

## HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO Housing Quality Standards Inspection Report

Tenant:		Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Recheck <input type="checkbox"/> Interim <input type="checkbox"/> Quality Control
Owner:		Unit Type: <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Other _____
		Bedroom Size: _____ Unit Decision: <input type="checkbox"/> Fail <input type="checkbox"/> Pass Date: _____

	F	Comments/Condition Codes		F	Comments/Condition Codes
<b>1.1 LIVING ROOM</b>			<b>4.1 BEDROOM #3</b>		Location
1.2 Electricity			4.2 Electricity		
1.3 Electric Hazards			4.3 Electric Hazards		
1.4 Security			4.4 Security		
1.5 Windows			4.5 Windows		
1.6 Ceiling Condition			4.6 Ceiling Condition		
1.7 Wall Condition			4.7 Wall Condition		
1.8 Floor Condition-T L C H			4.8 Floor Condition-T L C H		
1.9 Lead-Based Paint			4.9 Lead-Based Paint		
<b>2.1 KITCHEN</b>			<b>4.1 BEDROOM #4</b>		Location
2.2 Electricity			4.2 Electricity		
2.3 Electric Hazards			4.3 Electric Hazards		
2.4 Security			4.4 Security		
2.5 Windows			4.5 Windows		
2.6 Ceiling Condition			4.6 Ceiling Condition		
2.7 Wall Condition			4.7 Wall Condition		
2.8 Floor Condition-T L C H			4.8 Floor Condition-T L C H		
2.9 Lead-Based Paint			4.9 Lead-Based Paint		
2.10 Stove O I T			<b>5.1 SECONDARY ROOM</b>		Location
2.11 Refrigerator O I T			5.2 Security		
2.12 Sink/Faucet/P-Trap			5.3 Electrical Hazards		
2.13 Counter/Storage			5.4 Other Hazards		
<b>3.1 BATHROOM #1</b>		Location	<b>6. BUILDING EXTERIOR</b>		
3.2 Electricity			6.1 Foundation		
3.3 Electric Hazards			6.2 Stairs, Rails, Porches		
3.4 Security			6.3 Roof/Gutters		
3.5 Windows			6.4 Exterior Surfaces		
3.6 Ceiling Condition			6.5 Chimney		
3.7 Wall Condition			6.6 Lead-Based Paint		
3.8 Floor Condition-T L C H			6.7 Mobile Home Tie Down		
3.9 Lead-Based Paint			<b>7. HEATING &amp; PLUMBING</b>		
3.10 Toilet			7.1 Adequate Heating		
3.11 Sink/Faucet/P-Trap			7.2 Safe Heating Equip		
3.12 Tub/Shower			7.3 Adequate Ventilation		
3.13 Ventilation -fan			7.4 Water Heater		
<b>3.1 BATHROOM #2</b>		Location	7.5 Water Supply		
3.2 Electricity			7.6 Plumbing		
3.3 Electric Hazards			7.7 Sewer Connection		
3.4 Security			<b>8. HEALTH &amp; SAFETY</b>		
3.5 Windows			8.1 Access to Unit		
3.6 Ceiling Condition			8.2 Fire Exits		
3.7 Wall Condition			8.3 Evidence of infestation		
3.8 Floor Condition-T L C H			8.4 Garbage & Debris		
3.9 Lead-Based Paint			8.5 Refuse Disposal		
3.10 Toilet			8.6 Interior stairs/Common Halls		
3.11 Sink/Faucet/P-Trap			8.7 Other interior hazards		
3.12 Tub/Shower			8.8 Elevators		
3.13 Ventilation -fan			8.9 Interior Air Quality		
<b>4.1 BEDROOM # 1</b>		Location	8.10 Site/Neighborhood		
4.2 Electricity			8.11 Lead Paint-Owner Cert		
4.3 Electric Hazards			4.10 Smoke Detectors		
4.4 Security			OTHER EXTERIOR HAZARD		
4.5 Windows			Responsibility Code: <b>T</b> = Tenant <b>O</b> = Owner		
4.6 Ceiling Condition			<i>NOTE: ITEMS NOT MARKED ARE DEFAULTED TO PASS STATUS</i>		
4.7 Wall Condition			<b>Condition Codes: 1 = New 2 = Good 3 = Fair 4 = Badly Worn</b>		
4.8 Floor Condition-T L C H			<b>COMMENTS</b>		
4.9 Lead-Based Paint					
<b>4.1 BEDROOM # 2</b>	F	Location			
4.2 Electricity					
4.3 Electric Hazards					
4.4 Security					
4.5 Windows					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition-T L C H					
4.9 Lead-Based Paint					

<b>Owner Signature/Date</b>	<input type="checkbox"/> Processed Yard	Initial & Date:
<b>Tenant Signature/Date</b>	<b>Inspector Signature/Date:</b>	