

NON-RESIDENTIAL INSPECTION CHECKLIST

DEPARTMENT OF COMMUNITY SERVICES
 Non-residential Inspector's Checklist

SALE
 RENTAL
 COMPL.# _____

Address : _____ Date : _____

Owner : _____ Inspector : _____
PRINT

NOTE : "Inspector check-off" is to be marked as the inspection is made. Mark the column *NP* for items "not provided", *NA* for items "not applicable", and with a check mark for those present. Check off the "Violations" column if there are any problems with the items. Explain violations as needed in "Remarks".

This form is an inspection guide only; it is not to be given to the public.

Insp. Chk-off	A. INTERIOR AREAS	Violation?
_____	1. Means of egress - primary	_____
	a. Location	_____
	b. Exit sign	_____
	c. Emergency lighting	_____
	d. Doors (corridor, stairwell, etc.)	_____
	e. Fire rated walls/ceilings	_____
	f. Tenant entry doors marked/numbered	_____
_____	2. Means of egress - secondary	_____
	a. Location (type : _____) : ..	_____
	b. Exit sign	_____
	c. Emergency lighting	_____
	d. Doors (corridor, stairwell, etc.)	_____
	e. Fire rated walls/ceilings	_____
_____	3. Bathroom and lavatories	_____
	a. Barrier free	_____
	b. Basins	_____
	c. Toilets	_____
	d. Urinals	_____
	e. Ventilation	_____
_____	4. Storage areas	_____
	a. Materials stored : _____ ..	_____
	b. Neat and orderly	_____
_____	5. Elevators (number : _____)	_____
	a. Floor levels marked	_____
	b. Emergency signs	_____
	c. Operate normally	_____
	d. Last test date (_____)	_____
_____	6. Fire protection elements	_____
	a. Sprinklers	_____
	b. Smoke detectors (type : _____) ..	_____
	c. Manual alarm system	_____
	d. Monitored by _____ ..	_____
_____	7. General maintenance of interior	_____
	a. Walls, ceilings, floors	_____
	b. Rodent/insect infestation	_____
	c. Electrical service	_____
	d. Gas service	_____
	e. Water service	_____
	f. Doors identified (mechanical, storage, janitor, equipment, etc.).....	_____
_____	8. Other interior items (specify in REMARKS)	_____

[continued on reverse]

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Insp. Chk-off	Item	B. EXTERIOR AREAS	Violation?
_____	1. Building	_____	_____
	a. Roof	_____	_____
	b. Walls	_____	_____
	c. Windows	_____	_____
	d. Doors	_____	_____
_____	2. Signs (number _____)	_____	_____
	a. General condition	_____	_____
	b. Mounting, posts, hardware, etc	_____	_____
	c. Locations	_____	_____
	d. Building numbered	_____	_____
_____	3. Parking areas (number of spaces _____)	_____	_____
	a. Handicapped space	_____	_____
	b. Handicapped sign	_____	_____
	c. Condition of parking and driveway surfaces ..	_____	_____
	d. Curbs	_____	_____
_____	4. Sidewalks on right of way	_____	_____
	a. Unobstructed by shrubs, trees, etc.	_____	_____
	b. General condition	_____	_____
	c. Slabs lifted/cracked by city trees	_____	_____
_____	5. Sidewalks on private property	_____	_____
	a. Unobstructed by shrubs, trees, etc	_____	_____
	b. General condition	_____	_____
	c. Slabs lifted/cracked by city trees	_____	_____
	d. Slabs lifted/cracked by non-city trees	_____	_____
_____	6. Sight triangle	_____	_____
_____	7. General cleanliness of property	_____	_____
_____	8. Trash containers (type : _____)	_____	_____
	a. Sufficient number	_____	_____
	b. Covers/lids	_____	_____
_____	9. City trees	_____	_____
_____	10. Other items (explain in remarks)	_____	_____

REMARKS : _____

PRINT INSPECTOR'S NAME _____

INSPECTOR'S SIGNATURE _____