



**Rental Housing Inspection Form**

Inspection Date: <input type="text"/>	Rental Address: <input type="text"/>
Inspector Name: <input type="text"/>	Unit Number: <input type="text"/>
Owner/Rep Name: <input type="text"/>	Initial/Re-Inspection/Complaint: <input type="text"/>

A. EXTERIOR PROPERTY/AREA		A. EXTERIOR PROPERTY/AREA		C. PLUMBING	
Approved? Yes No NA	Description (Ref.)	Approved? Yes No NA	Description (Ref.)	Approved? Yes No NA	Description (Ref.)
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	House numbers clearly visible from the street. OMC 15.28.020	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Known cisterns, wells, or other hazards are fenced, covered, or filled. OMC 8.08.010	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rental unit has use of operable kitchen sink, toilet, and bathtub or shower. OMC 15.08.120, 15.20.030 (UPC)
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Roof and walls are not deteriorated and do not have peeling paint in excess of 50% of the area. OMC 15.30.020 G	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Property does not have an accumulation of weeds or brush. Yard is properly mowed. OMC 8.20.040	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All applicable plumbing fixtures have hot/cold water and are connected to sewer system with proper clearance for usage and cleaning. OMC 15.08.120, 15.20.030 (UPC)
3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Accessory buildings and fences in good repair. OMC 15.08.070	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Property does not have an accumulation of garbage, junk, or debris. OMC 8.08.010	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bathrooms provide adequate privacy and ventilation. OMC 15.08.110, 15.08.120
4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Doors are operable and able to be locked. OMC 15.08.030	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Property is not providing habitation for rodents, wild animals, or other vermin. OMC 8.08.010 6&7	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clothes dryer properly vented to the outside in accordance with manufacturer's instructions. 15.04.030 (IRC)
5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Windows and skylights are operable and in good repair. OMC 15.08.040	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Property does not have any illegal vehicles on site. OMC 8.08.010	<b>Inspection Notes</b>	
6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chimneys appear to be structurally safe and in good repair. OMC 15.08.080	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Property does not have unsafe storage of combustible material. OMC 15.16.030 (IFC)		
A. EXTERIOR PROPERTY/AREA		B. INTERIOR AREAS/STRUCTURE			
7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Foundation appears to be adequate and in good repair. OMC 15.30.020	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walls, ceilings, and floors appear to be structurally sound and in good repair. OMC 15.08.160		
8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Property does not have broken, rotten, split, or buckled walls. OMC 15.30.020	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	The building appears to be maintained in a safe and sanitary condition. OMC 15.04.430		
9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stairways, porches, decks, and balconies have flooring, supports, and handrails in good condition. OMC 15.08.050, 15.08.060	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All stairs are in sound condition and good repair. OMC 15.08.170		
10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Site appears to have adequate grading and drainage. OMC 15.08.090, 8.08.010	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Handrails firmly fastened and in good repair for all stairs. OMC 15.08.060		
		5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All habitable rooms are provided with adequate electrical service for proper illumination. OMC 15.08.130		

D. ELECTRICAL/MECHANICAL (cont.)		E. FIRE SAFETY	
Approved? Yes No NA	Description/Detail	Approved? Yes No NA	Description/Detail
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Electrical service is properly maintained and is sufficient to support the electrical load. OMC 15.12.020 (NEC)	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Each sleeping room, immediately outside of sleep areas, and each floor has an operable smoke alarm. OMC 15.04.030 (IRC)
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Adequate clearance for service is provided on the control side of all HVAC and utility appliances. OMC 15.04.030 (IRC)	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All sleeping rooms have safe and appropriate access to an operable window for egress. OMC 15.16.030 (IFC)
3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Each unit has proper heating facilities capable of maintaining a room temperature of 68 degrees Fahrenheit in all habitable rooms and bathrooms. OMC 15.04.030 (IRC)	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Each unit has an appropriately-sized, ABC-rated fire extinguisher – checked and tagged by a qualified service person annually – located within 75 feet the unit’s main entrance with a minimum of one (1) per floor. OMC 15.16.030 (IFC)
4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All electrical equipment, wiring, lighting, and appliances are properly installed and maintained in a safe and approved manner. OMC 15.12.050, 15.08.130	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Carbon monoxide detectors are installed immediately outside of sleeping rooms and on each floor. (Only applies to properties with a potential carbon monoxide source.) OMC 15.04.030 (IRC)
5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Electrical panels are accessible, clearly marked, and circuits are properly labeled. OMC 15.04.030 (IRC)	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fire alarm and suppression systems properly installed and operational where required. OMC 15.16.030 (IFC), 15.16.030
6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fuel fired equipment has appropriate and operable flues and shutoff valves. OMC 15.04.030 (IRC)	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Two egress routes exist for each floor above the first floor. OMC 15.16.030 (IFC)
7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Every habitable room and every bathroom contains at least one (1) properly installed electrical outlet. OMC 15.12.020 (NEC)	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All means of egress doors and windows are operable without need to for keys, special knowledge or effort. OMC 15.16.030 (IFC)
8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Every laundry room contains at least one (1) grounded-type receptacle or a ground-fault circuit interrupter (GFCI). OMC 15.12.020 (NEC)	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All fire resistance rating of walls, fire stops, shaft enclosures, floors and doors are properly maintained. OMC 15.16.030 (IFC)
9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	There are cover plates on all outlets, switches and junction boxes. OMC 15.12.020 (NEC)		
10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	GFCI outlets installed for all outlets within six (6) feet of a water source. OMC 15.12.020 (NEC)		

I, as the authorized representative or owner of this property, understand the inspection deficiencies that have been identified during this inspection and what I need to do to correct the deficiencies prior to the scheduled re-inspection. Should I not be able to complete the repairs needed by the reinspection date I understand and agree that I will be subject to a Municipal Infraction for each day thereafter in which the deficiencies are not repaired. In addition, I agree that I will be responsible for any re-inspection fees as identified in the Rental Housing Inspection Program Administrative Plan. I understand that if I need to re-schedule the inspection, I must provide a request at least two business days prior to the date of the re-inspection listed below.

Should I fail to show up (on time or at all) for a scheduled re-inspection I understand and agree that I will be subject to the payment of a No-show Fee in the amount of \$50 per event. Failure to pay any fees or penalties may result in legal action being taken by the City of Oskaloosa.

Property Owner/Representative Signature   
Date

- This property passes the inspection and DOES NOT require a re-inspection.
- This property requires a re-inspection.

Inspector Signature   
Date

The Rental Housing Inspection Program is for the City of Oskaloosa to determine compliance with city ordinances. An inspection shall not constitute a certification by the city for any third parties as to the condition of the premises, and any tenant should undertake an independant inspection of the premises prior to entry of any lease arrangement to ascertain the condition thereof.