

NSPIRE HCV/PBV INSPECTION CHECKLIST

| PHA: | Address of Unit: | | | | | |
|--|---|-----------------------------|--------------------------|----------------------------|--------------------------|--|
| Family Identifier: | Owner: | | | | | |
| Any children under 6 reside or expected to reside in the unit? (Y/N): | | | | | | |
| Inspector: | Owner Contact Information: | | | | | |
| Date of Inspection: | Housing Type: | | | | | |
| Type of Inspection: | Year Constructed: | | | | | |
| Number of Bedrooms: | | | | | | |
| Summary Decision on Unit (Pass/Fail): | | | | | | |
| * Affirmative Habitability Requirement per 24 CFR 5.703(d) and NSPIRE Final Rule | | | | | | |
| NSPIRE Standards | Mark all that apply: | Health & Safety Designation | | Correction Timeframe (P/F) | | |
| | | Unit | Inside | Outside | Inspector Comments | |
| Standard | Deficiency Description | | | | | |
| Address and Signage | Address, signage, or building identification codes are broken, illegible, or not visible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="checkbox"/> |
| Bathtub and Shower | Only 1 bathtub or shower is present and it is inoperable or does not drain. A bathtub or shower is inoperable or does not drain and at least 1 bathtub or shower is present elsewhere that is operational. Bathtub component or shower component is damaged, inoperable, or missing such that it may limit the resident's ability to maintain personal hygiene. Bathtub component or shower component is damaged, inoperable, or missing and it does not limit the resident's ability to maintain personal hygiene. Bathtub or shower cannot be used in private.* Food storage space is not present.* Storage component is damaged, inoperable, or missing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *M <input type="checkbox"/> M <input type="checkbox"/> |
| Cabinet and Storage | System is blocked, or pull cord is higher than 6 inches off the floor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="checkbox"/> L <input type="checkbox"/> |
| Call-For-Aid System | System does not function properly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> T <input type="checkbox"/> |
| Carbon Monoxide | Carbon monoxide alarm is missing, not installed, or not installed in a proper location.* Carbon monoxide alarm is obstructed. Carbon monoxide alarm does not produce an audio or visual alarm when tested. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> T <input type="checkbox"/> |
| Ceiling | Ceiling has an unstable surface. Ceiling has a hole. Ceiling component(s) is not functionally adequate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="checkbox"/> M <input type="checkbox"/> |
| Chimney | A visually accessible chimney, flue, or firebox connected to a fireplace or wood-burning appliance is incomplete or damaged such that it may not safely contain fire and convey smoke and combustion gases to the exterior. Chimney exhibits signs of structural failure. Electric dryer transition duct is detached or missing. Gas dryer transition duct is detached or missing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> LT <input type="checkbox"/> |
| Clothes Dryer Exhaust Ventilation | Electric dryer exhaust ventilation system has restricted airflow. Dryer transition duct is constructed of unsuitable material. Gas dryer exhaust ventilation system has restricted airflow. Exterior dryer vent cover, cap, or a component thereof is missing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> LT <input type="checkbox"/> |

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| Cooking Appliance | Cooking range, cooktop, or oven does not ignite or produce heat. | S <input type="checkbox"/> | L <input type="checkbox"/> | | |
| | Cooking range, cooktop, or oven component is damaged or missing such that the device is unsafe for use. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Primary cooking appliance is missing.* | *M <input type="checkbox"/> | | | |
| | A microwave is the primary cooking appliance and it is damaged. | S <input type="checkbox"/> | | | |
| | A burner does not produce heat, but at least 1 other burner is present on the cooking range or cooktop and does produce heat. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Entry door will not open. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Entry door will not close. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Entry door self-closing mechanism is damaged, inoperable, or missing. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| Door - Entry | Hole, split, or crack that penetrates completely through entry door. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Entry door is missing. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Entry door surface is delaminated or separated. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Entry door frame, threshold, or trim is damaged or missing. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Entry door seal, basket, or stripping is damaged, inoperable, or missing. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Entry door component is damaged, inoperable, or missing and it does not limit the door's ability to provide privacy or protection from weather or infestation. | L <input type="checkbox"/> | L <input type="checkbox"/> | | |
| | Entry door cannot be secured. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Fire labeled door does not open. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | Fire labeled door does not close and latch or the self-closing hardware is damaged or missing such that the door does not self-close and latch. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | Fire labeled door assembly has a hole of any size or is damaged such that its integrity may be compromised. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| Door - Fire | Fire labeled door seal or gasket is damaged or missing. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | An object is present that may prevent the fire labeled door from closing and latching or self-closing and latching. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | Fire labeled door cannot be secured. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Fire labeled door is missing. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | | |
| | A passage door does not open. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| Door - General | A passage door component is damaged, inoperable, or missing and the door is not functionally adequate. | L <input type="checkbox"/> | L <input type="checkbox"/> | | |
| | A door that is not intended to permit access between rooms has a damaged, inoperable, or missing component. | L <input type="checkbox"/> | | | |
| | An exterior door component is damaged, inoperable, or missing. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| Drain | Drain is fully blocked. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | | |
| Egress | Obstructed means of egress. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | | |
| | Sleeping room is located on the 3rd floor or below and has an obstructed rescue opening. | LT <input type="checkbox"/> | | | |
| Electrical - Conductor, Outlet, and Switch | Fire escape access is obstructed. | LT <input type="checkbox"/> | | | |
| | Outlet or switch is damaged. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | | |
| | Testing indicates a three-pronged outlet is not properly wired or grounded. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | Outlet does not have visible damage and testing indicates it is not energized. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | Exposed electrical conductor. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | | |
| Electrical - GFCI/AFCI | Water is currently in contact with an electrical conductor. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | | |
| | GFCI outlet or AFCI breaker is not visibly damaged and the test or reset button is inoperable. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | AFCI outlet or AFCI breaker is not visibly damaged and the test or reset button is inoperable. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | An unprotected outlet is present within six feet of a water source.* | *S <input type="checkbox"/> | *S <input type="checkbox"/> | | |

| Standard | Deficiency Description | Unit | Inside | Outside | Inspector Comments |
|--|---|------------------------------|------------------------------|------------------------------|--------------------|
| Electrical - Service Panel | Electrical service panel is not readily accessible. The overcurrent protection device is damaged. The overcurrent protection device is contaminated. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| Elevator | Elevator is inoperable. Elevator door does not fully open and close. Elevator cab is not level with the floor. Safety edge device has malfunctioned or is inoperable. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> | |
| Exit Sign | Exit sign is damaged, missing, obstructed, or not adequately illuminated. Fence component is missing. | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | |
| Fence and Gate | Gate does not open, close, latch, or lock. Fence demonstrates signs of collapse. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| Fire Escape | Fire escape component is damaged or missing. Fire extinguisher pressure gauge reads over or under-charged. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| Fire Extinguisher | Fire extinguisher service tag is missing, illegible, or expired. Fire extinguisher is damaged or missing. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> | |
| Flammable and Combustible Item OR Improperly stored chemicals. | Flammable or combustible item is on or within 3 feet of an appliance that provides heat for thermal comfort or a fuel-burning water heater. OR Improperly stored chemicals. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> | |
| Floor | Floor substrate is exposed. Floor component(s) is not functionally adequate. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| Food Preparation Area | Food preparation area is not present.* Food preparation area is not functionaly adequate. | *M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| Foundation | Foundation is cracked. Foundation has exposed rebar or foundation is spalling, flaking, or chipping. Foundation is infiltrated by water. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| Garage Door | Foundation support post, column, beam, or girder is damaged. Foundation vent cover is missing or damaged. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| Grab Bar | Garage door has a hole. Garage door does not open, close, or remain open or closed. Grab bar is not secure. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| Guardrail | Guardrail is missing or not installed.* Guardrail is not functionally adequate. | *LT <input type="checkbox"/> | *LT <input type="checkbox"/> | *LT <input type="checkbox"/> | |
| Handrail | Handrail is missing. Handrail is not secure. Handrail is not functionally adequate. Handrail is not installed where required. | L <input type="checkbox"/> | L <input type="checkbox"/> | L <input type="checkbox"/> | |

| Standard | Deficiency Description | Unit | Inside | Outside | Inspector Comments |
|---|---|------------------------------|------------------------------|-----------------------------|--------------------|
| Heating, Ventilation, and Air Conditioning (HVAC) | The inspection date is on or between October 1 and March 31 and the permanently installed heating source is working and the interior temperature is below 64 degrees Fahrenheit.* | *LT <input type="checkbox"/> | | | |
| | The inspection date is on or between October 1 and March 31 and the permanently installed heating source is working and the interior temperature is 64 to 67.9 degrees Fahrenheit.* | *S <input type="checkbox"/> | | | |
| | Air conditioning system or device is not operational. | M <input type="checkbox"/> | L <input type="checkbox"/> | | |
| | Unvented space heater that burns gas, oil, or kerosene is present. * | *LT <input type="checkbox"/> | *LT <input type="checkbox"/> | | |
| | Combustion chamber cover or gas shutoff valve is missing from a fuel burning heating appliance. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | | |
| | Heating system or device safety shield is damaged or missing. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | The inspection date is on or between April 1 and September 30 and a permanently installed heating source is damaged, inoperable, missing, or not installed.* | *M <input type="checkbox"/> | *M <input type="checkbox"/> | | |
| | Fuel burning heating system or device exhaust vent is misaligned, blocked, disconnected, improperly connected, damaged, or missing. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> | |
| | The inspection date is on or between October 1 and March 31 and the permanently installed heating source is inoperable. | M <input type="checkbox"/> | | | |
| Infestation | Evidence of cockroaches. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Extensive cockroach infestation. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Evidence of bedbugs. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Extensive bedbug infestation. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Evidence of mice. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Extensive mouse infestation. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Evidence of rats. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | Extensive rat infestation. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | Evidence of other pests. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| Leak - Gas/Oil | Natural gas, propane, or oil leak. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> | |
| | Blocked sewage system. | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | |
| | Leak in sewage system. | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | |
| | Cap to the cleanout or pump cover is detached or missing. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| | Cleanout cap or riser is damaged. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| | Environmental water intrusion. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| | Plumbing leak. | M <input type="checkbox"/> | M <input type="checkbox"/> | L <input type="checkbox"/> | |
| | Fluid is leaking from the sprinkler assembly. | M <input type="checkbox"/> | M <input type="checkbox"/> | L <input type="checkbox"/> | |
| Lighting - Auxiliary | Auxiliary lighting is damaged, missing, or fails to illuminate when tested. | S <input type="checkbox"/> | S <input type="checkbox"/> | | |
| Lighting - Exterior | A permanently installed light fixture is damaged, inoperable, missing, or not secure. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | A permanently installed light fixture is inoperable. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| Lighting - Interior | A permanently installed light fixture is not secure. | M <input type="checkbox"/> | M <input type="checkbox"/> | | |
| | At least one (1) permanently installed light fixture is not present in the kitchen and bathroom.* | *M <input type="checkbox"/> | *M <input type="checkbox"/> | | |
| Litter | Litter is accumulated in an undesignated area. | M <input type="checkbox"/> | L <input type="checkbox"/> | | |
| Minimum Electrical and Lighting | At least two (2) working outlets are not present within each habitable room. OR At least one (1) working outlet and one (1) permanently installed light fixture is not present within each habitable room.* | *M <input type="checkbox"/> | | | |
| | Presence of mold-like substance at moderate levels is observed visually. | M <input type="checkbox"/> | L <input type="checkbox"/> | | |
| | Presence of mold-like substance at high levels is observed visually. | S <input type="checkbox"/> | M <input type="checkbox"/> | | |
| Mold-Like Substance | Presence of mold-like substance at extremely high levels is observed visually. | LT <input type="checkbox"/> | S <input type="checkbox"/> | | |
| | Elevated moisture level. | M <input type="checkbox"/> | L <input type="checkbox"/> | | |

| Standard | Deficiency Description | Unit | Inside | Outside | Inspector Comments |
|--|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Parking Lot | Parking lot has any one pothole that is 4 inches deep and 1 square foot or greater. Parking lot has ponding. | | | M <input type="checkbox"/> | |
| Potential Lead-Based Paint Hazards - Visual Assessment | Paint in a Unit or Inside the target property is deteriorated – below the level required for lead-safe work practices by a lead-certified firm or for passing clearance. Paint in a Unit or Inside the target property is deteriorated – above the level required for lead-safe work practices by a lead-certified firm or for passing clearance. Paint Outside on a target property is deteriorated – below the level required for lead-safe work practices by a lead-certified firm or for passing clearance. Paint Outside on a target property is deteriorated – above the level required for lead-safe work practices by a lead-certified firm and passing clearance. | M <input type="checkbox"/> | M <input type="checkbox"/> | S <input type="checkbox"/> | |
| Private Roads and Driveways | Road or driveway access to the property is blocked or impassable for vehicles. Road or driveway has any one pothole that is 4 inches deep and 1 square foot or greater. | S <input type="checkbox"/> | M <input type="checkbox"/> | S <input type="checkbox"/> | |
| Refrigerator | Refrigerator is inoperable such that it may be unable to safely and adequately store food. Refrigerator component is damaged such that it impacts functionality. Refrigerator is missing.* | M <input type="checkbox"/> | M <input type="checkbox"/> | *M <input type="checkbox"/> | |
| Retaining Wall | Retaining wall is leaning away from the fill side. Retaining wall is partially or completely collapsed. | | | M <input type="checkbox"/> | |
| Roof Assembly | Restricted flow of water from a roof drain gutter, or downspout. Gutter component is damaged, missing, or unfixed. Roof surface has standing water. Substrate is exposed. Roof assembly has a hole. Roof assembly is damaged. | | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> |
| Sharp Edges | A sharp edge that can result in a cut or puncture hazard is present. | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | |
| Sidewalk, Walkway, Ramp | Sidewalk, walkway, or ramp is blocked or impassable. Sidewalk, walkway, or ramp is not functionally adequate. Sink or sink component is damaged or missing and the sink is not functionally adequate. | | L <input type="checkbox"/> | L <input type="checkbox"/> | M <input type="checkbox"/> |
| Sink | Water is directed outside of the basin. Sink is not draining. Sink is improperly installed, pulling away from the wall, leaning, or there are gaps between the sink and wall. Sink component is damaged or missing and the sink is functionally adequate. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | L <input type="checkbox"/> |
| Site Drainage | Water runoff is unable to flow through the site drainage system. Erosion is present. Grate is not secure or does not cover the site drainage system's collection point. | | | L <input type="checkbox"/> | |
| Smoke Alarm | Smoke alarm is not installed where required.* Smoke alarm is obstructed. Smoke alarm does not produce an audio or visual alarm when tested. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> |

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|--------------------|--|------|--------------------------|---------|--------------------------|
| Sprinkler Assembly | Sprinkler head assembly is encased or obstructed by an item or object that is within 18 inches of the sprinkler head. | LT | <input type="checkbox"/> | LT | <input type="checkbox"/> |
| | Sprinkler assembly component is damaged, inoperable, or missing and it is detrimental to performance. | LT | <input type="checkbox"/> | LT | <input type="checkbox"/> |
| | Sprinkler assembly has evidence of corrosion. | LT | <input type="checkbox"/> | LT | <input type="checkbox"/> |
| | Sprinkler assembly has evidence of foreign material that is detrimental to performance. | LT | <input type="checkbox"/> | LT | <input type="checkbox"/> |
| Steps and Stairs | Tread is missing or damaged. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Stringer is damaged. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| Structural System | Step or stair is not functionally adequate. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Structural system exhibits signs of serious failure. | LT | <input type="checkbox"/> | LT | <input type="checkbox"/> |
| | Only 1 toilet was installed, and it is missing. | LT | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | At toilet is missing and at least 1 toilet is installed elsewhere that is operational. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Only 1 toilet was installed, and it is damaged or inoperable. | S | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | At toilet is damaged or inoperable and at least 1 toilet is installed elsewhere that is operational. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Toilet component is damaged, inoperable, or missing such that it may limit the resident's ability to safely discharge human waste. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Toilet is not secured at the base. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Toilet component is damaged, inoperable, or missing and it does not limit the resident's ability to discharge human waste. | L | <input type="checkbox"/> | L | <input type="checkbox"/> |
| | Toilet cannot be used in private.* | *M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Chute door does not open or self-close and latch. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Chute is clogged. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| Trash Chute | Trip hazard on walking surface. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Exhaust system does not respond to the control switch. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Exhaust system has restricted airflow. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Exhaust system component is damaged or missing. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| Ventilation | Bathroom does not have proper ventilation or dehumidification. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Exterior wall covering has missing sections of at least 1 square foot per wall. | | | M | <input type="checkbox"/> |
| | Exterior wall has peeling paint of 10 square feet or more. | | | M | <input type="checkbox"/> |
| | Exterior wall component(s) is not functionally adequate. | | | M | <input type="checkbox"/> |
| | Interior wall has a loose or detached surface covering. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| Wall - Interior | Interior wall component(s) is not functionally adequate. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |
| | Interior wall has a hole that is greater than 2 inches in diameter or there is an accumulation of holes that are cumulatively greater than 6 inches by 6 inches. | M | <input type="checkbox"/> | M | <input type="checkbox"/> |

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|--------------|--|-----------------------------|-----------------------------|-----------------------------|--------------------|
| Water Heater | Temperature pressure relief (TPR) valve has an active leak or is obstructed or relief valve discharge piping is damaged, capped, has an upward slope, or is constructed of unsuitable material. No hot water. | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | |
| | The relief valve discharge piping is missing or terminates greater than 6 inches or less than 2 inches from waste receptor flood-level. | S <input type="checkbox"/> | L <input type="checkbox"/> | | |
| | Chimney or flue piping is blocked, misaligned, or missing. | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| | Gas shutoff valve is damaged, missing, or not installed. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> | |
| | Window will not open or stay open. | LT <input type="checkbox"/> | LT <input type="checkbox"/> | LT <input type="checkbox"/> | |
| | Window cannot be secured. | M <input type="checkbox"/> | L <input type="checkbox"/> | | |
| Window | Window will not close. | M <input type="checkbox"/> | L <input type="checkbox"/> | | |
| | Window component is damaged or missing and the window is not functionally adequate. | S <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | |
| | | M <input type="checkbox"/> | M <input type="checkbox"/> | | |

Burden Statement: The purpose of this information collection is to strengthen the U.S. Department of Housing and Urban Development (HUD)'s physical condition standards and improve HUD's oversight of housing pursuant to the National Standards for the Physical Inspection of Real Estate (NSPIRE) inspection regulations, requirements, and procedures. The information collected on this optional checklist form will be used by Public Housing Agencies (PHAs) to determine if a housing unit meets NSPIRE Standards for the Housing Choice Voucher (HCV) and Project Based Voucher (PBV) programs. This is a voluntary form and not required for use. Additionally, assurances of confidentiality are not provided under this collection. The public reporting burden for this collection of information is estimated to average 1 hour per response , including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Policy and Partnerships, Real Estate Assessment Center, Office of Public and Indian Housing, Department of Housing and Urban Development, 550 12th Street SW, Suite 100, Washington, DC 20410-4000. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.