

## NSPIRE SELF-INSPECTION INSPECTION CHECKLIST

PHA/POA Name:	Number of Buildings:	
Address:	Number of Units:	
Year Constructed:	Health & Safety Designation	Correction Timeframe (P/F)
Any children under 6 expected to reside in unit? (Y/N) (Only for properties built prior to 1978)	Text in <b>red</b>	<b>Scored at LT level</b>
Date of inspection:	Text in <b>green</b>	<b>Not scored EVER</b>
Inspector:	Text in <b>purple</b>	<b>Not scored until 10/01/2026</b>
<b>Summary Decision on Unit (Pass/Fail):</b>	Text in <b>orange</b>	<b>Scored as LT even though Severe</b>
	LT	<b>Life-Threatening - 24 Hours (Fail)</b>
	S	Severe - 30 Days (Fail)
	M	Moderate - 30 Days (Fail)
	L	Low - N/A (Pass)

\*Affirmative Habitability Requirement per 24 CFR 5.703(d) and NSPIRE Final Rule

**Mark all that apply:**

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Address and Signage	Address, signage, or building identification codes are broken, illegible, or not visible.			M <input type="checkbox"/>	
Bathtub and Shower	Only 1 bathtub or shower is present and it is inoperable or does not drain.	S <input type="checkbox"/>	L <input type="checkbox"/>		
	A bathtub or shower is inoperable or does not drain and at least 1 bathtub or shower is present elsewhere that is operational.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Bathtub component or shower component is damaged, inoperable, or missing such that it <b>MAY</b> limit the resident's ability to maintain personal hygiene. (Diverter inoperable, discoloration over 50%, etc)	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Bathtub component or shower component is damaged, inoperable, or missing and it does <b>NOT</b> limit the resident's ability to maintain personal hygiene. (Stopper, cross metal bar, discoloration less than 50%, etc)	L <input type="checkbox"/>			
	Bathtub or shower cannot be used in private.* (Be observed from adjacent area or exterior space)	*M <input type="checkbox"/>	M <input type="checkbox"/>		
Cabinet and Storage	Food storage space is not present.*	*M <input type="checkbox"/>			
	50% or more individual (drawer, doors, shelves) storage component is damaged, inoperable, or missing.	M <input type="checkbox"/>	L <input type="checkbox"/>		
Call-For-Aid System	System is blocked, or pull cord is higher than 6 inches off the floor.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	System does not function properly. (No sound, light, wrong room/unit, cord missing or tied up such that it cannot be engaged)	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
Carbon Monoxide	Carbon monoxide alarm is missing, not installed, or not installed in a proper location.* See Standard Online for specific location requirements	LT <input type="checkbox"/>			
	Carbon monoxide alarm is obstructed.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Carbon monoxide alarm does not produce an audio or visual alarm when tested.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
Ceiling	Ceiling has an unstable surface. (Cracks, circles or blisters like nail pops - NOT cosmetic damage)	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Ceiling has a hole at least 2 inches or greater in diameter	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Ceiling component(s) is not functionally adequate (missing ceiling)	S <input type="checkbox"/>	S <input type="checkbox"/>		

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Chimney	<b>A visually accessible chimney, flue, or firebox connected to a fireplace or wood-burning appliance is incomplete or damaged such that it may not safely contain fire and convey smoke and combustion gases to the exterior.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	<b>Chimney exhibits signs of structural failure. (Misaligned, detached, leaning away from building, collapsed, imminent danger of collapse)</b>			LT <input type="checkbox"/>	
Clothes Dryer Exhaust Ventilation	<b>Electric dryer transition duct is detached or missing.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	<b>Gas dryer transition duct is detached or missing.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	<b>Electric dryer exhaust ventilation system has restricted airflow.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	<b>Dryer transition duct is constructed of unsuitable material. (Not metal or APPROVED material)</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	<b>Gas dryer exhaust ventilation system has restricted airflow.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Exterior dryer vent cover, cap, or a component thereof is missing (or damaged)			L <input type="checkbox"/>	
Cooking Appliance	Cooking range, cooktop, or oven does not ignite or produce heat.	S <input type="checkbox"/>	L <input type="checkbox"/>		
	Cooking range, cooktop, or oven component is damaged or missing such that the device is unsafe for use.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Primary cooking appliance is missing.*	*M <input type="checkbox"/>			
	A microwave is the primary cooking appliance and it is damaged (ANY damage)	S <input type="checkbox"/>			
	A burner does not produce heat, but at least 1 other burner is present on the cooking range or cooktop and does produce heat.	M <input type="checkbox"/>	M <input type="checkbox"/>		
Door - Entry	Entry door will not open.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door will not close. (latch)	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door self-closing mechanism is damaged, inoperable, or missing.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Hole, split, or crack with separation is present, or glass missing/damaged	M <input type="checkbox"/>	M <input type="checkbox"/>		
	<b>Entry door is missing.</b>	LT <input type="checkbox"/>	S <input type="checkbox"/>		
	Entry door surface is delaminated or separated.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door frame, threshold, or trim is damaged or missing AND either 1/4 gap with light OR water damage	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door seal, gasket, or stripping is damaged, inoperable, or missing.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door component is damaged, inoperable, or missing and it does <b>NOT</b> limit the door's ability to provide privacy or protection from weather or infestation.	L <input type="checkbox"/>	L <input type="checkbox"/>		
Entry door cannot be secured.	S <input type="checkbox"/>	M <input type="checkbox"/>			
Door - Fire	Fire labeled door does not open such that it may limit access between spaces	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Fire labeled door does not close and latch <b>OR</b> the self-closing hardware is damaged or missing such that the door does not self-close and latch.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Fire labeled door assembly has a hole of any size or is damaged such that its integrity may be compromised.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Fire labeled door seal or gasket is damaged or missing.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	An object is present that may prevent the fire labeled door from closing and latching or self-closing and latching. (Kick down door stops, wedges, furniture, etc)	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Fire labeled door cannot be secured by at least 1 installed lock (only if designed on Common Areas)	S <input type="checkbox"/>	M <input type="checkbox"/>		
	<b>Fire labeled door is missing. (Evidence of prior installation)</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>		

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments			
Door - General	A passage door does not open such that it may limit the resident's ability to move freely between rooms.	M	<input type="checkbox"/>	M	<input type="checkbox"/>			
	A passage door component is damaged, inoperable, or missing and the door is not functionally adequate. (Does not provide privacy, separation between rooms, or manage atmosphere within room)	L	<input type="checkbox"/>	L	<input type="checkbox"/>			
	A door that is <b>NOT</b> intended to permit access between rooms has a damaged, inoperable, or missing	L	<input type="checkbox"/>					
	An exterior door component is damaged, inoperable, or missing. (Cabinets, dog house, etc)			M	<input type="checkbox"/>			
Drain	Drain is fully blocked.	M	<input type="checkbox"/>	M	<input type="checkbox"/>	M	<input type="checkbox"/>	
Egress	<b>Obstructed means of egress. (Doors and pathways to doors ONLY - no windows)</b>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	
	<b>Sleeping room is located on the 3rd floor or below and has an obstructed rescue opening. (Resident-owned property obstructing the only egressable window is NOT a deficiency)</b>	LT	<input type="checkbox"/>					
	<b>Fire escape access is obstructed. (Resident-owned property obstructing the only egressable window is NOT a deficiency)</b>	LT	<input type="checkbox"/>					
Electrical - Conductor, Outlet, and Switch	<b>Outlet or switch is damaged - NOT cover plates. (Smoke, burn marks, damaged outlet holes, etc)</b>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	
	Testing indicates a three-pronged outlet is not properly wired or grounded.	S	<input type="checkbox"/>	S	<input type="checkbox"/>	S	<input type="checkbox"/>	
	Outlet does not have visible damage and testing indicates it is not energized. Also inoperable outlets - CANNOT BE USED by a 3-prong device due to paint or blockage).	S	<input type="checkbox"/>	S	<input type="checkbox"/>	S	<input type="checkbox"/>	
	<b>Exposed electrical conductor (Knockouts, missing/damaged electrical covers, wire nuts exposed, sheathing or conduit missing/damaged, white terminal on conductors is missing from missing hardwired smoke alarms).</b>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	
	<b>Water is currently in contact with an electrical conductor.</b>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>			
Electrical - GFCI/AFCI	GFCI outlet or GFCI breaker is not visibly damaged and the test or reset button is inoperable.	S	<input type="checkbox"/>	S	<input type="checkbox"/>	S	<input type="checkbox"/>	
	AFCI outlet or AFCI breaker is not visibly damaged and the test or reset button is inoperable.	S	<input type="checkbox"/>	S	<input type="checkbox"/>	S	<input type="checkbox"/>	
	<b>An unprotected outlet is present within six feet of a water source.* (All outlets Outside) Inside/Units - water sources are sinks, bathtubs, showers, toilets and water faucets)</b>	*S	<input type="checkbox"/>	*S	<input type="checkbox"/>	*S	<input type="checkbox"/>	
Electrical - Service Panel	Electrical service panel is not readily accessible. (Blocked by heavy items - not calendars, pictures, etc).	M	<input type="checkbox"/>	M	<input type="checkbox"/>	M	<input type="checkbox"/>	
	<b>The overcurrent protection device (breaker/fuse) is damaged. (Burned, melted materials, smoke, etc.)</b>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	
	The overcurrent protection device (breaker/fuse) is contaminated. (Paint, rust, cockroaches, etc)	S	<input type="checkbox"/>	S	<input type="checkbox"/>	S	<input type="checkbox"/>	
Elevator	Elevator is inoperable.			M	<input type="checkbox"/>			
	Elevator door does not fully open and close.			M	<input type="checkbox"/>			
	Elevator cab is not level with the floor. (3/4 inch or more difference)			M	<input type="checkbox"/>			
	Safety edge device has malfunctioned or is inoperable. (Safety edge device = opens door if obstructed)			M	<input type="checkbox"/>			
Exit Sign	<b>Exit sign is damaged, missing, obstructed, or not adequately illuminated.</b>			LT	<input type="checkbox"/>	LT	<input type="checkbox"/>	
Fence and Gate	Fence component is missing resulting in a hole that is approximately 20% or greater of the area of a single section of fence.					M	<input type="checkbox"/>	
	Gate does not open, close, latch, or lock.					M	<input type="checkbox"/>	
	Fence demonstrates signs of collapse.					M	<input type="checkbox"/>	
Fire Escape	<b>Fire escape component is damaged or missing.</b>					LT	<input type="checkbox"/>	

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Fire Extinguisher	Fire extinguisher pressure gauge reads over or under-charged.	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>		
	Fire extinguisher service tag is missing, illegible, or expired (must be within 1 year of inspection date)	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>		
	Fire extinguisher is damaged or missing (Stickers, brackets, boxes, evidence it used to be there).	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>		
Flammable and Combustible Item	Flammable or combustible item is on or within 3 feet of an appliance that provides heat for thermal comfort or a fuel-burning water heater. (NOT KITCHEN STOVES) Check owner manual for true fire clearance on your heaters. OR Improperly stored chemicals. (No gasoline, kerosene, propane, butane, etc in common areas (unless room is designed for flammables) or Units.	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>		
Floor	Floor substrate is exposed - must be at least 10% or more in any room	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Floor component(s) is not functionally adequate. (Can't be walked on - wood rot, deflection, sloping, etc)	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
Food Preparation	Food preparation area is not present.*	*M	<input type="checkbox"/>				
	Food preparation area is damaged (10% or more) or is not functionally adequate (can't be sanitized).	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
Foundation	Foundation is cracked 1/4 inch wide AND at least 12 inches long	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Foundation vent cover is missing or damaged.				M	<input type="checkbox"/>	
	Foundation has ANY exposed rebar OR is spalling, flaking, or chipping and affected area is 12x12 inches or greater and goes into the foundation at a depth of 3/4 inch or greater.	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Foundation is infiltrated by water. (Stains, efflorescence, dampness, collected water, etc).	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Foundation support post, column, beam, or girder is damaged.	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
Garage Door	Garage door has a hole of any size that penetrates through to the interior	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Garage door does not open, close, or remain open or closed.	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
Guardrail	Grab bar is not secure. ANY MOVEMENT WHATSOEVER	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Guardrail is missing or not installed* along a walking surface that is more than 30 inches above the floor or grade below.	*LT	<input type="checkbox"/>	*LT	<input type="checkbox"/>		
	Guardrail is not functionally adequate. (Missing functional component, damaged, less than 30 inches in height or not securely attached and cannot reasonably protect from fall hazards).	LT	<input type="checkbox"/>	LT	<input type="checkbox"/>		
Handrail	Handrail is missing. (Evidence it used to be there)	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Handrail is not secure. (Has any movement in the anchors)	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Handrail is not functionally adequate. (Cannot be reasonably grasped by hand, not continuous for the full length of each stair flight, or handrail is not between 28 inches and 42 inches in height.	M	<input type="checkbox"/>	M	<input type="checkbox"/>		
	Handrail is not installed where required. (4 or more stair risers must have at least 1 handrail. Ramps with a rise greater than 6 inches OR a horizontal projection greater than 6 feet require 2 handrails).			L	<input type="checkbox"/>	L	<input type="checkbox"/>

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
HVAC	The inspection date is on or between October 1 and March 31 and the permanently installed heating source is not working OR the permanently installed heating source is working and the interior temperature is below 64 degrees Fahrenheit.*	*LT <input type="checkbox"/>			
	The inspection date is on or between October 1 and March 31 and the permanently installed heating source IS working and the interior temperature is 64 to 67.9 degrees Fahrenheit.*	*S <input type="checkbox"/>			
	Air conditioning system or device is not operational.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	<b>Unvented space heater that burns gas, oil, or kerosene is present.*</b>	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>		
	<b>Combustion chamber cover or gas shutoff valve is missing from a fuel burning heating appliance. (Gas shutoff should be UPSTREAM from the union).</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Heating system or device safety shield is damaged or missing. (Missing/damaged heater covers)	S <input type="checkbox"/>	S <input type="checkbox"/>		
	The inspection date is on or between April 1 and September 30 and a permanently installed heating source is damaged, inoperable, missing, or not installed.*	*M <input type="checkbox"/>	*M <input type="checkbox"/>		
	<b>Fuel burning heating system or device exhaust vent is misaligned, blocked, disconnected, improperly connected through the ceiling or wall (needs a collar), damaged, or missing a component including vent caps</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
The inspection date is on or between October 1 and March 31 and the permanently installed heating source is inoperable.		M <input type="checkbox"/>			
Infestation	Evidence of cockroaches.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	<b>Extensive cockroach infestation. (More than 2 rooms in a unit OR LIVE roaches already seen in 1 previous Unit/Common Area).</b>	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Evidence of bedbugs.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	<b>Extensive bedbug infestation. (More than 2 rooms in a unit OR LIVE bedbugs already seen in 1 previous Unit/Common Area).</b>	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Evidence of mice.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	<b>Extensive mouse infestation. (More than 2 rooms in a unit OR LIVE mice already seen in 1 previous Unit/Common Area).</b>	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Evidence of rats.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	<b>Extensive rat infestation. (1 Live rat seen in a Unit/Common Area)</b>	S <input type="checkbox"/>	S <input type="checkbox"/>		
Evidence of other pests. (Flies, gnats, wasps, bees, spiders, weevils, ants, etc INSIDE common areas/units)	M <input type="checkbox"/>	M <input type="checkbox"/>			
Leak - Gas/Oil	<b>Natural gas, propane, or oil leak.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Leak - Sewage	Blocked sewage system.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	Leak in sewage system.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	Cap to the cleanout or pump cover is detached or missing.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Cleanout cap or riser is damaged.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
Leak - Water	Environmental water intrusion. (Water penetrates building envelope from outside - not plumbing)	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Plumbing leak.	M <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	
	Fluid is leaking from the sprinkler assembly.	M <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	
Lighting - Auxiliary	Auxiliary lighting is damaged, missing, or fails to illuminate when tested.		S <input type="checkbox"/>	S <input type="checkbox"/>	

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Lighting - Exterior	A permanently installed light fixture is damaged, inoperable, missing, or not secure.			M <input type="checkbox"/>	
Lighting - Interior	A permanently installed light fixture is inoperable.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	A permanently installed light fixture is not secure.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	At least one (1) permanently installed light fixture is not present in the kitchen and bathroom.*	*M <input type="checkbox"/>	*M <input type="checkbox"/>		
Litter	Litter is accumulated in an undesignated area. (i.e. litter around designated trash areas are exempt)		M <input type="checkbox"/>	L <input type="checkbox"/>	
Minimum Electrical and Lighting	At least two (2) <b>working (must be able to test with circuit tester)</b> outlets are not present within each habitable room ( <b>living room, dining room, kitchen and bedroom</b> ). OR At least one (1) working outlet and one (1) permanently installed light fixture is not present within each habitable room.* (If you cannot test the MINIMUM number of outlets, then it's a deficiency).	*M <input type="checkbox"/>			
Mold-Like Substance	Presence of mold-like substance at moderate levels (CUMULATIVELY between 4 sq in to 1 sq foot) is observed visually.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Presence of mold-like substance at high levels (CUMULATIVELY between 1 sq foot and 9 sq feet) is observed visually.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Presence of mold-like substance at extremely high levels (CUMULATIVELY over 9 sq feet) is observed visually.	LT <input type="checkbox"/>	S <input type="checkbox"/>		
	Elevated moisture level. (This actually means <b>DRY</b> water damage anywhere - must test with moisture meter. If wet, cite under Leak-Water).	M <input type="checkbox"/>	L <input type="checkbox"/>		
Parking Lot	Parking lot has any one pothole that is 4 inches deep and 1 square foot or greater.			M <input type="checkbox"/>	
	Parking lot has ponding. (More than 3 inches accumulated AND 5% or more of parking lot is unusable)			M <input type="checkbox"/>	
Potential Lead-Based Paint Hazards - Visual Assessment	Paint in a Unit or Inside the target property is deteriorated – <b>below</b> the level required for lead-safe work practices by a lead-certified firm or for passing clearance. (Less than or equal to 2 sq ft or less than 10% of a component)	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Paint in a Unit or Inside the target property is deteriorated – <b>above</b> the level required for lead-safe work practices by a lead-certified firm and passing clearance. (More than 2 sq ft or more than 10% of a component)	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Paint Outside on a target property is deteriorated – <b>below</b> the level required for lead-safe work practices by a lead-certified firm or for passing clearance. (Less than or equal to 20 sq ft CUMULATIVELY throughout property)			M <input type="checkbox"/>	
	Paint Outside on a target property is deteriorated – <b>above</b> the level required for lead-safe work practices by a lead-certified firm and passing clearance. (More than 20 sq ft CUMULATIVELY throughout property)			S <input type="checkbox"/>	
Private Roads and Driveways	Road or driveway access to the property is blocked or impassable for vehicles. (security gates exempt)			S <input type="checkbox"/>	
	Road or driveway has any one pothole that is 4 inches deep and 1 square foot or greater.			M <input type="checkbox"/>	
Refrigerator	Refrigerator is inoperable such that it may be unable to safely and adequately store food.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Refrigerator component is damaged such that it impacts functionality. (gasket, drawers, shelves, etc)	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Refrigerator is missing.* (only if there is evidence it used to be there)	*M <input type="checkbox"/>			
Retaining Wall	Retaining wall is leaning away from the fill side.			M <input type="checkbox"/>	
	Retaining wall is partially or completely collapsed. (any damage)			M <input type="checkbox"/>	

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Roof Assembly	Restricted flow of water from a roof drain, gutter, or downspout OR 25 sq ft ponding located <b>above</b> drain.			M <input type="checkbox"/>	
	Gutter component is damaged, missing, or unfixed.			M <input type="checkbox"/>	
	Roof surface has standing water approx 25 sq ft or more <b>NOT</b> near drain or scupper			M <input type="checkbox"/>	
	Substrate is exposed. (missing/damaged shingles, tiles, membrane, etc)			M <input type="checkbox"/>	
	Roof assembly has an unintentional hole of any size or intentional hole not covered by vent/screen			M <input type="checkbox"/>	
	Roof assembly is damaged. (Soffits, eaves, fascia, roof deck, and attic/roof vent components <b>ONLY</b> )			M <input type="checkbox"/>	
Sharp Edges	A sharp edge that can result in a cut or puncture hazard is present. (carpet tack strip, broken glass, etc)	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
Sidewalk, Walkway, Ramp	Sidewalk, walkway, or ramp is blocked or impassable. (Partial or fully blocked) Ex: overgrown vegetation			M <input type="checkbox"/>	
	Sidewalk, walkway, or ramp is not functionally adequate. (unstable material, not safe to traverse)			M <input type="checkbox"/>	
Sink	Sink or sink component is damaged or missing and the sink is <b>NOT</b> functionally adequate.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Water is directed outside of the basin.	L <input type="checkbox"/>	L <input type="checkbox"/>		
	Sink is not draining.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Sink is improperly installed, pulling away from the wall, leaning, or there are gaps between the sink or vanity and wall.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Sink component is damaged or missing and the sink is functionally adequate.	L <input type="checkbox"/>	L <input type="checkbox"/>		
	Cannot activate or deactivate hot AND cold water.*	*M <input type="checkbox"/>	M <input type="checkbox"/>		
	Sink is missing or not installed within the primary <b>kitchen</b> .* (HUD defines a kitchen as containing a sink, cooking appliance, refrigerator, food preparation area, and food storage area).	*M <input type="checkbox"/>			
Site Drainage	Water runoff is unable to flow through the site drainage system.			L <input type="checkbox"/>	
	Erosion is present.			L <input type="checkbox"/>	
	Grate is not secure or does not cover the site drainage system's collection point.			M <input type="checkbox"/>	
Smoke Alarm	<b>Smoke alarm is not installed where required.* (Units: On each level, inside bedrooms and outside bedrooms (within 21 feet of any bedroom door)) (Inside: On each level, outside/inside Classrooms)</b>	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>		
	<b>Smoke alarm is obstructed.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	<b>Smoke alarm does not produce an audio or visual alarm when tested.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
Sprinkler Assembly	<b>Sprinkler head assembly is encased or obstructed by an item or object that is within 18 inches of the sprinkler head. (Furniture, shelves, stacked material, etc)</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	<b>Sprinkler assembly component is damaged, inoperable, or missing and it is detrimental to performance. (Broken hanger, missing escutcheon or skirt, physical damage, concealed cover plate caulked/glued/painted to ceiling, loss of fluid in glass bulb, etc)</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	<b>Sprinkler assembly (including components like escutcheons) has evidence of corrosion.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	<b>Sprinkler assembly has evidence of foreign material that covers more than 75% of the assembly OR glass bulb/soldered link) that is detrimental to performance.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Stairs	Tread (what you step on) is missing or damaged, loose, unlevel, or tread nosing is damaged greater than 1 inch in depth OR 4 inches wide	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Stringer is damaged. (This is the structural support - any damage whatsoever can be cited)	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
Steps and Stairs	Step or stair is not functionally adequate. (Disrupts person's ability to move from one level to the next, unstable material, unintentional dimensional changes that can disrupt walking pattern)			M <input type="checkbox"/>	

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Structural System	<b>Structural system exhibits signs of serious failure AND may threaten resident safety.</b>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Toilet	<b>Only 1 toilet was installed, and it is missing OR multiple toilets present that are inoperable</b>	LT <input type="checkbox"/>	M <input type="checkbox"/>		
	A toilet is missing and at least 1 toilet is installed elsewhere that is operational.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Only 1 toilet was installed, and it is damaged or inoperable.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	A toilet is damaged or inoperable and at least 1 toilet is installed elsewhere that is operational.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Toilet component is damaged, inoperable, or missing such that it <b>MAY</b> limit the resident's ability to safely discharge human waste. (Seat super loose, flush handle/button inop, tank or bowl damage)	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Toilet is not secured at the base.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Toilet component is damaged, inoperable, or missing and it <b>does not limit</b> the resident's ability to discharge human waste. (Continually running water, flush handle loose but still works, tank lid, etc)	L <input type="checkbox"/>	L <input type="checkbox"/>		
	Toilet cannot be used in private.* (Be observed from adjacent area or exterior space)	*M <input type="checkbox"/>	M <input type="checkbox"/>		
Trash Chute	Chute door does not open <b>OR</b> self-close and latch.		M <input type="checkbox"/>		
	Chute is clogged.		M <input type="checkbox"/>		
Trip Hazard	Trip hazard on walking surface. (3/4" or greater vertical differential OR unintentional 2 inch horizontal separation) Doesn't include intentional transitions at entry or engineer-designed gap or vertical difference	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
Ventilation	Exhaust system does not respond to the control switch. (For Kitchens: Recirculating range hoods, microwave fans and ceiling fans are exempt from Ventilation Standard)	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Exhaust system has restricted airflow. (Dust, oil, etc.)	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Exhaust system component is damaged or missing.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Bathroom does not have proper ventilation or dehumidification. (No fan, window nor adequate means of ventilation or dehumidification is present).	M <input type="checkbox"/>	M <input type="checkbox"/>		
Wall - Exterior	Exterior wall covering has missing sections (cumulatively) of at least 1 square foot per wall.			M <input type="checkbox"/>	
	Cumulatively, there is 10 sq ft or more of peeling paint on an exterior wall built after 1978			M <input type="checkbox"/>	
	Exterior wall COMPONENT(s) is not functionally adequate. (Trim arounds windows, stone veneer, etc)			M <input type="checkbox"/>	
Wall - Interior	Interior wall has a loose or detached surface covering such as cracks, exposed corner beads, etc. Wallpaper and peeling paint are cosmetic - no deficiency	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Interior wall component(s) is not functionally adequate. (Damage to baseboards, moldings, access panels etc).	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Interior wall has a hole that is greater than 2 inches in diameter or there is an accumulation of holes that are cumulatively greater than 6 inches by 6 inches.	M <input type="checkbox"/>	M <input type="checkbox"/>		

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Water Heater	Temperature pressure relief (TPR) valve has an active leak OR is obstructed or relief valve discharge piping is damaged, capped, has an upward slope, or is constructed of unsuitable material. See your State and local Plumbing codes for suitable materials.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	No hot water.	S <input type="checkbox"/>	L <input type="checkbox"/>		
	The relief valve discharge piping is missing or terminates greater than 6 inches or less than 2 inches from <b>waste receptor flood-level</b> . (A waste receptor is a floor drain, hub drain, floor sink - NOT the water heater pan, ground or floor).	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	<b>Chimney or flue piping is blocked, misaligned, or missing. (Includes supports and ceiling/wall collars)</b>	<b>LT    <input type="checkbox"/></b>	<b>LT    <input type="checkbox"/></b>	<b>LT    <input type="checkbox"/></b>	
	<b>Gas shutoff valve is damaged, missing, or not installed. (Considered missing if downstream from union)</b>	<b>LT    <input type="checkbox"/></b>	<b>LT    <input type="checkbox"/></b>	<b>LT    <input type="checkbox"/></b>	
Window	Window will not open or stay open.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Window cannot be secured by at least one INSTALLED lock	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Window will not close. (Permanently mounted ac units are exempt for Def 1-3)	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Window component is damaged or missing and the window is not functionally adequate. Blown seals on Thermopane windows are exempt - not a deficiency)	M <input type="checkbox"/>	M <input type="checkbox"/>		

Note: This checklist is not a standards form and is not required for use. The form or its data should not be submitted to HUD unless you have a failing score, and will not be collected or maintained by HUD.

The housing authority or owner is responsible for compliance with the HUD NSPIRE Standards per the NSPIRE Final Rule (88 FR 30442) and accompanying Federal Register Notices (88 FR 40832, 88 FR 66882).