



CITY OF NEW BEDFORD HEALTH DEPARTMENT
Environmental Health Division Inspection Form
 1213 Purchase Street, New Bedford, MA 02740

SSC 105 CMR 410.000: Chapter II, Minimum Standards of Fitness for Human Habitation

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Date <u>7/26/2019</u>	Time In:	Time Out:	# Occupants	# Children < 6 Years
Address [REDACTED] #		City/Town <u>NEW BEDFORD</u>		
Occupant Name		Phone #		
Owner Name [REDACTED]		Phone#		
Owner Address [REDACTED]		City/Town <u>FARHAVEN</u> Zip Code <u>02719</u>		
# Dwelling/ Rooming Units in Dwelling		# Stories		Floor Level of Unit
# Sleeping Rooms		# Habitable Rooms (.400)		
Inspector <u>JASON D. MONTEIRO</u>		Title <u>SANITARIAN</u>		

Area or Element	Type of Violation Use blank boxes for ones not listed	Possible Code Section(s)	✓if Violation Observed	Responsible Party	
				Owner	Occupant
Exterior, Yard & Porch	Locks	480			
	Posting, ID, Exit signs/emergency lights	481, 483, 484			
	Handrails, steps, doors windows, roof	500, 501, 503			
	Rubbish—storage and collection	600, 601			
	Maintenance of Area	602	✓	✓	
Common Areas & Entry	Light, windows	253, 254, 501			
	Egress	450, 451, 452	✓	✓	
	Handrails	503			
Interior Halls & Stairs	Floors, walls ceilings	500			
	Hallways, railings, stairs	503			
	Light, windows	253, 254, 501			
Bedroom 1	Location (circle): Front Rear Middle Left Middle Right	Floor Level of Unit			
	Ventilation	280			
	Ceiling height	401, 402			
	Windows, screen	501, 551	✓	✓	
Bedroom 2	Location (circle): Front Rear Middle Left Middle Right	Floor Level of Unit			
	Ventilation	280			
	Ceiling height	401, 402			
	Windows, screen	501, 551	✓	✓	
Bathroom	Toilet, sink, shower, tub, door	150	✓	✓	
	Smooth, impervious surfaces	150	✓	✓	
	Lights, outlets, ventilations	251, 280	✓	✓	
	Floors/walls	504	✓	✓	
Kitchen	Sink, stove, oven; good repair, impervious and smooth, space refrigerator	100	✓	✓	
	Lights, outlets, ventilation, windows, screens	251, 280, 501, 551			
	Lights, outlets, ventilation, windows, screens	251, 280, 501, 551	✓	✓	
	Ceiling height	401, 402			
	Floor	504			

ADDRESS:

UNIT #:

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Area or Element	Type of Violation Use blank boxes for ones not listed	Possible Code Section(s)	✓if Violation Observed	Responsible Party	
				Owner	Occupant
Living room and Dining Room	Lights, outlets, ventilation	250, 280			
	Ceiling height	401, 402			
	Windows/screens	501, 551			
Basement	Maintenance	500			
	Watertight	500			
	Lighting	253			
Water	Source (circle): Public Private				
	Must be potable	180			
	Quantity, pressure	180			
	Responsible for paying MGL, Ch 186 s 22, metering	354			
Hot Water	Fuel Type (circle): Natural Gas/Oil Electric Other Temp.: _____ °F / Location taken:				
	Quantity, pressure, 110 F min, 130 max	190			
	Venting	202			
Heating	Type (circle): Forced Hot Water Forced Hot Air Steam Electric				
	No portable units	200			
	"Habitable room and every room with toilet, shower, tub"	201			
	• 68°F - 7 am to 11 pm, 64°F - 11:01 pm to 6:59 am, except 6/15 - 9/15				
	• 78 °F max in heating season/measure 5 feet wall, 5 feet floor				
	Venting, metering	202, 354, 355			
Electrical	Type (circle): 110 220 Amp:				
	Amperage, temporary wiring, metering	250, 255, 256, 354			
Drainage, Plumbing	Type (circle): Public Private				
	Sanitary drainage required and maintained	300, 351			
Smoke & CO Detectors	Required & operational	482			
Pests	Free of pests (rodents, skunks, cockroaches, insects)	550			
	Structural maintenance and elimination of harborage	550			
Asbestos or Lead Paint		353, 502			
Curtailement		620			
Access		810			
Other	RESTORE ALL UTILITIES, SEWAGE AND STRUCTURAL ELEMENTS TO CODE WITH NO TIME RESTRAINTS				

Referral: ☐ Electric ☐ Fire ☐ Plumbing ☐ Building ☒ Other RECEIVERSHIP

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

Inspector Signature: *John D. Marshall*

Occupant or Occupant's Representative Signature:

Re-inspection Date

Time

A written description of any violations found and checked in this inspection report will be mailed within seven (7- 12) business days.







