**Health & Safety Special Inspection (Refer to 105 CMR 410.750 A – O)**

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| --- | --- | --- | --- |
| Occupant: | Development: | Unit: | Date: |
| Occupant present? Yes / No | Inspector: |  |  |

(Check all that apply)

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| **Deficiency** | **Present?** | **Description/Location** |
| Inadequate or unsafe water supply and hot water temperatures between 110 and 130 degrees (410.750 [A] [E] ) |  |  |
| Inadequate heat, improper venting or air supply, or air supply which deprives a bedroom or bathroom of oxygen (410.750 [B]) |  |  |
| Un-restored shut off of electricity or gas (410.750 [C]) |  |  |
| Inadequate electrical facilities or electrical hazards (410.750 [D]) |  |  |
| Inoperable toilet or sewage disposal system (410.750 [F]) |  |  |
| Inadequate or obstructed exits, passageways, or fire escapes in disrepair (including snow and ice) (410.750 [G]) |  |  |
| Accumulation of garbage, rubbish or filth (410.750 [I]) |  |  |
| Insect or rodent infestation or improper storage of pesticides (410.750 [I,O]) |  |  |
| Failure to provide security (410.750 [H]) |  |  |
| Plumbing, heating or gas burning facilities which expose occupants to public fire, burns, shock or danger (410.750 [L]) |  |  |
| Defect in asbestos or activity or work in violation or presence of lead based paint (410.750 [J][M]) |  |  |
| Missing, inoperative or tenant-disconnected smoke detectors or CO detectors (410.750 [N]) |  |  |
| Improper storage or LP gas or other volatile or flammable substances (410.750 [P]) |  |  |
| Inoperable emergency lighting or exit signs (410.483) |  |  |
| Any other Health & Safety deficiencies noted by inspector (410.750 [P]) |  |  |

The items noted above are deemed to endanger or impair health and safety or are otherwise a hazard to the occupants or the public. Within 24 hours, the owner shall correct these items or make a good faith effort to commence correction and take interim measures to prevent risk to persons or deterioration of the condition.

I/we certify that the item(s) above have been completely repaired and that the condition deemed to endanger or impair health or safety has been corrected.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_