



Area Housing Authority of the County of Ventura
1400 West Hillcrest Dr. Newbury Park, CA 91320-2721
(805) 480-9991 • TTY (805) 480-9119 • FAX (805) 480-1021 • www.ahacv.org

Serving Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, Thousand Oaks, and the unincorporated areas of Ventura County

**AREA HOUSING AUTHORITY OF THE COUNTY OF VENTURA JOINT
OWNER/TENANT PRE-INSPECTION WALKTHROUGH**

Tenant: _____

Address: _____

Owner: _____

| | | YES | NO |
|-----|--|-----|----|
| 1. | **Is there a working carbon-monoxide detector? It <u>MUST</u> be installed in every level. | | |
| 2. | **Hard wired or 10-year sealed battery smoke detectors are required. Is there a smoke detector on every level of the unit, inside each bedroom, and in the immediate vicinity of the sleeping rooms, including basements? This excludes crawl spaces and unfinished attics. | | |
| 3. | GFCI outlets are required and must be within 6 feet of a water source. Are the GFCI's protected and free from electrical hazards? | | |
| 4. | Are All utilities On: water <input type="checkbox"/> , gas <input type="checkbox"/> , and electric <input type="checkbox"/> ? | | |
| 5. | Is the unit connected to an approved water <input type="checkbox"/> or sewer <input type="checkbox"/> system? | | |
| 6. | Does the unit have proper space and security? | | |
| 7. | Does the unit have a kitchen, bathroom, and living room? | | |
| 8. | Does the unit have satisfactory means of entering and exiting? | | |
| 9. | Are all windows operable with working locks and no cracks? | | |
| 10. | Do all exterior doors lock; single cylinder & deadbolt on entry door? | | |
| 11. | Does the unit have a working heating system? | | |
| 12. | Is the heating system properly vented, safe, and adequate? | | |
| 13. | Does the unit have adequate lighting <input type="checkbox"/> , working electrical outlets with crack free cover plates <input type="checkbox"/> , switch plates <input type="checkbox"/> , and two electrical outlets per room <input type="checkbox"/> ? | | |
| 14. | Is there at least one window that opens in each bedroom? | | |
| 15. | Do the kitchen <input type="checkbox"/> and bathroom have a fixed, overhead (ceiling) light? | | |
| 16. | Does the unit appear to be structurally sound? | | |
| 17. | Are the interior walls and ceilings free from cracks, holes, bulges, leaning, mold and mildew, loose surface materials or peeling paint? | | |
| 18. | Are the exterior walls free from leaks, buckling, holes, and loose siding/stucco? | | |
| 19. | Are the roofs free from leaks, buckling, and missing or loose roof materials? | | |

| | | | |
|-----|---|--|--|
| 20. | Are the exterior porches <input type="checkbox"/> , railings <input type="checkbox"/> , and walkways <input type="checkbox"/> in safe condition? | | |
| 21. | Do the exterior stairs <input type="checkbox"/> and/or interior stairs <input type="checkbox"/> have handrails? | | |
| 22. | Is the interior free from pollutants including, but not limited to carbon monoxide, sewer gas, fuel gas, dust, mildew, and pet odors? | | |
| 23. | Is the neighborhood free from noise, health and safety hazards (i.e., gas leaks crime, gangs, graffiti, and pollutants | | |
| 24. | Is the unit free of flooding <input type="checkbox"/> , poor drainage <input type="checkbox"/> , sewage hazards, septic tank back-ups <input type="checkbox"/> , mud slides <input type="checkbox"/> , pollutants <input type="checkbox"/> , excessive vibrations <input type="checkbox"/> , ants, fleas, roach, rodent or vermin infestations <input type="checkbox"/> ? | | |
| 25. | Is the unit free from plumbing leaks or problems? | | |
| 26. | Does the unit have refuse facilities, trash cans and/or dumpsters? | | |
| 27. | If the unit has a stove, is it properly vented <input type="checkbox"/> , in working order <input type="checkbox"/> , and have a working exhaust fan <input type="checkbox"/> ? | | |
| 28. | If the unit has a refrigerator, is it in working condition and in the unit? | | |
| 29. | Does the kitchen have adequate and sanitary storage space? | | |
| 30. | Does the unit have a sanitary area for preparing and serving food? | | |
| 31. | Does the kitchen have a sink with hot and cold running water? | | |
| 32. | Does the bathroom have hot and cold running water? | | |
| 33. | Does the bathroom have either a shower or tub and toilet facilities? | | |
| 34. | Does the bathroom have an operable window or an exhaust fan? | | |
| 35. | Does the bathroom offer privacy? | | |
| 36. | No keyed locks on interior doors (bedrooms, bathroom, etc) | | |
| 37. | Are all crawl covers and vent screens intact to prevent entry of rodents? | | |
| 38. | Does the hot water heater have a temperature relief valve <input type="checkbox"/> , discharge line <input type="checkbox"/> , have a drip pan <input type="checkbox"/> , and two regulation earthquak straps <input type="checkbox"/> ? | | |
| 39. | If the building has an elevator, is it operating properly? | | |
| 40. | Dwelling must be empty and all rooms or attachments available for inspection. Free from garbage, trash and debris, Including yard. | | |
| 41. | If the windows have security bars, are quick release latches present for emergency exit? | | |

**If unit is occupied by hearing impaired person, smoke/carbon monoxide detectors must have an alarm system, designed for hearing impaired persons.

This checklist must be completed before HQS inspector arrives.

OWNERS LEAD BASED PAINT CERTIFICATION

I certify to the best of my knowledge this unit:

_____ free from lead-based paint

_____ NOT free from lead-based paint

Owner: _____

Date: _____

Tenant: _____

Date: _____

