

FSM ROUTINE INSPECTION FORM

| | |
|---|----------------------|
| 1. FHA Case #: 2. Inspection Type: <input type="checkbox"/> Routine <input type="checkbox"/> QC <input type="checkbox"/> Other 3. Date of Inspection: 4. Date of last Inspection on Sign-off Sheet: * Keycode: * Lockbox & Location: | 5. Property Address: |
|---|----------------------|

6. Inspection Report

(Please provide additional comment if necessary)

| I. EXTERIOR | II. INTERIOR |
|--|---|
| a) Required signs posted and visible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | a) Sign-in sheet posted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| b) Is garage door properly secured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | b) Property winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| c) Pool/spa covered and all gates secured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | c) Property interior in broom-swept condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| d) Appropriate lock box installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | d) Any preventive maintenance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e) Lawn adequately maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | e) Emergency repair needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| f) Shrubs need trimmed off of structure or sidewalks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | f) Is the electricity on? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is there a sump pump? (photos required) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the sump pump operational? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| g) Trees need trimmed off of structure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | g) Is Heating / Cooling system working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is there a furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is there an A/C unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is there a hot water heater? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| h) Any windows broken / boarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | h) Electrical system in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| i) Any door broken and need secured / boarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | i) Evidence of plumbing / septic leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| j) Any door / window found open or unlocked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | j) Any structural damages? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| k) Vandalism on the exterior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | k) Vandalism on the interior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| l) Defective / chipping exterior paint? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | l) Defective / chipping interior paint? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| m) Exterior debris requiring removal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | m) Interior debris requiring removal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| n) Any roof repair needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | n) Active roof leaks to the interior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| o) Rain spouts and Down Spouts need repairing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | o) Is there standing water inside the structure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| p) Any foundation damage or failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | p) Is there a high level of moisture inside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

7. Health & Safety Hazards

Any condition or situation at the property, Interior or Exterior, that exposes the government to abnormal risk, that presents a source of danger, that could cause an accident, or pose the threat of injury or harm to the public and/or property, such as (check all that apply):

| | |
|---|---|
| <input type="checkbox"/> Condemnable Structure | <input type="checkbox"/> Defective / Missing Steps |
| <input type="checkbox"/> Tripping Hazard | <input type="checkbox"/> Defective / Missing Hand Rails |
| <input type="checkbox"/> Exposed Electric Wires | <input type="checkbox"/> Defective / Missing Side Railing |
| <input type="checkbox"/> Sewer / Toxic Odors | <input type="checkbox"/> In-ground pool unsecured |
| <input type="checkbox"/> Other Hazardous Conditions | <input type="checkbox"/> Above-ground pool unsecured |

| | | |
|--|----------------------------------|---|
| q) Kitchen Appliances Missing? | | |
| Refrigerator: | <input type="checkbox"/> Missing | <input type="checkbox"/> Present <input type="checkbox"/> Dirty |
| Dishwasher: | <input type="checkbox"/> Missing | <input type="checkbox"/> Present <input type="checkbox"/> Dirty |
| Stove / Range: | <input type="checkbox"/> Missing | <input type="checkbox"/> Present <input type="checkbox"/> Dirty |
| Garbage Disposal: | <input type="checkbox"/> Missing | <input type="checkbox"/> Present <input type="checkbox"/> Dirty |
| Range Hood: | <input type="checkbox"/> Missing | <input type="checkbox"/> Present <input type="checkbox"/> Dirty |
| Built In Oven: | <input type="checkbox"/> Missing | <input type="checkbox"/> Present <input type="checkbox"/> Dirty |
| r) Is the kitchen area clean? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| s) Are all bathrooms clean? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| t) Is there a Washer? | <input type="checkbox"/> Missing | <input type="checkbox"/> Present <input type="checkbox"/> Dirty |
| u) Is there a Dryer? | <input type="checkbox"/> Missing | <input type="checkbox"/> Present <input type="checkbox"/> Dirty |
| Did you provide date stamped photos? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Any conditions require you to call the service center? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, who did you report the issue to? | | |

Inspector Name: _____

Signature: _____

Comments: