



CITY OF GLENN HEIGHTS PROPERTY INSPECTION REPORT - *DRAFT*

Property Address:

Inspector Name:

Date:

Owner/Tenant :

Report Identification

I= Inspected NI=Not Inspected NP=Not Present D=Deficient
I NI NP D

I. STRUCTURAL SYSTEMS

A. Walls (Interior and Exterior)

Comments:

B. Ceilings and Floors

Comments :

C. Doors (Interior and Exterior)

Comments :

D. Windows

Comments :

E. Stairways (Interior and Exterior)

Comments :

F. Fireplaces and Chimneys

Comments :

G. Porches ,Balconies and Decks
Comments:

H. Others
Comments:

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II. ELECTRICAL SYSTEMS

A. Service Entrance and Panels (Labeled)
Comments:

B.Light Fixtures Operational
Comments:

C. Electrical outlets Cover
Comments:

D. Wires and Extension Cords
Comments:

E. GFCI Plugs in (Exterior, Garage, Kitchen and Washrooms)
Comments:

F. Others
Comments:

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III. PLUMBING SYSTEMS

 A. Plumbing Supply, Distribution Systems and Fixtures
Comments:

 B. Drains, Wastes and Vents
Comments:

 C. Water Heating Equipment
Comments:

 D. Hydro Massage Therapy Equipment
Comments:

 F. Others
Comments:

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**IV. HEATING, VENTILATION AND AIR
CONDITIONING SYSTEMS**

 A. Heating Equipment
Comments:

 B. Cooling Equipment
Comments:

 C. Duct System and Filters
Comments:

D. Others
Comments:

V. APPLIANCES

A. Dishwashers
Comments:

B. Range Hood ,Stove and Exhaust Systems
Comments:

C. Microwave Ovens
Comments:

D. Garage Door Operators
Comments:

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E. Dryer Exhaust System
Comments:

F. Other
Comments:

VI. OTHER SYSTEMS

A. Swimming Pools ,Spas, Hot Tubs and Equipment

Comments:



B. Sprinkler System
Comments:



C. Other
Comments: