in the condition noted er than that indicated on this report after the da	
☐ Move-Out Inspection - I acce	ept the apartment as being In the condition note e for any damages indicated on this report.	ed above on the date of inspection and I
	certify that the foregoing report is a true and a ble mold in the unit at the time of the inspection	
Participant Signature		Date
Inspector Signature	Inspector Name	Date
CHA Staff Signature		