

Tenant Pugh, Dave # Adults (1)
 Address 1680 Cumberland Ave 204
 City St. Paul, MN Zip 55117
 Home # 651-454-9809 NIS Work # 651-755-5573
 Cell # 603 103

Owner or Complex Pro Homes, Llc 0000073266A01 Ven. # _____
 Address 1043 Grand Ave #309
 City St. Paul, MN Zip 55105
 Home # 651-755-5573 Work # _____
 Cell # _____
 Request Date 2/14 Lease Date _____
 Contact either Phone # _____

GENERAL INFORMATION: No. BR's: 1 (2) 3 4 5
 Type Inspection: Re-exam LIP Initial MI 15 JUN-13 Re-exam MI _____
 Type Housing: Single Family Duplex/2F _____ Apartment/3F+ _____
 Year Unit was Built 1960 Requested by: Chong Lee Rent: 895
 Child under 6: Yes _____ No X # children w/EIBLL _____ Clear, Nec.

B. CHECK LIST	P	F	I
1. Living Room			
1.1 Living room present	P		
1.2 Electricity	P		
1.3 Electrical hazards	P		
1.4 Security	P		
1.5 Window condition	P		
1.6 Ceiling condition	P		
1.7 Wall condition	P		
1.8 Floor condition	P		
1.9 Def/Lead paint surfaces	P		
2. Kitchen			
2.1 Kitchen area present	P		
2.2 Electricity	P		
2.3 Electrical hazards	P		
2.4 Security	P		
2.5 Window condition	P		
2.6 Ceiling condition	P		
2.7 Wall condition	P		
2.8 Floor condition	P		
2.9 Def/Lead paint surfaces	P		
2.10 Stove/Range/Oven(g/e)	F		
2.11 Refrigerator	F		
2.12 Sink	P		
2.13 Food stor/prep/serv	P		

4. Other Rooms	Location	P	F	I
Room Code 1.Bedroom				
2.Dining Rm 3.Family Rm 4.Halls/Corridors				
5.Other				
4.1 Room code		P	P	
4.2 Electricity/illumination		P	P	
4.3 Electrical hazards		P	P	
4.4 Security		P	P	
4.5 Window condition		P	P	
4.6 Ceiling condition		P	P	
4.7 Wall condition		P	P	
4.8 Floor condition		P	P	
4.9 Def/Lead paint surfaces		P	P	
5. Secondary Rooms		P	F	I
5.1 Non-locked		P		
5.2 Security		P		
5.3 Electrical hazards		P		
5.4 Other hazards		P		
6. Building Exterior		P	F	I
6.1 Foundation condition		P		
6.2 Stairs/Rails/Porches		P		
6.3 Roof/Gutters		P		
6.4 Exterior surfaces		P		
6.5 Chimney		P		
6.6 Def/Lead paint surfaces		P		
6.7 Tie downs N/A (✓)				

P-PASS F-FAIL I-INCONCLUSIVE	P	F	I
7. Heating/Plumbing			
7.1 Heating equip adeq (g/e)			
7.2 Safety of heating equip.			
7.3 Ventilation/cooling			
7.4 Water heater (g/e)			
7.5 Water supply			
7.6 Plumbing			
7.7 Sewer connection			
8. Health and Safety			
8.1 Access to unit		P	
8.2 Fire exits		P	
8.3 Infestation—Evidence		P	
8.4 Garbage/debris		P	
8.5 Refuse disposal		P	
8.6 Int. stairs/halls-common		P	
8.7 Interior Hazards		P	
8.8 Elevators N/A ()			
8.9 Air quality – Interior		P	
8.10 Site & neighborhood		P	
8.11 Smoke detectors		P	

C. SUMMARY DECISION ON UNIT			
Date	ETA	Results	
3/15/13	9:35	Pass Fail Incon	No Access
4/5/13	(K)	Pass Fail Incon	No Access
/ /	:	Pass Fail Incon	No Access
/ /	:	Pass Fail Incon	No Access
/ /	:	Pass Fail Incon	No Access

3. Bathroom	Location	P	F	I
3.1 Bathroom present		P		
3.2 Electricity		P		
3.3 Electrical hazards		F		
3.4 Security		P		
3.5 Window condition		P		
3.6 Ceiling condition		P		
3.7 Wall condition		P		
3.8 Floor condition		P		
3.9 Def/Lead paint surfaces		P		
3.10 Flush toilet		F		

EXPLANATION OF FAIL/
 INCONCLUSIVE RATING:
 Secured entry - phone disc.
 2. REPAIR RIGHT REAR STOVE BURNER TO WORK.
 2.11 REPLACE MISSING SHELF BRACKETS IN REFRIGERATOR.
 3.3 REPAIR LEFT BULB SOCKET IN BATHROOM VANITY & REPLACE LIGHT BULB.
 3.1 REPAIR FLUSH HANDLE TO NOT COME OFF AFTER FLUSH.
 3.12 REPAIR TUB/SHOWER DIVERTER TO NOT JUST SPIN IN PLACE. CLEAN OUT BEHIND AS WELL

D. CHECK LIST

	P	F	I
1. Living Room			
1.1 Living room present	P		
1.2 Electricity	P		
1.3 Electrical hazards	P		
1.4 Security	P		
1.5 Window condition	P		
1.6 Ceiling condition	P		
1.7 Wall condition	P		
1.8 Floor condition	P		
1.9 Def/Lead paint surfaces	P		
2. Kitchen			
2.1 Kitchen area present	P		
2.2 Electricity	P		
2.3 Electrical hazards	P		
2.4 Security	P		
2.5 Window condition	P		
2.6 Ceiling condition	P		
2.7 Wall condition	P		
2.8 Floor condition	P		
2.9 Def/Lead paint surfaces	P		
2.10 Stove/Range/Oven (g/e)	F		
2.11 Refrigerator	F		
2.12 Sink	P		
2.13 Food stor/prep/serv	P		
3. Bathroom			
3.1 Bathroom present	P		
3.2 Electricity	P		
3.3 Electrical hazards	F		
3.4 Security	P		
3.5 Window condition	P		
3.6 Ceiling condition	P		
3.7 Wall condition	P		
3.8 Floor condition	P		
3.9 Def/Lead paint surfaces	P		
3.10 Flush toilet	F		
3.11 Wash basin	P		
3.12 Tub/Shower	F		
3.13 Ventilation	P		

4. Other Rooms
 1. Bedroom
 2. Dining Rm
 3. Family Rm
 4. Halls/Corridors
 5. Other

Location	L	R
	F	T

4.1 Room code	I	I
4.2 Electricity/illumination	P	P
4.3 Electrical hazards	P	F
4.4 Security	P	P
4.5 Window condition	P	P
4.6 Ceiling condition	P	P
4.7 Wall condition	P	P
4.8 Floor condition	P	P
4.9 Def/Lead paint surfaces	P	P

5. Secondary Rooms

5.1 Non-Applicable	P	F	I
5.2 Security	P		
5.3 Electrical hazards	P		
5.4 Other hazards	P		

6. Building Exterior

6.1 Foundation condition	P		
6.2 Stairs/Rails/Porches	P		
6.3 Roof/Gutters	P		
6.4 Exterior surfaces	P		
6.5 Chimney	P		
6.6 Def/Lead paint surfaces	P		
6.7 Tie downs N/A (/)			

**EXPLANATION OF FAIL/
INCONCLUSIVE RATING:**

Secured entry - phone disc.
 2. REPAIR RIGHT REAR STOVE BURNER TO WORK.
 2.11 REPLACE MISSING SHELF BRACKETS IN REFRIDGERATOR.
 3.3 REPAIR LEFT BULB SOCKET IN BATHROOM VANITY & REPLACE LIGHT BULB.
 3.1 REPAIR FLUSH HANDLE TO NOT COME OFF AFTER FLUSH.
 3.12 REPAIR TUB/SHOWER DIVERTER TO NOT JUST SPIN IN PLACE. CLEAN OUT BEHIND AS WELL.
 4.3 REPLACE MISSING BULBS IN RIGHT BEDROOM

P-PASS F-FAIL I-INCONCLUSIVE

7. Heating/Plumbing			P	F	I
7.1 Heating equip adeq (g/e)					
7.2 Safety of heating equip.					
7.3 Ventilation/cooling					
7.4 Water heater (g/e)					
7.5 Water supply					
7.6 Plumbing					
7.7 Sewer connection					

8. Health and Safety

8.1 Access to unit					
8.2 Fire exits					
8.3 Infestation—Evidence					
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8.7 Interior Hazards					
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8.9 Air quality – Interior					
8.10 Site & neighborhood					
8.11 Smoke detectors					

C. SUMMARY DECISION ON UNIT

Date	ETA	Results
3/15/13	9:35	Pass Fail Incon No Access
4/5/13	(18)	Pass Fail Incon No Access
/ /	:	Pass Fail Incon No Access
/ /	:	Pass Fail Incon No Access
/ /	:	Pass Fail Incon No Access

MAINTENANCE ITEMS:

HRA Inspector: Joe

CALL: 651-602-1626 When Repairs Are Done

Insp. Phone #:

PASS DATE: