

Employee Housing Safety Inspection Sheet

Property Details

Date of Inspection

Inspector Name

Supervisor Name

Housing Location/Address

Unit/Room Number

Number of Occupants

General Safety Items

Item	Pass	Fail	Comments
Smoke Detectors Functional	<input type="radio"/>	<input type="radio"/>	<div></div>
Carbon Monoxide Detectors Installed	<input type="radio"/>	<input type="radio"/>	<div></div>
Emergency Exits Clear	<input type="radio"/>	<input type="radio"/>	<div></div>
Fire Extinguishers Accessible	<input type="radio"/>	<input type="radio"/>	<div></div>
First Aid Kit Available	<input type="radio"/>	<input type="radio"/>	<div></div>
Electrical Outlets Safe	<input type="radio"/>	<input type="radio"/>	<div></div>
Stairs/Railings Secure	<input type="radio"/>	<input type="radio"/>	<div></div>

Living Areas

Item	Pass	Fail	Comments
Floors Clean and Dry	<input type="radio"/>	<input type="radio"/>	<div></div>
Windows Secure	<input type="radio"/>	<input type="radio"/>	<div></div>

Heating/Cooling Working	<input type="radio"/>	<input type="radio"/>	<div></div>
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Kitchen Area

Item	Pass	Fail	Comments
Stove and Oven Safe	<input type="radio"/>	<input type="radio"/>	<div></div>
Refrigerator Operational	<input type="radio"/>	<input type="radio"/>	<div></div>
Sinks/Plumbing Functional	<input type="radio"/>	<input type="radio"/>	<div></div>

Bathroom

Item	Pass	Fail	Comments
Water Supply & Drainage	<input type="radio"/>	<input type="radio"/>	<div></div>
Toilet Functional	<input type="radio"/>	<input type="radio"/>	<div></div>
Shower/Bath Operable	<input type="radio"/>	<input type="radio"/>	<div></div>
GFCI Outlets Present	<input type="radio"/>	<input type="radio"/>	<div></div>

Additional Notes

Inspector Signature

Date