**Shared Living Home Inspection Checklist**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Docs Used in this Review: Local Housing Codes**

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| **Yard:**1. What condition is the yard/lawn/area surrounding the house in?
2. Is the yard clear of debris, trash and clutter?
3. What supplies are on hand to deal with ice and snow removal and where are they stored (i.e. shovel, salt, etc)?
4. What supplies are on hand to deal with spring/summer/fall lawn maintenance and where are they stored (i.e. lawn mower, rake, etc)?
5. What problems do you notice?
6. How will you address the problems you identified? (what, who, when)
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| **Exterior of the House:**1. Is the driveway and walkways in good condition and clear of debris, trash and clutter?
2. Where is the trash receptacle stored?
3. Are outdoor entrances well-lit?
4. Are stairs and/or ramps leading into the home sturdy and are handrails in place?
5. Is there any peeling paint, broken siding or trim?
6. In two-story homes are fire escapes in place and in good condition?

 1. What problems do you notice?
2. How will you address the problems you identified? (what, who, when)
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| **Interior of the House:**1. Are all areas well-lit?
2. Are walkways, stairways, and exits free of clutter/obstructions?
3. Are all walking surfaces free of slip, trip, and fall hazards?
4. Is flooring in good condition?
5. Are furnishings in good condition?
6. Is the client bedroom of reasonable size, include windows, closet space, a bed, chair, lamp and dresser?
7. Are there any noticeable odors?
8. Is the temperature reasonable?
9. Do windows, doors and screens allow for reasonable ventilation and insulation?
10. Are hard wired smoke detectors located on each level of the home?
11. Are carbon monoxide detectors plugged in (outside of kitchen area) and in working order?
12. Is it easy for the client to exit the home in a reasonable and safe time in case of emergency?
13. Are all electrical appliances and cords in good condition?
14. Are any extension cords or power strips being used and are they in good condition?
15. Are outlets located within 3 feet of water sources?
16. Please note the location of the electrical circuit breaker box:
17. Are all circuits accurately labeled and easy to read?
18. What type of heating source is used?
19. Check the hot/cold water temperature.
20. Please note the location of the emergency oil burner switch if applicable:
21. Are windows of reasonable size for people to get out of and EMS personnel to get into?
22. Does the home have a fire extinguisher? Where is it located?
23. What kinds of physical plant modifications are in place to best meet the needs of people supported:
24. What problems do you notice?
25. How will you address the problems you identified? (what, who, when) N/A
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| **Pet records** are on file and up-to-date (rabies shots)? Yes / No / Not applicable Comments: |

**Additional Comments/Follow-up:**

*Would I want to live here?*

*What follow-up is necessary to ensure this home is safe for the client living there?*

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Reviewer’s Signature Printed Name Date of Review

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Reviewer’s Supervisor Signature Printed Name Date of Review

*Department of Health and Human Services/Office of Aging and Disability Services/BC/PCU*

*September 2016*