

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

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

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

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Inspector Printed Name: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_