



NSPIRE HCV/PBV INSPECTION CHECKLIST

Summary Decision on Unit (Pass/Fail):

*Affirmative Habitability Requirement per 24 CFR 5.703(d) and NSPIRE Final Rule

Mark all that apply:

Health & Safety Designation	Correction Timeframe (P/F)
LT	Life-Threatening - 24 Hours (Fail)
S	Severe - 30 Days (Fail)
M	Moderate - 30 Days (Fail)
L	Low - N/A (Pass)

Area	Deficiency Description	Unit	Inside	Outside
Address and Signage	Address, signage, or building identification codes are broken, illegible, or not visible.			M
Bathtub and Shower	Only 1 bathtub or shower is present and it is inoperable or does not drain.	S	L	
	A bathtub or shower is inoperable or does not drain and at least 1 bathtub or shower is present elsewhere that is operational.	M	L	
	Bathtub component or shower component is damaged, inoperable, or missing such that it may limit the resident's ability to maintain personal hygiene.	M	L	
	Bathtub component or shower component is damaged, inoperable, or missing and it does not limit the resident's ability to maintain personal hygiene.	L		
	Bathtub or shower cannot be used in private.*	*M	M	
Cabinet and Storage	Food storage space is not present.*	*M		
	Storage component is damaged, inoperable, or missing.	M	L	
Call-For-Aid System	System is blocked, or pull cord is higher than 6 inches off the floor.	LT	LT	
	System does not function properly.	LT	LT	
Carbon Monoxide	Carbon monoxide alarm is missing, not installed, or not installed in a proper location.*	LT		
	Carbon monoxide alarm is obstructed.	LT	LT	
	Carbon monoxide alarm does not produce an audio or visual alarm when tested.	LT	LT	
Ceiling	Ceiling has an unstable surface.	M	M	
	Ceiling has a hole.	M	M	
	Ceiling component(s) is not functionally adequate.	S	S	
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.	LT	LT	LT
	Chimney exhibits signs of structural failure.			LT

Unit – “dwelling unit” refers to the interior components of an individual unit.

Inside – refers to the common areas and building systems generally found within the building interior and not inside the unit.

Outside – refers to the building site, building exterior components and any building systems located outside of the building or unit.

Area	Deficiency Description	Unit	Inside	Outside
Clothes Dryer Exhaust Ventilation	Electric dryer transition duct is detached or missing.	LT	LT	
	Gas dryer transition duct is detached or missing.	LT	LT	
	Electric dryer exhaust ventilation system has restricted airflow.	LT	LT	LT
	Dryer transition duct is constructed of unsuitable material.	LT	LT	
	Gas dryer exhaust ventilation system has restricted airflow.	LT	LT	LT
	Exterior dryer vent cover, cap, or a component thereof is missing.			L
Cooking Appliance	Cooking range, cooktop, or oven does not ignite or produce heat.	S	L	
	Cooking range, cooktop, or oven component is damaged or missing such that the device is unsafe for use.	M	M	
	Primary cooking appliance is missing.*	*M		
	A microwave is the primary cooking appliance and it is damaged.	S		
	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	M	
Door - Entry	Entry door will not open.	M	M	
	Entry door will not close.	S	M	
	Entry door self-closing mechanism is damaged, inoperable, or missing.	S	M	
	Hole, split, or crack that penetrates completely through entry door.	M	M	
	Entry door is missing.	LT	S	
	Entry door surface is delaminated or separated.	M	M	
	Entry door frame, threshold, or trim is damaged or missing.	M	M	
	Entry door seal, gasket, or stripping is damaged, inoperable, or missing.	M	M	
	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	L	
Door - Fire	Entry door cannot be secured.	S	M	
	Fire labeled door does not open.	S	S	
	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	S	
	Fire labeled door assembly has a hole of any size or is damaged such that its integrity may be compromised.	S	S	
	Fire labeled door seal or gasket is damaged or missing.	S	S	
	An object is present that may prevent the fire labeled door from closing and latching or self-closing and latching.	S	S	
	Fire labeled door cannot be secured.	S	M	
	Fire labeled door is missing.	LT	LT	
Door - General	A passage door does not open.	M	M	
	A passage door component is damaged, inoperable, or missing and the door is not functionally adequate.	L	L	
	A door that is not intended to permit access between rooms has a damaged, inoperable, or missing	L		
	An exterior door component is damaged, inoperable, or missing.			M

Area	Deficiency Description	Unit	Inside	Outside
Drain	Drain is fully blocked.	M	M	M
Egress	Obstructed means of egress.	LT	LT	LT
	Sleeping room is located on the 3rd floor or below and has an obstructed rescue opening.	LT		
	Fire escape access is obstructed.	LT		
Electrical - Conductor, Outlet, and Switch	Outlet or switch is damaged.	LT	LT	LT
	Testing indicates a three-pronged outlet is not properly wired or grounded.	S	S	S
	Outlet does not have visible damage and testing indicates it is not energized.	S	S	S
	Exposed electrical conductor.	LT	LT	LT
	Water is currently in contact with an electrical conductor.	LT	LT	
Electrical - GFCI/AFCI	GFCI outlet or GFCI breaker is not visibly damaged and the test or reset button is inoperable.	S	S	S
	AFCI outlet or AFCI breaker is not visibly damaged and the test or reset button is inoperable.	S	S	S
	An unprotected outlet is present within six feet of a water source.*	*S_	*S	*S
Electrical - Service Panel	Electrical service panel is not readily accessible.	M	M	M
	The overcurrent protection device is damaged.	LT	LT	LT
	The overcurrent protection device is contaminated.	S	S	S
Elevator	Elevator is inoperable.		M	
	Elevator door does not fully open and close.		M	
	Elevator cab is not level with the floor.		M	
	Safety edge device has malfunctioned or is inoperable.		M	
Exit Sign	Exit sign is damaged, missing, obstructed, or not adequately illuminated.		LT	LT
Fence and Gate	Fence component is missing.			M
	Gate does not open, close, latch, or lock.			M
	Fence demonstrates signs of collapse.			M
Fire Escape	Fire escape component is damaged or missing.			LT
Fire Extinguisher	Fire extinguisher pressure gauge reads over or under-charged.	LT	LT	LT
	Fire extinguisher service tag is missing, illegible, or expired.	LT	LT	LT
	Fire extinguisher is damaged or missing.	LT	LT	LT
Flammable and Combustible Item	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	LT	LT
Floor	Floor substrate is exposed.	M	M	
	Floor component(s) is not functionally adequate.	M	M	
Food Preparation	Food preparation area is not present.*	*M		
	Food preparation area is damaged or is not functionally adequate.	M	M	

Area	Deficiency Description	Unit	Inside	Outside
Foundation	Foundation is cracked.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Foundation has exposed rebar or foundation is spalling, flaking, or chipping.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Foundation is infiltrated by water.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Foundation support post, column, beam, or girder is damaged.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Foundation vent cover is missing or damaged.			M <input type="checkbox"/>
Garage Door	Garage door has a hole.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Garage door does not open, close, or remain open or closed.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Guardrail	Grab bar is not secure.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Guardrail is missing or not installed.*	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>
	Guardrail is not functionally adequate.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>
Handrail	Handrail is missing.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Handrail is not secure.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Handrail is not functionally adequate.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Handrail is not installed where required.		L <input type="checkbox"/>	L <input type="checkbox"/>
HVAC	The inspection date is on or between October 1 and March 31 and the permanently installed heating source is not working or 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"/>
Infestation	The inspection date is on or between October 1 and March 31 and the permanently installed heating source is inoperable.		M <input type="checkbox"/>	
	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"/>	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"/>	

Area	Deficiency Description	Unit	Inside	Outside
Leak - Gas/Oil	Natural gas, propane, or oil leak.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>
Leak - Sewage	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"/>
Leak - Water	Environmental water intrusion.	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"/>
Lighting - Interior	A permanently installed light fixture is inoperable.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	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"/>		
Mold-Like Substance	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"/>	
	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"/>	
Parking Lot	Parking lot has any one pothole that is 4 inches deep and 1 square foot or greater.			M <input type="checkbox"/>
	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.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	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 and passing clearance.	S <input type="checkbox"/>	S <input type="checkbox"/>	
	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.			M <input type="checkbox"/>
	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.			S <input type="checkbox"/>
Private Roads and Driveways	Road or driveway access to the property is blocked or impassable for vehicles.			S <input type="checkbox"/>
	Road or driveway has any one pothole that is 4 inches deep and 1 square foot or greater.			M <input type="checkbox"/>
Refrigerator	Refrigerator is inoperable such that it may be unable to safely and adequately store food.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Refrigerator component is damaged such that it impacts functionality.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Refrigerator is missing.*	*M <input type="checkbox"/>		

Area	Deficiency Description	Unit	Inside	Outside
Retaining Wall	Retaining wall is leaning away from the fill side.			M <input type="checkbox"/>
	Retaining wall is partially or completely collapsed.			M <input type="checkbox"/>
Roof Assembly	Restricted flow of water from a roof drain, gutter, or downspout.			M <input type="checkbox"/>
	Gutter component is damaged, missing, or unfixed.			M <input type="checkbox"/>
	Roof surface has standing water.			M <input type="checkbox"/>
	Substrate is exposed.			M <input type="checkbox"/>
	Roof assembly has a hole.			M <input type="checkbox"/>
	Roof assembly is damaged.			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.			M <input type="checkbox"/>
	Sidewalk, walkway, or ramp is not functionally adequate.			M <input type="checkbox"/>
Sink	Sink or sink component is damaged or missing and the sink is not functionally adequate.	M <input type="checkbox"/>	L <input type="checkbox"/>	
	Water is directed outside of the basin.	L <input type="checkbox"/>	L <input type="checkbox"/>	
	Sink is not draining.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Sink is improperly installed, pulling away from the wall, leaning, or there are gaps between the sink and wall.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Sink component is damaged or missing and the sink is functionally adequate.	L <input type="checkbox"/>	L <input type="checkbox"/>	
	Cannot activate or deactivate hot and cold water.*	*M <input type="checkbox"/>	M <input type="checkbox"/>	
	Sink is missing or not installed within the primary kitchen.*	*M <input type="checkbox"/>		
Site Drainage	Water runoff is unable to flow through the site drainage system.			L <input type="checkbox"/>
	Erosion is present.			L <input type="checkbox"/>
	Grate is not secure or does not cover the site drainage system's collection point.			M <input type="checkbox"/>
Smoke Alarm	Smoke alarm is not installed where required.*	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>	
	Smoke alarm is obstructed.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Smoke alarm does not produce an audio or visual alarm when tested.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
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"/>	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"/>	LT <input type="checkbox"/>
	Sprinkler assembly has evidence of foreign material that is detrimental to performance.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>
Stairs	Tread is missing or damaged.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Stringer is damaged.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Steps and Stairs	Step or stair is not functionally adequate.			M <input type="checkbox"/>
Structure	Structural system exhibits signs of serious failure.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>

Area	Deficiency Description	Unit	Inside	Outside
Toilet	Only 1 toilet was installed, and it is missing.	LT <input type="checkbox"/>	M <input type="checkbox"/>	
	A 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"/>	
	A 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"/>	
Trash Chute	Chute door does not open or self-close and latch.		M <input type="checkbox"/>	
	Chute is clogged.		M <input type="checkbox"/>	
Trip Hazard	Trip hazard on walking surface.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Ventilation	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"/>	
	Bathroom does not have proper ventilation or dehumidification.	M <input type="checkbox"/>	M <input type="checkbox"/>	
Wall - Exterior	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"/>
Wall - Interior	Interior wall has a loose or detached surface covering.	M <input type="checkbox"/>	M <input type="checkbox"/>	
	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"/>	
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.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>
	No hot water.	S <input type="checkbox"/>	L <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.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	Chimney or flue piping is blocked, misaligned, or missing.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <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	Window will not open or stay open.	M <input type="checkbox"/>	L <input type="checkbox"/>	
	Window cannot be secured.	M <input type="checkbox"/>	L <input type="checkbox"/>	
	Window will not close.	S <input type="checkbox"/>	M <input type="checkbox"/>	
	Window component is damaged or missing and the window is not functionally adequate.	M <input type="checkbox"/>	M <input type="checkbox"/>	

Note: The form or its data should not be submitted to HUD, and will not be collected or maintained by HUD. The housing authority or owner is responsible for compliance with the HUD NSPIRE Standards per the NSPIRE Final Rule (88 FR 30442) and accompanying Federal Register Notices (88 FR 40832, 88 FR 66882).