

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION
 P.O. Box 12489 Austin, Texas 78711-2489
 (800) 500-7074, (512) 475-2200 Fax (512) 475-1109
 Internet Address: www.tdhca.texas.gov/mh

SALVAGE INSPECTION FORM

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BLOCK 1: HOME INFORMATION

Label Number:		Serial Number	
Label Number:		Serial Number	
Label Number:		Serial Number	

BLOCK 2: LICENSE HOLDER INFORMATION

Contact Person:		Phone		Alt Phone	
Retailer/Rebuilder:				Lic #	

BLOCK 3: CONSUMER INFORMATION

Homeowner:		Phone		Alt Phone	
Location of Home:					
	<i>Physical Location, City, ZIP</i>				

BLOCK 4: INSPECTION DETAIL

Criteria	Yes	No
1. Plumbing is in safe working order.	<input type="checkbox"/>	<input type="checkbox"/>
2. Heating systems are in safe working order.	<input type="checkbox"/>	<input type="checkbox"/>
3. Electrical systems are in safe working order and have been tested.	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls are free of substantial openings not designed and are structurally sound.	<input type="checkbox"/>	<input type="checkbox"/>
5. Exterior doors are in place and will open and close.	<input type="checkbox"/>	<input type="checkbox"/>
6. Windows are in place and will open and close.	<input type="checkbox"/>	<input type="checkbox"/>
7. Floor is free of substantial openings not designed and is structurally sound.	<input type="checkbox"/>	<input type="checkbox"/>
8. Roof is free of substantial openings not designed and is structurally sound.	<input type="checkbox"/>	<input type="checkbox"/>
9. All plan specified repairs are satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>
10. Damaged material and equipment removed.	<input type="checkbox"/>	<input type="checkbox"/>
11. Engineer's sealed building plan received?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are the original HUD Tag(s) or Texas Seal(s) affixed to the home	<input type="checkbox"/>	<input type="checkbox"/>
12a. If attached, does the Label or TX Seal number(s) match the above? Any discrepancies, please comment below.	<input type="checkbox"/>	<input type="checkbox"/>

BLOCK 5: INSPECTION RESULTS

<input type="checkbox"/> First Inspection PASSED	Date:
<input type="checkbox"/> First Inspection FAILED	Date:
<input type="checkbox"/> Second Inspection PASSED	Date:
<input type="checkbox"/> Second Inspection FAILED	Date:
<input type="checkbox"/> Third Inspection PASSED	Date:
<input type="checkbox"/> Third Inspection FAILED	Date:

Explanation *(Precede each discrepancy with appropriate line item number)*

Inspector Printed Name: _____

Inspector Signature: _____ Date: _____