**Inspection Form**

**Agency Name, Address, Phone**

105 Code of Massachusetts Regulations (CMR) 410.000: *Minimum Standards of Fitness for Human Habitation, State Sanitary Code, Chapter II*

**Address**  **Unit #**   **City/Town**

**Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ Total # Unit Occupants:\_\_\_\_** **Total Unit Occupants <6 Yrs. Old: \_\_\_\_**

**Occupant Name: Occupant Phone #:**

**Owner Name: Owner Phone #:**

**Owner Address: City/Town: Zip Code:**

**# Dwelling/ Rooming Units in Dwelling: # Stories: Floor Level of Unit:**

**# Sleeping Rooms: # Habitable Rooms:**

**Homeless Shelter? Yes No**

**Inspector Title**

**If violations are observed and checked, describe them fully on Page 3.**

|  | **Type of Violation****Use blank boxes for violations not listed** | **Possible Code Section(s)** | **Violation Observed**  | **Responsible Party** |
| --- | --- | --- | --- | --- |
| **Owner** | **Occupant**410.240 |
| **Exterior, Yard & Porch** | Locks  | 270 |  |  |  |
| Posting, ID, Exit signs/emergency lights | 310, 400, 410 |  |  |  |
| Handrails, steps, doors windows, roof | 500, 510, 520, 500, 530 |  |  |  |
| Rubbish—storage and collection | 560 |  |  |  |
| Maintenance of Area | 570 |  |  |  |
|  |  |  |  |  |
| **Common Areas & Entry** | Illumination, windows | 220, 300, 530, |  |  |  |
| Egress | 260 |  |  |  |
| Handrails | 520 |  |  |  |
|  |  |  |  |  |
| **Interior Halls & Stairs** | Floors, walls ceilings | 500 |  |  |  |
| Hallways, railings, stairs | 520 |  |  |  |
| Light, windows | 220, 300, 530, 540 |  |  |  |
|  |  |  |  |  |
| **Bedroom 1** | **Location (circle): Front Rear Middle Left Middle Right Floor Level of Unit** |
|  |  |  |  |  |
| Ventilation | 220 |  |  |  |
| Ceiling height/Minimum Square Footage | 420 |  |  |  |
| Windows, screen | 530, 540 |  |  |  |
| Lights/Outlets | 140, 300 |  |  |  |
|  |  |  |  |  |
| **Bedroom 2** | **Location (circle): Front Rear Middle Left Middle Right Floor Level of Unit** |
| Ventilation | 220 |  |  |  |
| Ceiling height/Minimum Square Footage | 420 |  |  |  |
| Windows, screen | 530, 540 |  |  |  |
| Lights/Outlets | 140, 300 |  |  |  |
|  |  |  |  |  |
| **Bathroom**  | Toilet, sink, shower, tub, door | 110, 120, 140 |  |  |  |
| Smooth, impervious surfaces | 110 |  |  |  |
| Lights, outlets, ventilation | 140, 220, 300 |  |  |  |
| Floors/walls | 110 |  |  |  |
|  |  |  |  |  |
| **Kitchen** | Sink, stove, oven; good repair, cabinets, shelving, countertops impervious and smooth, space for a refrigerator | 100 |  |  |  |
| Lights, outlets, ventilation, windows, screens | 220, 430, 530, 540 |  |  |  |
| Ceiling height | 420 |  |  |  |
| Floor | 100 |  |  |  |
|  |  |  |  |  |
| **Living room and Dining Room** | Lights, outlets, ventilation | 220, 235, 300,  |  |  |  |
| Ceiling height | 420 |  |  |  |
| Windows/screens | 530, 540 |  |  |  |
|  |  |  |  |  |
| **Basement** | Maintenance | 500 |  |  |  |
| Watertight | 500 |  |  |  |
| Illumination | 300 |  |  |  |
|  |  |  |  |  |
| **Water** | **Source (circle):** Public Private |
| Not Potable | 130 |  |  |  |
| Quantity, pressure | 130 |  |  |  |
| Responsible for paying MGL ch 186 s 22, metering | 130 |  |  |  |
|  |  |  |  |  |
| **Hot Water** | **Fuel Type (circle):** Natural Gas Oil Electric Other **Temp.: \_\_\_\_** of **Location taken:** |
| Quantity and/or pressure insufficient or temperature above or below required temps Sinks - 110 F min, 130 F max Bath/shower 110 F min – 120 F max | 150 |  |  |  |
| Venting of water heater | 170 |  |  |  |
|  |  |  |  |  |
| **Heating** | **Type (circle):** Forced Hot Water Forced Hot Air Steam Electric Other:\_\_\_\_\_\_\_\_\_\_\_\_**Temp.: \_\_\_\_** of **Location taken:** |
|  Impermissible portable units or space heaters (e.g. fuel supply located less than 42 inches from burner, unvented gas burning units)  | 160 |  |  |  |
| Minimum temperatures not maintained in every Habitable room and every bathroom during heating season (5/31 – 9/15)*7 am to 11 pm:* 68 FNote: measure 5 feet from wall, 5 feet from floor | 180 |  |  |  |
| Venting, metering | 170, 200, 210 |  |  |  |
|  |  |  |  |  |
| **Electrical** | **Type (circle): 110 220 Amp:**  |
| Metering and access | 200 |  |  |  |
| Insufficient amperage, temporary wiring, | 320 |  |  |  |
| **Drainage, Plumbing** | **Type (circle): Public Private** |
| Insufficient or unmaintained Sanitary drainage system  | 130, 235, 300  |  |  |  |
|  |  |  |  |  |
| **Smoke & CO Detectors** | Not in required locations or operational | 330 |  |  |  |
|  |  |  |  |  |
| **Pests** | Pests (rodents, skunks, cockroaches, insects) | 550, 570 |  |  |  |
| Structural maintenance and elimination of harborage | 500, 540  |  |  |  |
|  |  |  |  |  |
| **Asbestos**  | Damaged, friable, holes, cracks, tears | 250 |  |  |  |
| **Lead Paint** | Licensed Code Enforcement Lead Determinators offer determination for pre-’78 unit with a child < 6 | 410.470105 CMR 460.00 |  |  |  |
| **Curtailment** | Curtailment without reasonable notice or temporary emergency | 003 |  |  |  |
| **Access** | Less than 48 hours’ notice to the occupant for non-emergency repairs | 003 |  |  |  |
| **Laundering** | Laundering between individuals (Bed linens/towels/blankets) | 230 |  |  |  |
| Laundering frequency (Bed linens/towels/blankets/pillow & mattress covers) |  |  |  |  |
|  |  |  |  |  |
| Mattress not cleaned or replaced when not in good condition. |  |  |  |  |
| **Other** |  |  |  |  |  |
|  |  |  |  |  |
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**Reinspection Form**

**Agency Name, Address, Phone**

105 Code of Massachusetts Regulations (CMR) 410.000: *Minimum Standards of Fitness for Human Habitation, State Sanitary Code, Chapter II*

**Address**  **Unit #**   **City/Town**

**Referral: ¨ Electric ¨ Fire ¨ Plumbing ¨ Building ¨ Other**

***This inspection report is signed and certified under the pains and penalties of perjury.***

**Inspector Signature**

**Occupant or Occupant’s Representative Signature**

**Reinspection Date Time**

**Written description of any violation(s) checked above**

Include Area or Element, code citation and a description of the condition(s) that constitute the violation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Area/Element, Code Citation and Description of Violation** | **Condition Deemed to Endanger or Materially Impair Health or Safety?** Yes/No(*105 CMR 410.630 (A))* | Timeframeto Comply  | Reinspection Date  |
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