



Shared Living Home Inspection Checklist

Name: _____

Address: _____

Reviewer: _____

Date: _____

Additional Docs Used in this Review: Local Housing Codes

Yard:

- a. What condition is the yard/lawn/area surrounding the house in?
- b. Is the yard clear of debris, trash and clutter?
- c. What supplies are on hand to deal with ice and snow removal and where are they stored (i.e. shovel, salt, etc)?
- d. What supplies are on hand to deal with spring/summer/fall lawn maintenance and where are they stored (i.e. lawn mower, rake, etc)?
- e. What problems do you notice?
- f. How will you address the problems you identified? (what, who, when)

Exterior of the House:

- a. Is the driveway and walkways in good condition and clear of debris, trash and clutter?
- b. Where is the trash receptacle stored?
- c. Are outdoor entrances well-lit?
- d. Are stairs and/or ramps leading into the home sturdy and are handrails in place?
- e. Is there any peeling paint, broken siding or trim?
- f. In two-story homes are fire escapes in place and in good condition?
- g. What problems do you notice?
- h. How will you address the problems you identified? (what, who, when)

Interior of the House:

- a. Are all areas well-lit?
- b. Are walkways, stairways, and exits free of clutter/obstructions?
- c. Are all walking surfaces free of slip, trip, and fall hazards?
- d. Is flooring in good condition?
- e. Are furnishings in good condition?
- f. Is the client bedroom of reasonable size, include windows, closet space, a bed, chair, lamp and dresser?

- g. Are there any noticeable odors?
- h. Is the temperature reasonable?
- i. Do windows, doors and screens allow for reasonable ventilation and insulation?
- j. Are hard wired smoke detectors located on each level of the home?
- k. Are carbon monoxide detectors plugged in (outside of kitchen area) and in working order?
- l. Is it easy for the client to exit the home in a reasonable and safe time in case of emergency?
- m. Are all electrical appliances and cords in good condition?
- n. Are any extension cords or power strips being used and are they in good condition?
- o. Are outlets located within 3 feet of water sources?
- p. Please note the location of the electrical circuit breaker box:
- q. Are all circuits accurately labeled and easy to read?
- r. What type of heating source is used?
- s. Check the hot/cold water temperature.
- t. Please note the location of the emergency oil burner switch if applicable:
- u. Are windows of reasonable size for people to get out of and EMS personnel to get into?
- v. Does the home have a fire extinguisher? Where is it located?

w. What kinds of physical plant modifications are in place to best meet the needs of people supported:

x. What problems do you notice?

y. How will you address the problems you identified? (what, who, when) N/A

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?

Reviewer's Signature

Printed Name

____/____/____
Date of Review

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*