

**SAMPLE  
INSPECTION REPORT FORMAT**

Displaced Person's Name:

Case Number:

Special Requirements: Handicapped

Other (Specify)

• **Units Inspected**

1. Address: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

A. Does the building meet Section 8 Housing Quality Standards?      YES              NO

If NO, what would be required to bring unit to Section 8 Standards?

B. Does the building meet Local Housing Code/ Occupancy Code?      YES              NO

If NO, what would be required to bring unit to code in addition to items listed in A above?

C. Estimated Date of Construction:

D. If prior to 1978, results of paint analysis:

If lead-based paint, what is necessary to remove hazard?

E. If there are deficiencies and the unit is slated for use as replacement housing, date of re-inspection:

Were all certified deficiencies corrected? YES NO

List all uncorrected deficiencies:

F. If uncorrected deficiencies, date of re-inspection:

G. Description of Unit

Bedrooms	Kitchen	Family Room
Bathrooms	Living Room	Basement
Attic		

Construction:

General Condition:

H. I (name), (position) hereby certify that  
the building at (address)

meets all (1) applicable housing and occupancy codes, or (2) Section 8 Existing Housing Quality Standards (cross-out mode standard not met).

Signed: \_\_\_\_\_  
(name, title)

Date: