

The unit, inside and outside walk before the NSPIRE inspector comes: alarms, electrical, egress, water, heat, mold, pests — each with a dated photo.

25 items in 3 areas. Tick one rating per item; write what you see, and number any photo you take next to the item it belongs to.

PROPERTY _____ INSPECTED BY _____ DATE _____

Scale: ☐ Good ☐ Fair ☐ Poor ☐ N/A · Fair and Poor items become work orders in the app

UNIT

Smoke alarms present and working	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Carbon monoxide alarms where required	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Outlets, switches & cover plates	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
GFCI outlets near water	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Exposed wiring or open electrical panels	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Windows open, stay open and lock	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Entry door closes, latches and locks	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Bedroom egress clear	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Heating works	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Water heater relief valve & discharge line	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Sinks, tub & toilet: leaks and drainage	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Mold-like growth or water damage	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Signs of pests	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Walls, ceilings & floors: holes, trip hazards	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A
Stair railings & guardrails	_____	☐ Good	☐ Fair	☐ Poor	☐ N/A

INSIDE

Hallways & stairs: lighting, handrails, clear path _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Fire doors close and latch _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Exit signs & emergency lighting _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Fire extinguishers in place, tag current _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Laundry, trash & mechanical rooms _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

OUTSIDE

Walkways, steps & parking: trip hazards _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Exterior lighting _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Roof, gutters & siding _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Fencing, gates & play areas _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Address numbers visible _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

SUMMARY AND ACTION ITEMS

SIGNATURES

Inspector_____
Resident / client_____
Date