

# Modular Home Assembly Inspection Checklist

Project Name:

Location/Address:

Inspector Name:

Date of Inspection:

## Site Preparation

Item	Yes	No	N/A	Comments
Site is clear and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Foundation inspected and ready	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Utilities (water, power, sewer) verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Module Delivery

Item	Yes	No	N/A	Comments
Modules delivered undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All modules present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Modules stored correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Assembly & Connections

Item	Yes	No	N/A	Comments
Modules set and aligned on foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Structural connections complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Weatherproofing installed (roof, flashings, sealants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Modules safely secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Mechanical, Electrical & Plumbing (MEP)

Item	Yes	No	N/A	Comments
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All mechanical connections inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All electrical connections completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Plumbing connections tested for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Final Inspection

Item	Yes	No	N/A	Comments
Interior finishes reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Exterior finishes complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Punch list items addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Inspector Signature:

Date: