



RENTAL INSPECTION PROGRAM

Self-Inspection Verification

Case# _____

Form to be filled out for each individual unit

RENTAL PROPERTY INFORMATION		OWNER INFORMATION	
PROPERTY ADDRESS:		NAME:	
TENANT NAME:		ADDRESS:	
TENANTS PHONE NO.		CITY, STATE, ZIP	

Check the box next to each item ONLY if the item is found to be in compliance

<input type="checkbox"/>	Interior Checklist	Comments
<input type="checkbox"/>	Hot/Cold Running Water (Unit must have hot and cold running water)	
<input type="checkbox"/>	Sewage Disposal Systems (Unit must have a proper sewer system and must be clear of any surfacing sewage indoors or outdoors)	
<input type="checkbox"/>	Plumbing (Unit must have proper plumbing throughout unit – no leaks, must have P-traps, must have proper caulking, toilets must be secured to ground and sinks must be secured to walls. Water heaters are installed in an approved location, and have seismic strapping, operable temperature relief valve and drain line, venting, and a minimum 110 degree water temperature)	
<input type="checkbox"/>	Electrical Power (Unit must have electrical power, i.e. all outlets are working, all lights are working)	
<input type="checkbox"/>	Electrical (All wiring must be in good condition – no spliced wiring, no exposed wiring, and all outlets and switch plates must have appropriate coverings. Electrical panel must be labeled. GFCI outlets must function and be installed in bathrooms, kitchen exterior, and garage)	
<input type="checkbox"/>	Heat (Unit be permanently installed and properly functioning)	
<input type="checkbox"/>	Mechanical (All mechanical equipment in the unit must properly function including: appliances, venting systems, thermostats, smoke detectors, carbon monoxide detector, air conditioning unit – if provided, etc. *Bathrooms must have operable window or exhaust vent)	
<input type="checkbox"/>	Entry Door (All doors and door jambs have strike plates that are secure, not loose; entry doors have a standard deadbolt with thumb latch at interior, locking mechanisms do not exceed 48” in height, and are weather sealed)	
<input type="checkbox"/>	Windows (All windows must have proper weather protection and can be opened and closed easily, and have no missing or broken glazing. Bedroom egress windows are not blocked by furniture or air conditioners, and any security bars can be released from the interior)	
<input type="checkbox"/>	Counters and Sink Surfaces (Surface are in good condition, no significant cracked, chipped, or missing pieces)	
<input type="checkbox"/>	Flooring (Floors must be in good condition, free from holes/missing pieces and do not create a trip hazard or unsanitary conditions)	
<input type="checkbox"/>	Foundation / Sub-Flooring (Must be in good condition, must not be buckling or sagging)	
<input type="checkbox"/>	Walls / Ceiling (Walls must be clear of holes, missing sections, must not be collapsing, buckling, or sagging)	
<input type="checkbox"/>	Smoke Detectors / Carbon Monoxide Detectors (Smoke detectors are working, and are located in hallways leading to rooms used for sleeping purposes and inside sleeping rooms. Carbon Monoxide detectors are located outside each sleeping area and on each level of a dwelling including basements. Installation must be per manufacturer’s instruction and per California Building Code)	
<input type="checkbox"/>	Nuisances / Infestations (Units must be clear of any insects, bugs, rodents, and/or other infestations)	

I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge. (Provide this form to the City of Barstow and keep a copy for your files)

Owner Name (Please print): _____

Phone Number: _____

Relationship to the Property: _____

Owner/Property Manager Signature: _____

Date: _____

Tenant Signature: _____

Date: _____