Property address …………………………………………………………………………………

**…………………………………………………………………………………**

Inspector Date

|  |  |
| --- | --- |
|  | **COMMENTS** |
| **GENERAL** |  |
| Type of property |  |
| Gas certificate - accessibility to tenants? |  |
| Electrical safety declaration |  |
| Energy performance certificate accessibility to tenants? |  |
| Tenancy Agreement |  |
| Tenant References/ Proof of deposit protection |  |
| Landlord emergency details |  |
| **PROPERTY MAINTENANCE** |  |
| Proof of property inspections @ least 2 per year. |  |
| Evidence of pest & proof of actions taken to eradicate |  |
| Rubbish collection arrangements |  |
| Type of heating use in property |  |
| General repair of dwelling |  |
| Do you plan to carry out anyconstruction works that would change the present layout or amenities? |  |
| **FIRE SAFETY** |  |
| Smoke, heat alarms and fire blanket present state condition |  |
| Condition of firefighting equipment |  |
| Periodic report/test certificate for any automatic fire alarm system, emergency lighting or firefighting equipment |  |
| Is there a safe means of escape? |  |
| Is there a Carbon monoxide alarm present? |  |
| **ANTISOCIAL BEHAVOUR** |  |
| Any correspondence re: ASB/nuisance |  |

|  |  |
| --- | --- |
| Actions carried out by Landlord |  |
| Actions carried out by Tenant |  |
| **H.H.S.R.S.** |  |
| Are there any serious housing defects? If yes - continue on HHSRS dwelling assessment sheet. See main hazardsbelow |  |
| Dampness |  |
| Excess Cold |  |
| Asbestos |  |
| Domestic Hygiene |  |
| Food Safety |  |
| Personal Hygiene |  |
| Falls in bath / on stairs |  |
| Falls on level / between levels |  |
| Electrics |  |
| Fire |  |
| Structural / Windows |  |
| Signpost other issues, safeguarding, vulnerable person, hoarding, neighbour disputes, etc. |  |
| Overcrowding - No’ tenants – Person 1Person 2Person 3Person 4Person 5Person 6Person 7Person 8 | Room sizes: Rec 1 -Rec 2 -Rec 3 - Bed1 - Bed2 - Bed3 -Bed4 - Bed5 - |