



**HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
COMMERCIAL DIVISION**

Minimum Property Standards (MPS) Checklist

Interior Dwelling Unit

General Information

Full Address (including Street, City, County, State, Zip):	Unit Inspected:	Date of Inspection (mm/dd/yyyy)
Inspector:	No. of Sleeping Rooms:	Type of Inspection: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up <input type="checkbox"/> Special
Summary Decision on the Unit: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive		Housing Type: <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 2-4 Stories <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Single Room Occupancy (SRO) <input type="checkbox"/> Efficiency <input type="checkbox"/> Other

Minimum Property Standard - Pass or Fail

1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum property standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.
2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist).
3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum property standards.

A. Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Repair Description
1.1	Living Room Present Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Weather Stripping Is weather stripping present and in good condition on all windows and exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	2. Kitchen	Yes Pass	No Fail	In-Conc.	Repair Description
2.1	Kitchen Area Present Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Electricity Is there at least <i>one</i> working electric outlet and <i>one</i> working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Electrical Hazards Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Security Are <i>all</i> windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.9	Stove or Range with Oven Is there a working oven and a stove (or range) with top burners that work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.10	Refrigerator Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.11	Sink Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.12	Space for Storage, Preparation & Serving of Food Is there space to store and prepare food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.13	Weather Stripping Is weather stripping present and in good condition on all windows and exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.14	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.15	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	3. Bathroom	Yes Pass	No Fail	In-Conc.	Repair Description

3.1	Bathroom Present Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Electricity Is there at least <i>one</i> permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Electrical Hazards Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Security Are <i>all</i> windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.9	Flush Toilet in Enclosed Room in Unit Is there a working toilet in the unit for exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.10	Fixed Wash Basin or Lavatory in Unit Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.11	Tub or Shower in Unit Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.12	Ventilation Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.13	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.14	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	4. Other Rooms Used for Living & Halls	Yes Pass	No Fail	In-Conc.	Repair Description <i>(For each numbered item, check one box only)</i>
4.1	Room Code* & Room Location Right/Center/Left _____ Front/Center/Rear _____ Floor Level _____				* ROOM CODES <input type="checkbox"/> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6= Other:
4.2	Electricity/Illumination If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Security Are <i>all</i> windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4.5	Window Condition If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Smoke Detectors Are there working smoke detectors on each level? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	WEATHERSTRIPPING Is weather stripping present and in good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.12	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	4. Supplemental Rooms Used for Living & Halls	Yes Pass	No Fail	In-Conc.	Repair Description <i>(For each numbered item, check one box only)</i>
4.1	Room Code* & Room Location Right/Center/Left _____ Front/Center/Rear _____ Floor Level _____				* ROOM CODES <input type="checkbox"/> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6= Other:
4.2	Electricity/Illumination If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Security Are <i>all</i> windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Window Condition If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4.9	Smoke Detectors Are there working smoke detectors on each level? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	WEATHERSTRIPPING Is weather stripping present and in good condition on all windows and exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.12	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	4. Supplemental Rooms Used for Living & Halls	Yes Pass	No Fail	In-Conc.	Repair Description <i>(For each numbered item, check one box only)</i>
4.1	Room Code* & Room Location Right/Center/Left _____ Front/Center/Rear _____ Floor Level _____				* ROOM CODES <input type="checkbox"/> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6= Other:
4.2	Electricity/Illumination If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Security Are <i>all</i> windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Window Condition If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Smoke Detectors Are there working smoke detectors on each level? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	WEATHERSTRIPPING Is weather stripping present and in good condition on all windows and exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.12	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item No.	4. Supplemental Rooms Used for Living & Halls	Yes Pass	No Fail	In-Conc.	Repair Description <i>(For each numbered item, check one box only)</i>
4.1	Room Code* & Room Location Right/Center/Left _____ Front/Center/Rear _____ Floor Level _____				* ROOM CODES <input type="checkbox"/> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6= Other:
4.2	Electricity/Illumination If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Security Are <i>all</i> windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Window Condition If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Smoke Detectors Are there working smoke detectors on each level? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	WEATHERSTRIPPING Is weather stripping present and in good condition on all windows and exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.12	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	4. Supplemental Rooms Used for Living & Halls	Yes Pass	No Fail	In-Conc.	Repair Description <i>(For each numbered item, check one box only)</i>
4.1	Room Code* & Room Location Right/Center/Left _____ Front/Center/Rear _____ Floor Level _____				* ROOM CODES <input type="checkbox"/> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6= Other:

4.2	Electricity/Illumination If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Security Are <i>all</i> windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Window Condition If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Smoke Detectors Are there working smoke detectors on each level? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	WEATHERSTRIPPING Is weather stripping present and in good condition on all windows and exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.12	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	5. All Secondary Rooms (Rooms not used for living)	Yes Pass	No Fail	In-Conc.	Comment
5.1	None - Go to Part 6 Are <i>all</i> windows and doors that are accessible from the outside lockable in each room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Security Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Electrical Hazards Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature" explain hazard and means of control of interior access to room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5.6	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	6. Heating & Plumbing	Yes Pass	No Fail	In-Conc.	Comment
6.1	Adequacy of Heating Equipment a. Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living? b. Is the heating equipment oversized by more than 15%? c. Are pipes and ducts located in unconditioned space insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Safety of Heating Equipment Is the unit free from unvented fuel burning space heaters, or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Ventilation and Adequacy of Cooling Does this unit have adequate ventilation and cooling by means of operable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Hot Water Heater Is hot water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Water Supply Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	Plumbing Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7	Sewer Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.8	Insulation Are the attic and walls appropriately insulated for regional conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.9	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.10	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item No.	7. General Health & Safety	Yes Pass	No Fail	In-Conc.	Comment
7.1	Access to Unit Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Evidence of Infestation Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Garbage & Debris Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Interior Stairs Are interior stairs and common halls free from hazards to the occupant because of loose, broken or missing steps on stairways, absent or insecure railings; inadequate lighting, or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	Other Interior Hazards Is the interior of the unit free from any other hazards not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.6	Interior Air Quality Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MINIMUM PROPERTY STANDARDS (MPS) INSPECTION FORM

Inspector's Certification

I understand and acknowledge that housing units assisted with federal HOME funds must be thoroughly inspected to ensure compliance with United States Department of Housing and Urban Development (HUD) Housing Quality Standards (HQS). I hereby certify the above-referenced housing unit was inspected in accordance with the requirements of the HOME Program and the property complies with HQS requirements.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signature of Person Performing Inspection:

Signature

Date of Inspection

How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living or
Utility room.	6. Heating & Plumbing 7. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security" in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary. If "Inconclusive," write in the details.

Also, if "Pass," but there are some conditions or concerns, present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to the Summary Decision in the General Information.

1. Living Room

1.1 Living Room Present

Note: If the unit is an efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as 2 outlets, i.e., *there must be 2 of these in the room, or one of these plus a permanently installed ceiling or wall light fixture.*

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: *Table or floor lamps (these are not permanent light fixtures); ceiling lamps plugged into socket; extension cords.*

Check "Inconclusive," if the electric service to the unit has been temporarily turned off. Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of what this means: *broken wiring; non-insulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).* Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: *doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.*

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the windows in the room (including windows indoors). "Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: *missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.*

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably

weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: *minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; windowpanes loose because of missing window putty.*

1.6 Ceiling Condition

"Unsound or hazardous" means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: *severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint).* Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint.

1.7 Wall Condition

"Unsound or hazardous" includes: serious defects such that the structural safety of the building is threatened, such as *severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration.* Pass walls that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint.

1.8 Floor Condition

"Unsound or hazardous" means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g., stripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: *severe buckling or major movements under walking stress; damaged or missing parts.* Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for ex-ample, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, especially if badly worn, soiled or peeling.

2. Kitchen

2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may be either a separate room or an area of a larger room (for example, a kitchen area in an efficiency apartment).

2.2-2.9 Explanation for these items is the same as that provided for "Living Room "with the following modifications:

2.2 Electricity Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Window Condition Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail." Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. **Hot plates are not acceptable substitutes for these facilities.**

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working condition," also look for hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot light-a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "Inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

2.11 Refrigerator

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time.

If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition. If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and

properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "Inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet; marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 Space for Storage, Preparation and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space, and no room for a table and portable cabinet, check "Inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable. If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs

3. Bathroom

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e., toilet, washbasin and tub or shower located in separate parts of the unit). If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room.

3.2-3.9 Explanation for these items is the same as that provided for "Living Room "with the following modifications:

3.2 Electricity

Note: The requirement is that at least one permanent light fixture is present and working

3.3 Electrical Hazards

Note: In addition to the previously mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13, Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

3.6 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

3.7 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e., outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: *the toilet is not connected to a water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism does not function properly.* If the water to the unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating

part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

3.11 Fixed Wash Basin or Lavatory in Unit

The washbasin must be permanently installed (i.e., a portable washbasin does not satisfy the requirement). Also, a kitchen sink used to pass the requirements under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom washbasin. The wash basin maybe located separate from the other bathroom facilities (e.g., in a hallway). Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that the system is in working condition.

Comment to the right of the form if the washbasin is "present and working," but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10).

3.12 Tub or Shower in Unit

Not present means that neither a tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

3.13 Ventilation

Working vent systems include: *ventilation shafts (non-mechanical vents) and electric fans.* Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner or manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

4. Other Room Used for Living and Halls

Complete an "Other Room" checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2, and 3 of the checklist. See the discussion below for definition of "used for living." Also complete an "Other Room" checklist for all entrance halls, corridors, and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e., as part of one space).

Additional forms for rating "Other Rooms" are provided in the check-list.

Definition of "used for living." Rooms "used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do include any of these areas if they are frequently used (e.g., a finished basement/play-room, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

4.1 Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

- 1 = Bedroom or any other room used for sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other

Room Location: Write on the line provided the location of the room with respect to the unit's width, length and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back, front or center of the unit.

floor level: identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5).

4.2-4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:

4.2 Electricity/Illumination

If the room code is not a "1," the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check "Fail." If the electricity is turned off, check "Inconclusive."

4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be operable. The minimum standards do not require a window in "other rooms." Therefore, if there is no window in another room not used for sleeping, check "Pass," and note "no window" in the area for comments.

4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawlspaces and unfinished attic. Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

Additional Notes For staircases, the adequacy of light and condition of the stair rails and railings is covered under Part 8 of the checklist (General Health and Safety)

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)." Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2-5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

substance in the chimney); disintegrating equipment; combustible materials near heat source or flue.

If you are unable to gain access to the primary heating system in the unit, check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

6. Heating and Plumbing

6.1 Adequacy of Heating Equipment "Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

"directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)

"indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room may not have a radiator, but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "Inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system overtime is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

6.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other

6.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of airflow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see inspection manual for instructions.)

"Working cooling equipment" includes central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no operable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature-pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against buildup of steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "Inconclusive." Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

6.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and

General whether note: it is If items approvable 7.5, by 7.6, an or 7,7 appropriate are checked public agency. "Inconclusive," check with owner or manager for verification of adequacy.

6.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items "Corrosion" for ("Bathroom" and "Kitchen. ")

Corrosion(causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main waterlines.) See general note under 7.5.

6.7 Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety There gul at ions.

The following conditions constitute "evidence of sewer backup": *strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field.* See general note under 7.5

7. General Health and Safety

7.1 Access to Unit

"Through another unit" means that access to the unit is only possible by means of passage through another dwelling unit.

7.2 Evidence of Infestation

"Presence of rats, or severe infestation by mice or vermin" (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings of rat poison. If the unit is occupied, ask the tenant,

7.3 Garbage and Debris

"Heavy accumulation" means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pickup within an hour or two.

7.4 Interior Stairs and Common Halls "Loose, broken, or missing steps" should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

"Other hazards" would be conditions such as bare electrical wires and tripping hazards.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building components within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in anyone interior room or space, or more than 10%of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10%of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of anew protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

7.5 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).