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/mhd

Clear all form fields

SALVAGE INSPECTION FORM

S -

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:					
	Physical Location, City, ZIP				

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

BLOCK 5: INSPECTION RESULTS

☐ **First Inspection PASSED** Click to Clear Selection **Date:**
☐ **First Inspection FAILED** **Date:**

☐ **Second Inspection PASSED** Click to Clear Selection **Date:**
☐ **Second Inspection FAILED** **Date:**

☐ **Third Inspection PASSED** Click to Clear Selection **Date:**
☐ **Third Inspection FAILED** **Date:**

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

Inspector Printed Name:

Inspector Signature: Date: