

**CITY OF NORTHLAKE
PRE – SALE INSPECTON REPORT #**

LOCATION: _____

PROPERTY OWNER: _____

This is a pass/fail inspection for compliance with all building, zoning, health and safety regulations and ordinances of the City of Northlake. The following items have been inspected and any items that are checked fail must be corrected. Upon correction of these items, contact the Department of Building and Inspectional Services 708-343-8700 to schedule a re-inspection. A certificate of compliance will be issue when all items are complied with including payment of the final water bill.

SECTION #1: MISCELLANEOUS		
The following items must be on file with the City of Northlake before a Certificate of Compliance is issued		
1. Proof of final water bill payment. Please call the Water Dept. at 708-343-8700 to schedule a final meter reading.		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Furnace service and inspection report/invoice within last 6 months. Please bring the invoice to City hall when paying final water bill.		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3. Copy of updated 2004 Plat of Survey. Please bring to City hall when paying final water bill.		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Copy of listing sheet. Please bring to City hall when paying final water bill.		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Copy of Residential Disclosure Report Please bring to City hall when paying final water bill.		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>

SECTION #2 LOT		
1. Driveway is asphalt or stone. NOTE: Stone driveways must be upgraded to asphalt or concrete. Comments:		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Trees A. Are there any large diseased or unhealthy trees on the property. Homeowner to contact arborist for final opinion. B. City of Northlake trees located within 15' of curb. NOTE: Trees located within 15' of curb may not be cut down. Comments:		Yes <input type="checkbox"/> No <input type="checkbox"/> Location Yes <input type="checkbox"/> No <input type="checkbox"/> Number of trees <input type="checkbox"/>
3. Fence A. Fence in solid condition. B. Gate latch in working order. C. Is any part of fence extending past the front of the house or front yard fenced in. NOTE: All fencing in the front yard must be removed. Comments:		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Shed in solid condition. Comments:		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Pool A. In good condition. B. Electric service to pool properly grounded no extension cords. Comments:		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Lot is free from accumulated debris. Comments:		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>

SECTION #3 GARAGE**Type:** Attached Detached Detached less than 10' from house

1. Roof
 A. Free from holes. Pass Fail Not Applicable
 B. Materials securely attached. Pass Fail Not Applicable
 Comments:

2. Siding
 A. Free from holes and breaks. Pass Fail Not Applicable
 B. Free from large areas of peeling paint. Pass Fail Not Applicable
 Comments:

3. Windows
 A. Free from cracks and holes. Pass Fail Not Applicable
 B. Glazing in tact. Pass Fail Not Applicable
 C. Free from peeling paint. Pass Fail Not Applicable
 Comments:

4. Electric
 A. GFCI receptacles. Pass Fail Not Applicable
 B. Dedicated outlet for overhead door opener no extension cords. Pass Fail Not Applicable
 C. Exposed wiring. Pass Fail Not Applicable
 Comments:

4. Doors
 A. Service door functional. Pass Fail Not Applicable
 B. Overhead door functional. Pass Fail Not Applicable
 Comments:

5. 5/8" fire resistant drywall on common wall attached and detached garages less than 10' from house. Pass Fail Not Applicable
 Comments:

SECTION #4 HOUSE EXTERIOR

1. Address mounted in 3" Arabic numerals on the building. Pass Fail Not Applicable
 Comments:

2. Mail box in an accessible location. Pass Fail Not Applicable
 Comments:

3. Chimney
 A. In need of tuckpointing. Pass Fail Not Applicable
 B. Chimney service and inspection report/invoice for fireplace chimney only. Pass Fail Not Applicable
 Comments:

4. Roof
 A. Free from holes. Pass Fail Not Applicable
 B. Material securely attached. Pass Fail Not Applicable
 Comments:

5. Down spouts and gutters. Pass Fail Not Applicable
 Comments:

6. Exterior siding
 A. Free from holes and breaks. Pass Fail Not Applicable
 B. Free from large areas of peeling paint. Pass Fail Not Applicable
 Comments:

7. Cover for crawlspace. Pass Fail Not Applicable
 Comments:

8. Windows
 A. Free from cracks and holes. Pass Fail Not Applicable
 B. Glazing in tact. Pass Fail Not Applicable
 C. Free from peeling paint. Pass Fail Not Applicable
 Comments:

SECTION #4 HOUSE EXTERIOR

9. Screens in windows and doors free from holes. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
10. Stair railing for 3 or more steps at A. Front porch B. Back porch C. Deck D. Outside entrance to basement E. Is outside staircase to second floor registered with City of Northlake? If not staircase must be removed. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
11. Front door A. Solid core. B. Deadbolt lock operable without a key. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
12. Back door A. Solid core. B. Deadbolt lock operable without a key. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
13. Electric A. GFCI outlets for all outdoor outlets. B. Exposed wiring or extension cords Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>

SECTION #5 ELECTRIC SERVICE

1. 100 amp electric service. Electrical service must be upgrade to 100 amp permit required. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. All breakers in panel box labeled. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3. Electric service grounded with a copper coated steel rod 8' under the soil with a #8 wire from rod to neutral bus bar in panel box. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>

SECTION #6 HOUSE INTERIOR**Sub-Section A Kitchen**

1. Is there a second kitchen in the house? NOTE: Second kitchen must be removed. All appliances, all cabinets and all utilities must be removed from the inside of the walls. Comments:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. GFCI receptacles/outlets above all counter tops. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3. All other receptacles/outlets properly grounded. A. Hot and neutral wires reversed. B. All receptacles/outlets are 3 – prong grounded type. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Electrical outlets and switches properly mounted. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Covers for all electric outlets and switches. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Exposed wiring. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. Water availability to faucets. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Applicable <input type="checkbox"/>

SECTION #6 HOUSE INTERIOR			
Sub-Section B Mechanical Rooms	Utility Room		Basement
1. GFCI receptacle outlet in laundry area. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
2. All other receptacles properly grounded. A. Hot and neutral wires reversed. B. All receptacles/outlets 3-prong grounded type. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
3. Electrical outlets and switches properly mounted. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
4. Covers for all electric outlets and switches. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
5. Exposed wiring. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
6. Light in furnace and water heater area. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
7. Proof of furnace service and inspection see Section 1 number 2 Comments	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
8. Hot water heater A. Gas supply line solid pipe. B. Tank pressure release valve pipe approximately 6" from the floor. C. 3/4" pipe for pressure release valve no downsizing. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
9. Sump pump A. Cover B. Dedicated outlet not a GFCI receptacle. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
Sub-Section C Other Living Areas	Dinning Room	Living Room	Family Room
1. Areas of peeling paint. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
2. 3 - prong grounded electrical outlets. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
3. Hot & neutral wires reversed. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
4. Electrical outlets/switches properly mounted. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
5. Covers for all electric outlets and switches. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
6. Exposed wiring. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
Sub Section D Bedrooms	Bedroom #1	Bedroom#2	Bedroom #3
Location	1st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/>	1st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/>	1st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/>
1. Areas of peeling paint. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
2. 3 - prong grounded outlets. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
3. Hot and neutral wires reversed. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
4. Outlets and switches properly mounted. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>

SECTION #6 HOUSE INTERIOR			
Sub-Section D Bedrooms	Bedroom #1	Bedroom#2	Bedroom #3
5. Covers for all electric switches and outlets. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
6. Exposed wiring. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
7. Closet A. Pullchain for light without switch. B. Light bulb cover. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
	Bedroom #4	Bedroom #5	
Location	1st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/>	1st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/>	
1. Areas of peeling paint. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	
2. 3 – prong grounded outlets. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	
3. Hot and neutral wires reversed. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	
4. Outlets and switches properly mounted. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Exposed wiring. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	
6. Closet A. Pullchain for light without switch. B. Bulb cover Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	
Sub-Section E Bathrooms			
	Bathroom #1	Bathroom #2	Bathroom #3
Location	1st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/>	1st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/>	1st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/>
1. Areas of peeling paint. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
2. GFCI receptacle. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
3. Exposed wiring. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
4. Toilet seat solid core. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
5. Water availability to all faucets and toilets. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
Sub Section F Miscellaneous Interior Items			
	First Floor	Second Floor	Basement
1. Carbon monoxide detector by sleeping areas. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
2. Operable smoke detector. Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
3. Batteries in smoke detector Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
4. Hand railing at stairs to Comments:	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>

Inspected by: _____

Date: _____