

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

**PROPERTY INSPECTION FORM**

**WARM, SAFE & DRY STANDARDS**

Agency (CAA): \_\_\_\_\_ Technician Name: \_\_\_\_\_  
 \_\_\_\_\_ Technician Phone: \_\_\_\_\_  
 \_\_\_\_\_ Technician Email: \_\_\_\_\_

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_  
 Property: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
 \_\_\_\_\_

**Part 1 – Building Exterior**

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
1.1	<b>Condition of Foundation</b> Foundation sound and free from hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	<b>Stairs, Railings, and Porches</b> Meet building code and is free from hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	<b>Roof, Vent pipes, and Gutters</b> Roof in good condition, Gutters have downspouts and directed away from foundation? Vent pipes higher than average snowfall in area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	<b>Exterior Covering ( Siding)</b> Exterior covering in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	<b>Chimney</b> In good condition and has a Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	<b>Lead Paint Hazards (Pre 1978 Homes)</b> All paint surface free of deteriorated paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	<b>Manufactured Homes : Tie Downs</b> Is the Unit properly placed and tied down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	<b>Electrical Service Entrance</b> In good condition and free of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	<b>Outlets and Lights</b> Outlets are GFCI with exterior cover Lights have cover and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	<b>Entrance Door</b> In good condition, no air leaks and able to secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	<b>Patio or Sliding Door</b> In good condition, no air leaks and able to secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	<b>Ventilation</b> Adequate Ventilation in Soffit, Gable End and Ridge Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13	<b>Grading Around Structure</b> Is the grading around the home directing water away from structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Part 2 – Kitchen

Item	Task	Pass	Fail	N/A	Description of Repairs/Comments
2.1	<b>Kitchen Area Present</b> Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	<b>Electricity</b> There is at least one working outlet with no cracks and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	<b>Electrical Hazards</b> The kitchen is free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	<b>Security</b> All windows and doors that are accessible from outside lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	<b>Window Condition</b> All windows free of signs of deterioration or missing or broken out panes. Properly installed and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	<b>Ceiling Condition</b> Ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.7	<b>Wall &amp; Baseboard Condition</b> Walls in good condition no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.8	<b>Floor Condition</b> The floor is sound, level, no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.9	<b>Stove or Range with Oven</b> All top burners operating and stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.10	<b>Refrigerator</b> In good condition and keeping temperature of 40 degrees Fahrenheit or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.11	<b>Sink</b> There is a kitchen sink that works with hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.12	<b>Space for Food Storage</b> There is a space to store food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Part 3 – Living Room

Item	Section/Item	Pass	Fail	N/A	Description of Repairs/Comments
3.1	<b>Living Room Present</b> Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	<b>Electricity</b> There is at least one working outlet with no cracks and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	<b>Electrical Hazards</b> The living room is free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	<b>Security</b> All windows and doors that are accessible from outside lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	<b>Window Condition</b> All windows free of signs of deterioration or missing or broken out panes. Properly installed and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	<b>Ceiling Condition</b> Ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.7	<b>Wall &amp; Baseboard Condition</b> Walls in good condition no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.8	<b>Floor Condition</b> The floor sound and no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.9	<b>Lead – Based Paint (Pre 1978 Homes)</b> All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Part 4 – Bathroom

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
4.1	<b>Bathroom Room Present</b> Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	<b>Electricity</b> There is at least one working outlet with no cracks and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	<b>Electrical Hazards</b> The bathroom is free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	<b>Security</b> All windows and doors that are accessible from outside are lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	<b>Window Condition</b> All windows free of signs of deterioration or missing or broken out panes. Properly installed and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	<b>Ceiling Condition</b> The ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	<b>Wall &amp; Baseboard Condition</b> Walls are in good condition with no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	<b>Floor Condition</b> The floor is sound and no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	<b>Lead – Based Paint (Pre 1978 Homes)</b> All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	<b>Flush Toilet</b> There is a working toilet in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	<b>Vanity with Sink</b> There is a working sink with hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.12	<b>Tub or Shower</b> There is a working tub or shower with hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.13	<b>Ventilation</b> There operable windows or a working vent system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Part 5 – Bedroom

*For additional rooms please print extra copies.*

Indicate if the room is located to the right, left or center of the home:  Right     Left     Center

Indicate if the room is located to the back, front or center of the home:  Back     Front     Center

Indicate the floor level on which the room is located: \_\_\_\_\_

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
5.1	<b>Bed Room Present - Is there a living room?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	<b>Electricity</b> There is at least one working outlet with no cracks and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	<b>Electrical Hazards</b> The Bedroom free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	<b>Security</b> All windows and doors that are accessible from outside are lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	<b>Window Condition</b> All windows free of signs of deterioration or missing or broken out panes. Properly installed and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	<b>Ceiling Condition</b> The ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	<b>Wall &amp; Baseboard Condition</b> Walls are in good condition no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	<b>Floor Condition</b> The floor is sound with no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5.9	<b>Lead – Based Paint (Pre 1978 Homes)</b> All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Part 6 – Hallway, Stairs or Common Areas</b> <i>For additional areas please print extra copies.</i>					
Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
6.1	<b>Electricity</b> There is at least one working outlet with no cracks and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	<b>Electrical Hazards</b> The area free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	<b>Security</b> All windows and doors that are accessible from outside are lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	<b>Window Condition</b> All windows free of signs of deterioration or missing or broken out panes. Properly installed and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	<b>Ceiling Condition</b> Ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	<b>Wall &amp; Baseboard Condition</b> Walls are in good condition with no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7	<b>Floor Condition</b> The floor is sound with no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.8	<b>Lead – Based Paint (Pre 1978 Homes)</b> All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.9	<b>Smoke Detectors</b> There is a working smoke detector on each floor and by all bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.10	<b>Interior Stairs</b> Stair treads in good condition with handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Part 7 – Basement or Mechanical Room</b>					
Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
7.1	<b>Electricity</b> There is at least one working outlet with no cracks and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	<b>Electrical Hazards</b> The area is free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	<b>Electrical Panel</b> All breakers are labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	<b>Security</b> All windows and doors that are accessible from outside are lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	<b>Window Condition</b> All windows free of signs of deterioration or missing or broken out panes. Properly installed and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	<b>Ceiling Condition</b> The ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	<b>Wall and Baseboard Condition</b> Walls are in good condition with no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	<b>Floor Condition</b> The floor is sound with no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.9	<b>Lead – Based Paint (Pre 1978 Homes)</b> All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.10	<b>Weatherization for Basement</b> The box sill is insulated, dry and support post in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Part 8 – Heating and Plumbing**

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
8.1	<b>Heating Unit (Furnace, Boiler or Heat pumps)</b> In good condition and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	<b>Water Supply</b> Is the home served by a public water system or private well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	<b>Water Heater</b> In good condition, installed correctly, and wired on a separate breaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	<b>Septic System</b> Working properly, no clogged drains, traps installed in kitchen, bath sink and shower.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	<b>Well Pump and Tank</b> Provides enough pressure and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Part 9 – Attic**

9.1	<b>Attic Insulation</b> Appropriate amount of insulation exists, no visible joists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.2	<b>Attic Door/Hatch</b> Insulation present around the attic door/hatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.3	<b>Attic Ventilation</b> Free of moisture and/or rot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Referred to CAA Weatherization Department for a complete Energy Audit</b>				

**Notes**