

NC Department of Agriculture & Consumer Services Residence Inspection Form

Property Address: _____

Lessee: _____ Position Number: _____

Type of Inspection (*circle*): Initial Lease Termination Interim

NOTE: Attach floor plan
Photographs and sketches are strongly recommended as supporting documentation

Living Room

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface				
Wall Surface				
Ceiling Surface				
Electrical				
Windows				
Doors				
Light Fixtures				
Security to Exterior				

Comments/Items Requiring Corrections:

Second Living Area: _____ (*Den, Library, Bonus Room*)

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface				
Wall Surface				
Ceiling Surface				
Electrical				
Windows				
Doors				
Light Fixtures				
Security to Exterior				

Comments/Items Requiring Corrections:

Property Address _____

Dining Room

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface				
Wall Surface				
Ceiling Surface				
Electrical				
Windows				
Doors				
Light Fixtures				
Security to Exterior				

Comments/Items Requiring Corrections:

Kitchen

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface				
Wall Surface				
Ceiling Surface				
Electrical				
GFCI Receptacles				
Windows				
Doors				
Light Fixtures				
Security to Exterior				
Sink/Disposal				
Stove/Oven				
Microwave				
Refrigerator				
Dishwasher				
Pantry				
Cabinets				
Countertops				

Comments/Items Requiring Corrections:

Property Address _____

Halls/Interior Stairs

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairs & Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments/Items Requiring Corrections:

Bathroom Location: _____

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GFCI Receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Door Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security to Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lavatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caulking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments/Items Requiring Corrections:

Property Address _____

Bathroom Location: _____

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface				
Wall Surface				
Ceiling Surface				
Electrical				
GFCI Receptacles				
Windows				
Doors				
Door Locks				
Light Fixtures				
Security to Exterior				
Water Closet				
Tub/Shower				
Lavatory				
Caulking				
Cabinets/Countertops				
Exhaust Fan				

Comments/Items Requiring Corrections:

Master Bedroom

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface				
Wall Surface				
Ceiling Surface				
Electrical				
Windows				
Doors				
Door Locks				
Light Fixtures				
Security to Exterior				
Egress Window				
Smoke Alarm				

Comments/Items Requiring Corrections:

Property Address _____

Bedroom Location: _____

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface				
Wall Surface				
Ceiling Surface				
Electrical				
Windows				
Doors				
Door Locks				
Light Fixtures				
Security to Exterior				
Egress Window				
Smoke Alarm				

Comments/Items Requiring Corrections:

Bedroom Location: _____

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Floor Surface				
Wall Surface				
Ceiling Surface				
Electrical				
Windows				
Doors				
Door Locks				
Light Fixtures				
Security to Exterior				
Egress Window				
Smoke Alarm				

Comments/Items Requiring Corrections:

Property Address _____

Exterior

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Foundation				
Stairs & Handrails				
Front Porch				
Rear Porch/Deck				
Roof				
Gutters/Downspouts				
Exterior Walls				
Windows				
Doors				
Locks/Security				

Comments/Items Requiring Corrections:

Systems & Safety

Item	YES/ PASS	NO/ FAIL	N.A./ I.C.	Comments/Condition
Heating Equipment				
Cooling Equipment				
Ventilation Equipment				
Water Heater				
Plumbing-Supply				
Plumbing-Waste				
Septic				
Water Supply				
Electrical Service				
Electrical Panel				
Termites/Vermin				
Access to Unit/Egress				
Site Conditions				

Comments/Items Requiring Corrections:

Property Address _____

Are there any NCDOI/OSFM safety citations outstanding? Yes No

If Yes, describe corrective action plan and completion dates: _____

Does Lessee have any items to report with respect to condition? Yes No

If Yes, describe, with Lessee and Supervisor, both to initial and date: _____

Lessee Initial & Date: _____ Supervisor Initial & Date: _____

Attach additional pages as necessary for multiple restrooms, bedrooms, ancillary rooms.

If this is a Lease Termination Inspection, inspection should be conducted by tenant and supervisor or designated representative. All needed repairs are to be documented and resolution determined prior to release of separation of Lessee.

Inspector Signature: _____ Date: _____

Print Name: _____ Title: _____

Original to Property & Construction Division (*file with Lease Agreement*)

Copy to Lessee and Supervisor

Definitions and Inspection Descriptions for Completing Leased Residence Form Inspection Items:

N.A. = Not Applicable (Does not exist)

I.C. = Inconclusive (Cannot be observed, questionable). Note I.C. items in comments and describe.

Floor Surface/Wall Surface/Ceiling Surface: Damaged Coverings, Structural Issues Present, Fire/Safety Hazards, Holes, Cracks, Peeling Paint/Wallpaper

Electrical: No exposed wiring, receptacle and fixture covers in place, secure without damage, switches operable

Light Fixtures: Present, operable, secure to surface

Windows/Doors: Cracked or broken glass, no signs of leaks, operable, doors latch, binding not present, exterior doors and windows seal to exterior when closed

GFCI Receptacles: Test & Reset, operable, covers in place and secure. Note NEC requirements in bathrooms and kitchens

Sink/Disposal/Lavatory: Faucets operable and do not leak, chips or damage, disposal operable, no leaks in under sink area

Stove/Oven: Operable, burners in place, elements missing, racks missing, damage, level and plumb, doors operable, signs of rust-through

Microwave: Operable, secure to wall or located on counter

Refrigerator: Operable, doors close and seal, ice-maker does not leak, sanitary interior, drawers and racks missing

Dishwasher: Operable, door closes and locks, no signs of leaks

Cabinets: Doors and Drawers operable, sanitary interior, no loose rails or hinges

Countertops: No burns, chips, cracks, no sharp edges

Water Closet: Operable, flushes properly, loose to floor, valves seal, no signs of leaks

Tub/Shower: Faucets and heads operable and do not leak, chips or damage, stopper in place

Caulking: Secure, adequate to resist water infiltration. Note especially at wet fixtures and countertops.

Exhaust Fan: Operable, clear of debris/dust, no odd sounds

Smoke Alarm: Present, operable and properly mounted. Required in all sleeping rooms.

Egress Window: Bedrooms Only. Window present for emergency egress, provides 22" high X 20" opening, no more than 44" above interior finished floor elevation.

Foundation: Cracks, Settlement, Vents present, no signs of basement water Infiltration, no signs of standing water, proper drainage in crawl space, window wells present

Stair & Handrails: Secure, structurally sound for use, no loose treads, lighted area, ADA ramp present

Porch and Decks: Secure, structurally sound for use, no loose treads, flashing present,

Roof: No signs of leaks, no loose shingles or vents, fascia and eaves secure

Gutters & Downspouts: Secure, clear of debris, drainage directed away from dwelling, no signs of leaks

Exterior Walls: Cracks, Damage, finish condition, no signs of water infiltration

Security of Exterior/Locks & Security: Exterior doors and windows lock properly, keys present for locks, no signs of damaged frames

Heating Equipment and Cooling Equipment: Operable, Thermostat functioning, fuel supply has shut-off or disconnect, area around unit clear, vents and grills operable and accessible, no odd sounds or loud noise, equipment is level and plumb, exterior equipment has positive drainage, condensate lines not clogged and drain away from dwelling.

Ventilation Equipment: Attic and crawl ventilation present and operable, powered fans operable and no electrical hazards

Water Heater: TPV present and operable, isolation valves present and operable, expansion tank present, drain pan and plumbing present and sound condition

Water Supply: Well functions, municipal water is metered, signs of leaks

Plumbing-Supply: Adequate pressure, no signs of leaks, fixture shut-off valves operable, dwelling shut-off present

Plumbing-Waste: Secure, proper slope, no sags, vents to roof present, no signs of leaks

Septic: Functions, alarm operable if present, no damage to field or tank, area around tank is safe and does not pond water

Electrical: Overhead lines are secure, weatherhead is secure and above structure, meter base is accessible and grounded

Electrical Panel: No open blanks, grounded/bonded, no exposed wiring, do not open panel unless qualified, panel is not blocked

Termites/Vermin: Note any signs of pest damage or presence, are overall conditions sanitary

Access to Unit/Site Conditions: Accumulated Junk, adequate drainage, parking, Emergency Responders can access easily, ADA access if necessary, Fire and Safety Hazards, Address is Posted on Exterior