

# A GUIDE TO THE HSA INSPECTION FORMS

## (AND WHAT WE LOOK FOR)

### INSPECTION CHECKLISTS:

Owner or agent gets second part of form which is a carbon of the top sheet.

1. 2 or more "poors" or a serious health/safety deficiency rate a failure.
2. A "fair" requires remedial action in the future (ie; by next inspection cycle)

PAGE 1 OF THE OVERALL INSPECTION:

Bldg# \_\_\_\_\_



**Town of Pittsfield ~ Housing Standards Administration**  
 P.O. Box 98 ~ 85 Main Street, Pittsfield NH 03263  
 pittsfieldnh@metrocast.net ~ telephone (603) 435-6773 ~ fax (603) 435-7922

### Housing Standards Inspection

Property Owner: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Location: \_\_\_\_\_

**THIS IS YOUR INSPECTION INVOICE**      Total # of units: \_\_\_\_\_ @ \$30/unit = \$ \_\_\_\_\_

\* we are no longer processing separate reports & invoices      fee paid \_\_\_\_\_ cash / check# \_\_\_\_\_

\* the invoice total for all units in the building will be on the overall building checklist      date paid \_\_\_\_\_

\* deficiencies must be corrected within 30 days of the inspection

\* it is your responsibility to call to schedule a re-inspection

\* your rental license will be issued upon passing of inspection & payment      PASS/FAIL \_\_\_\_\_

### 'Overall' Building Inspection Checklist

	Condition			Comments/Repairs Needed
	Good	Fair	Poor	
<b>Heating Equipment</b>				
Furnace				
Filter Fixtures				
Thermostat				
Hot Water Heater				
<b>Yards/Exterior</b>				
Front				
Back				
Side				

1 of 2
Town of Pittsfield  
HSA checklist.xls
8/3/2005

Bldg# \_\_\_\_\_

	Condition			Comments/Repairs Needed
	Good	Fair	Poor	
<b>Basement</b>				
Smoke Detector				
Water				
Windows				
Vent				
Bulkhead				
<b>Other</b>				
Smoke Detector				
Cleanliness				
Safety Hazards				
Pets				
Smoker				
Air Conditioner				
Washing Machine				
Dryer				
Screens				
Common Hallway				
Porch				
Main Entrance				
Stairs				
Fire Escape				
Electric Panel				

Unit # \_\_\_\_\_

### Pittsfield Housing Standards Unit Inspection Checklist

Property Owner: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Location: \_\_\_\_\_ Unit No: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

	Condition			Comments/Repairs Needed
	Good	Fair	Poor	
<b>Kitchen</b>				
Ceiling				
Doors				
Walls				
Floor				
Stove				
Sink				
Refrigerator/Freezer				
Electrical Panel				
GFCI/ Electrical Fixtures				
Window				
Cabinets				
Fire Extinguisher				
<b>Bathroom</b>				
Ceiling				
Doors				
Walls				
Floor				
Toilet				
Sink				
Tub/Shower				
GFCI/ Electrical Fixtures				
Window/Vent				

Unit # \_\_\_\_\_

	Condition			Comments/Repairs Needed
	Good	Fair	Poor	
<b>Living Room</b>				
Ceiling				
Doors				
Walls				
Floor				
Electrical Fixtures				
Window				
Smoke Detector				
<b>Dining Room</b>				
Ceiling				
Doors				
Walls				
Floor				
Electrical Fixtures				
Window				
Smoke Detector				
<b>Bedroom #1</b>				
Ceiling				
Doors				
Walls				
Floor				
Electrical Fixtures				
Window				
Smoke Detector				

Unit # \_\_\_\_\_

	Condition			Comments/Repairs Needed
	Good	Fair	Poor	
<b>Bedroom #2</b>				
Ceiling				
Doors				
Walls				
Floor				
Electrical Fixtures				
Window				
Smoke Detector				
<b>Bedroom #3</b>				
Ceiling				
Doors				
Walls				
Floor				
Electrical Fixtures				
Window				
Smoke Detector				
<b>Bedroom #4</b>				
Ceiling				
Doors				
Walls				
Floor				
Electrical Fixtures				
Window				
Smoke Detector				
<b>Other</b>				

REINSPECTION FORM; DEFICIENCIES, FROM THE OVERALL AND UNIT SHEETS ARE TRANSFERRED HERE AND THOSE ARE THE ONLY THINGS INSPECTED FOR UNLESS SOME EGRIEIOUS DEFICIENCY IS FOUND DURING THE REINSPECTION.



**Town of Pittsfield ~ Housing Standards Administration**

P.O. Box 98 ~ 85 Main Street, Pittsfield NH 03263  
 pittshsa@yahoo.com ~ telephone (603) 435-6773 ~ fax (603) 435-7922

**Housing Standards Inspection**

Property Owner: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Location: \_\_\_\_\_

<b>THIS IS YOUR RE-INSPECTION INVOICE</b>	Total # of units: _____ @ \$15/unit = \$ _____
* we are no longer processing separate reports & invoices	fee paid _____ cash / check# _____
* the invoice total for all units in the building will be on the overall building checklist	date paid _____
<b>* deficiencies must be corrected within 30 days of the inspection</b>	
Reinspection Date _____	Time _____
* your rental license will be issued upon passing of inspection & payment	PASS/FAIL _____
Signature _____	

**Re-inspection Checklist**

Comments	Condition			Comments/Repairs Needed
	Good	Fair	Poor	