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**(FACILITY)**

# APARTMENT INSPECTION FORM

**Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit#: \_\_\_\_\_\_\_\_\_ Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Key: CL – CLEAN/OK DA – DAMAGED RE – REPLACE ***DI – DIRTY MI – MISSING RP – REPAIR*** |

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| ROOM AREA | CL | DI | DA | MI | RE | RP | COMMENTS |
| 1. Entrance Door/door Lock |  |  |  |  |  |  |  |
| 2. Windows/Locks/Screens/Blinds/Child Guards |  |  |  |  |  |  |  |
| 3. Walls/ Ceilings |  |  |  |  |  |  |  |
| 4. Floor/Tiles |  |  |  |  |  |  |  |
| 5. Electric Outlets/Switches/Switch Plates/Safety Plug |  |  |  |  |  |  |  |
| 6. Light Fixture/Bulb |  |  |  |  |  |  |  |
| 7. Heating/Cooling Units |  |  |  |  |  |  |  |
| 8. Fire Safety Sign/Decal on Stove/Smoke Alarm |  |  |  |  |  |  |  |
| KITCHEN |  |  |  |  |  |  |  |
| 1. Hood Light fixture/Bulb |  |  |  |  |  |  |  |
| 2. Hood Fan/Filter |  |  |  |  |  |  |  |
| 3. Stove/Oven |  |  |  |  |  |  |  |
| 4. Sink/Faucet |  |  |  |  |  |  |  |
| 5. Refrigerator/Refrigerator Bulb\* |  |  |  |  |  |  |  |
| 6. Food – Note information in the “Comments” Section |  |  |  |  |  |  |  |
| 7. Receptacle/Receptacle Cover |  |  |  |  |  |  |  |
| 8. Floor/Tiles |  |  |  |  |  |  |  |
| 9. Wall/Ceiling |  |  |  |  |  |  |  |
| 10. Electric Outlets/Switches/Switch Plates/Safety Plugs |  |  |  |  |  |  |  |
| 11. Cabinets/Knobs/Shelves |  |  |  |  |  |  |  |
| \*If light bulb is higher than 30 watts, it must be removed and resident must be warned. |  |  |  |  |  |  |  |
| BATHROOM |  |  |  |  |  |  |  |
| 1. Toilet/Toilet Seat/Toilet Paper Roll |  |  |  |  |  |  |  |
| 2. Tub/Shower/Faucet/Shower Head |  |  |  |  |  |  |  |
| 3. Sink/Faucet |  |  |  |  |  |  |  |
| 4. Medicine Cabinet/Mirror |  |  |  |  |  |  |  |
| 5. Towel/Grab Bars/Soap Dish (Shower) |  |  |  |  |  |  |  |
| 6. Toothbrush Holder/Soap Dish (Sink) |  |  |  |  |  |  |  |
| 7. Floor/Floor Tiles |  |  |  |  |  |  |  |
| 8. Walls/Tiles/Ceiling |  |  |  |  |  |  |  |
| 9. Electric Outlets/Switches/Switch Plates/Safety Plugs |  |  |  |  |  |  |  |
| 10. Light Fixture/Bulb |  |  |  |  |  |  |  |
| 11. Vent/Exhaust Fan |  |  |  |  |  |  |  |
| 12. Door/Door Lock |  |  |  |  |  |  |  |
| BEDROOM(S) |  |  |  |  |  |  |  |
| 1. Windows/Screens/Blinds/Child Guards |  |  |  |  |  |  |  |
| 2. Walls/Ceilings |  |  |  |  |  |  |  |
| 3. Electric Outlets/Switches/Switch Plates/Safety Plugs |  |  |  |  |  |  |  |
| 4. Closets/Shelves/Clothes Bar |  |  |  |  |  |  |  |
| 5. Heating/Cooling Units |  |  |  |  |  |  |  |
| 6. Light Fixture/Bulb |  |  |  |  |  |  |  |
| 7. Door/Door Lock |  |  |  |  |  |  |  |
| 8. Floor Tiles |  |  |  |  |  |  |  |

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| Key: CL – CLEAN/OK DA – DAMAGED RE – REPLACE ***DI – DIRTY MI – MISSING RE – REPAIR*** |

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| HALLWAY(S) | CL | DI | DA | MI | RE | RP | COMMENTS |
| 1. Electric Outlets/Switches/Switch Plates/Safety Plugs |  |  |  |  |  |  |  |
| 2. Light Fixture/Bulb |  |  |  |  |  |  |  |
| 3. Smoke Detector/Sprinkler Head |  |  |  |  |  |  |  |
| 4. Walls/Ceiling |  |  |  |  |  |  |  |
| 5. Floor/Tiles |  |  |  |  |  |  |  |
| 6. Telephone – Issued |  |  |  |  |  |  |  |
| 7. Telephone – Personal |  |  |  |  |  |  |  |
| FURNITURE |  |  |  |  |  |  |  |
| 1. Dining Table |  |  |  |  |  |  |  |
| 2. Chairs |  |  |  |  |  |  |  |
| 3. Coffee Table |  |  |  |  |  |  |  |
| 4. Bed Frames/Mattresses |  |  |  |  |  |  |  |
| 5. Dressers |  |  |  |  |  |  |  |
| 6. High Chair/Bolsters |  |  |  |  |  |  |  |
| 7. Crib(s) |  |  |  |  |  |  |  |
| 8. Other: |  |  |  |  |  |  |  |

**Housekeeping:** **Excellent - \_\_\_\_\_\_ Good - \_\_\_\_\_\_ Fair - \_\_\_\_\_\_ Poor - \_\_\_\_\_\_**

**Comments - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### APARTMENT NEGLECT: YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

**SIGNATURES: Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director of Safety: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director of Social Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director of Facilities Management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Original:** Resident Case File

**cc:** Director of Facilities Management