

**C-22: SAMPLE INSPECTION REPORT FORMAT**

**SAMPLE  
INSPECTION REPORT FORMAT**

Displaced Person's Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Special Requirements: Handicapped \_\_\_\_\_

Other (Specify) \_\_\_\_\_

**• Units Inspected**

1. Address: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

A. Does the building meet Section 8 Housing YES NO  
Quality Standards?

If NO, what would be required to bring unit to Section 8 Standards?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the building meet Local Housing Code/ YES NO  
Occupancy Code?

If NO, what would be required to bring unit to code in addition to items listed in A above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Estimated Date of Construction: \_\_\_\_\_

D. If prior to 1978, results of paint analysis: \_\_\_\_\_

If lead-based paint, what is necessary to remove hazard?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. If there are deficiencies and the unit is slated for use as replacement housing, date of re-inspection: \_\_\_\_\_

Were all certified deficiencies corrected? YES NO

List all uncorrected deficiencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. If uncorrected deficiencies, date of re-inspection: \_\_\_\_\_

G. Description of Unit

_____ Bedrooms	_____ Kitchen	_____ Family Room
_____ Bathrooms	_____ Living Room	_____ Basement
_____ Attic		

Construction: \_\_\_\_\_

General Condition: \_\_\_\_\_

H. I \_\_\_\_\_, \_\_\_\_\_ hereby certify that  
(name) (position)

the building at \_\_\_\_\_  
(address)

meets all (1) applicable housing and occupancy codes, or (2) Section 8 Existing Housing Quality Standards (cross-out mode standard not met).

Signed: \_\_\_\_\_  
(name, title)

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