

City of Mission

Multi-Family Rental Property Inspection Form

Complex Name _____	Date _____
Property Address _____	Unit # _____
Property Owner _____	
First Inspection _____	Reinspection _____
Inspector _____	

Building Exterior and Site Conditions

Pass	Fail	Item	Inspector Comments
		Foundation	
		Exterior Walls	
		Exterior Trim	
		Guttering	
		Roof	
		Chimney	
		Window/Screens	
		Doors/Locks	
		Stairs/Rails/Porches	
		Driveways	
		Outside Storage	
		Fences	
		Greenspace/Weeds	
		Accessory Structures/Uses	
		House Numbers	
		Other	

Building Interior

Living Room

Pass	Fail	Item	Inspector Comments
		Electrcial Hazards	
		Windows	
		Ceilings	
		Walls	
		Floors	
		Other	

Kitchen

Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Windows	

		Ceiling	
		Walls	
		Floor	
		Sink	
		Stove/Range	
		Other	
		GFCI	

Bathroom			
-----------------	--	--	--

Pass	Fail	Item	Inspector Comments
		Electrical Item	
		Window Condition	
		Floor	
		Ceiling	
		Walls	
		Toilet	
		Wash Basin	
		Tub/Shower	
		Ventilation	
		GFCI	

Bedroom			
----------------	--	--	--

Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Windows	
		Floor	
		Ceiling	
		Walls	
		Smoke Detector	
		Other	

Bedroom			
----------------	--	--	--

Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Windows	
		Floor	
		Ceiling	
		Walls	
		Smoke Detector	
		Other	

Bedroom			
Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Windows	
		Floor	
		Ceiling	
		Walls	
		Smoke Detector	
		Other	

Bedroom			
Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Windows	
		Floor	
		Ceiling	
		Walls	
		Smoke Detector	
		Other	

Bedroom			
Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Windows	
		Floor	
		Ceiling	
		Walls	
		Smoke Detector	
		Other	

Additional Bathroom			
Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Window Condition	
		Floor	
		Ceiling	
		Walls	
		Toilet	

		Wash Basin	
		Tub/Shower	
		Ventilation	
		GFCI	
		Other	

Other Rooms

Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Window	
		Floor	
		Ceiling	
		Walls	
		Other	

Other Rooms

Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Window	
		Floor	
		Ceiling	
		Walls	
		Other	

Laundry Room/Area

Pass	Fail	Item	Inspector Comments
		Electrical Hazards	
		Window	
		Ceilings	
		Floor	
		Walls	
		GFCI	
		Dryer Exhaust	

Other Interior Conditions

Pass	Fail	Item	Inspector Comments
		Smoke Detectors Each Level	
		Heating Equipment	

		Hot Water Heater	
		Proper Exits	
		Evidence of Infestation	
		Refuse Storage	
		Interior Halls and Stairs	
		Interior Air Quality	
		Access to Unit	
		Other	
Additional Inspector Comments			
Status of Unit			
Unit Passed Inspect	Reinspection Not Required	Reinspection Required	

Inspector Signature		Date _____	
---------------------	--	------------	--