RESIDENCE INSPECTION CHECK LIST

NAVEUR NAVSUPPACT NAPLES 11320/8 (New 6-99)

NAME OF RESIDENT	ADDRESS AND UNIT NO.	PHONE NO.
INSPECTOR		DATE

"X" MARK INDICATES CONDITIONS. ALL CHECK MARKS IN **"NO"** COLUMN REQUIRE COMMENTS UNDER **"REMARKS"** SECTION

ITEM	YES (X)	NO (X)	ITEM	YES (X)	NO (X)
GENERAL			**ELECTRICAL**		
EMERGENCY PHONE NUMBERS POSTED?			OUTLETS IN GOOD CONDITION?		
KNOW WHAT TO DO AFTER CALLING?			ENOUGH OUTLETS?		
QUARTERS FIRE BILL POSTED?			LIMITED USE OF EXTENSION CORDS?		
EXITS CLEAR AND IN ORDER?			GFCI INSTALLED AND OPERATIONAL?		
HOUSEKEEPING			HARDWIRED SMOKE DETECTORS INSTALLED?		
GOOD OVERALL CONDITION?			OPERATIONAL?		
KITCHEN			CO DETECTOR INSTALLED?		
GOOD OVERALL CONDITION?			OPERATIONAL?		
VENTS FREE OF GREASE?			**LAUNDRY**		
GAS LINE CURRENT?			OVERALL CLEAN?		
WATER HEATER			DRYER VENTED TO OUTSIDE?		
ADEQUATE CLEARANCE?			GAS LINE CURRENT?		
PRESSURE RELIEF INSTALLED?			LINT BUILD UP?		
PROPER VENTILATION?					

MISCELLANEOUS ITEMS		
FLAMMABLE LIQUIDS STORED IN PROPER CONTAINERS AND IN SAFE LOCATION		
FIRE PREVENTION LITERATURE GIVEN TO RESIDENT		

QUESTIONS FOR RESIDENTS		
HAVE YOU PLANNED AT LEAST TWO WAYS OUT OF EVERY ROOM?		
DO YOU HAVE AN EMERGENCY EXIT PLAN?		
DO THE CHILDREN KNOW WHAT TO DO?		
DO YOU PRACTICE "E.D.I.T.H."?		
DO YOU KNOW THE "GET OUT AND STAY OUT RULE"?		
DO YOU HAVE EMERGENCY INSTRUCTIONS FOR THE BABY SITTER?		

REMARKS

THE DEFICIENCIES NOTED ARE MINIMUM STANDARDS FOR OCCUPANCY AND WERE EVIDENT ON THE DATE OF INSPECTION

SIGNATURE OF INSPECTOR	SIGNATURE OF RESIDENT