



## Home Repair Opportunity Program Inspection Form and Certification of Satisfactory Completion

HeRO-410  
Updated 7/1/22

**GENERAL INFORMATION**

Grantee: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Homeowner: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Time and Date of Initial Inspection: \_\_\_\_\_ Time and Date of Final Inspection: \_\_\_\_\_

1.0 LIVING ROOM					
Item	Description	P	F	Repairs Required	Final Inspection
1.1	Living Room Present				
1.2	Electricity				
1.3	Electrical Hazards				
1.4	Security				
1.5	Window Condition				
1.6	Ceiling Condition				
1.7	Wall Condition				
1.8	Floor Condition				
1.9	Lead Paint				
1.10	Doors				

**NOTES:**

2.0 KITCHEN					
Item	Description	P	F	Repairs Required	Final Inspection
2.1	Kitchen Present				
2.2	Electricity				
2.3	Electrical Hazards				
2.4	Security				
2.5	Window Condition				
2.6	Ceiling Condition				
2.7	Wall Condition				
2.8	Floor Condition				
2.9	Lead Paint				
2.10	Stove or Range with Oven				
2.11	Refrigerator				
2.12	Sink				
2.13	Food Areas				
2.14	Doors				
2.15	Cabinets				
2.16	Countertops				
2.17	Dishwasher/Disposal				
2.18	Plumbing – Clogged Drains				
2.19	Plumbing – Leaks				

**NOTES:**

3.0 BATHROOM					
Item	Description	P	F	Repairs Required	Final Inspection
3.1	Bathroom Present				
3.2	Electricity				
3.3	Electrical Hazards				
3.4	Security				
3.5	Window Condition				
3.6	Ceiling Condition				
3.7	Wall Condition				
3.8	Floor Condition				
3.9	Lead Paint				
3.10	Flush Toilet				
3.11	Wash Basin or Lavatory				
3.12	Tub or Shower				
3.13	Ventilation				
3.14	Cabinets				
3.15	Plumbing – Clogged Drains				
3.16	Plumbing – Leaks				
3.17	Doors				

**NOTES:**

4.0 OTHER ROOMS USED FOR LIVING SPACE					
Item	Key			Room Code	Room Location
4.1	<ol style="list-style-type: none"> <li>1. Bedroom</li> <li>2. Dining Room or Area</li> <li>3. Second Living or Family Room, Den, etc.</li> <li>4. Entrance Halls, Corridors, Halls, Staircases</li> <li>5. Additional Bathroom</li> <li>6. Other</li> </ol>				
Item	Description	P	F	Repairs Required	Final Inspection
4.2	Electricity				
4.3	Electrical Hazards				
4.4	Security				
4.5	Window Condition				
4.6	Ceiling Condition				
4.7	Wall Condition				
4.8	Floor Condition				
4.9	Lead Paint				
4.10	Smoke Detectors				
4.11	Doors				
4.12	Stairs				

**NOTES:**

5.0 ALL SECONDARY ROOMS NOT USED FOR LIVING SPACE					
Item	Description	P	F	Repairs Required	Final Inspection
5.1	None				
5.2	Security				
5.3	Electrical Hazards				
5.4	Doors				

**NOTES:**

6.0 BUILDING EXTERIOR					
Item	Description	P	F	Repairs Required	Final Inspection
6.1	Condition of Foundation				
6.2	Condition of Stairs, Rails and Porches				
6.3	Condition of Roof and Gutters				
6.4	Condition of Walls				
6.5	Lead Paint: Exterior Surfaces				
6.6	Manufactured Homes				
6.7	Doors				
6.8	Patio/Porch/Balcony				
6.9	Fire Escapes				
6.10	Lighting				
6.11	Exterior Windows				

**NOTES:**

7.0 HEATING, PLUMBING, INSULATION					
Item	Description	P	F	Repairs Required	Final Inspection
7.1	Adequacy of Heating				
7.2	Safety of Heating Equipment				
7.3	HVAC – General Rust/Corrosion				
7.4	HVAC – Inoperable				
7.5	HVAC – Misaligned Chimney				
7.6	HVAC – Noisy, Vibrating, Leaking				
7.7	Water Supply				
7.8	Plumbing				
7.9	Sewer Connection				
7.10	Weather Stripping/Insulation				
7.11	Laundry Area Ventilation				

**NOTES:**

8.0 ELECTRICAL SYSTEM					
Item	Description	P	F	Repairs Required	Final Inspection
8.1	Blocked Access to Electrical Panel				
8.2	Burnt Breakers				
8.3	Evidence of Leaks/Corrosion				
8.4	Frayed Wiring				
8.5	GFI – Inoperable				
8.6	Missing Breakers/Fuses				
8.7	Missing Covers				

**NOTES:**



9.0 GENERAL HEALTH AND SAFETY					
Item	Description	P	F	Repairs Required	Final Inspection
9.1	Air Quality – Mold and/or Mildew				
9.2	Air Quality – Propane/Natural Gas/Methane Gas				
9.3	Air Quality – Sewer Odor				
9.4	Electrical Hazards – Exposed Wire/Open Panels				
9.5	Electrical Hazards – Water Leaks				
9.6	Flammable Materials				
9.7	Garbage and Debris				
9.8	Hazards - Other				
9.9	Hazards – Sharp Edges				
9.10	Hazards –Tripping				
9.11	Evidence of Infestation				

**NOTES:**

10.0 HOT WATER HEATER					
Item	Description	P	F	Repairs Required	Final Inspection
10.1	Misaligned Chimney/Ventilation System				
10.2	Inoperable Unit/Components				
10.3	Leaking Valves/Tanks/Pipes				
10.4	Pressure Relief Valve Missing				
10.5	Rust/Corrosion				

**NOTES:**

Empty space for notes.

11.0 MAJOR SYSTEMS LIFESPAN OF FIVE YEARS OR MORE					
Item	Description	P	F	Repairs Required	Final Inspection
11.1	Structural Support				
11.2	Roofing				
11.3	Cladding				
11.4	Weatherproofing (windows, doors, siding, gutters)				
11.5	Plumbing				
11.6	Electrical				
11.7	Heating				
11.8	Ventilation				
11.9	Air Conditioning				

**NOTES:**



**CERTIFICATION-INITIAL INSPECTION**

**INITIAL INSPECTOR:** The undersigned inspector certifies that he/she personally performed the Initial Inspection of the premises and that the foregoing is his/her true assessment of the conditions observed.

Inspector Signature: \_\_\_\_\_

Inspector Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**HOMEOWNER:** The undersigned homeowner certifies that the assessment of the conditions of his/her property above is accurate.

Homeowner Signature: \_\_\_\_\_

Homeowner Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION-FINAL INSPECTION**

**FINAL INSPECTOR:** The undersigned inspector certifies that following completion of rehabilitation or repair activities that he/she performed the Final Inspection of the premises and that the foregoing is his/her true assessment of the conditions observed; that each area of each section listed above meets the criteria outlined in the HeRO Inspection Form Instructions; that each of the major systems identified in Section 11.0 has an expected lifespan of at least 5 years from the date of final inspection; that the work performed meets all local codes and rehabilitation standards or the International Building Code; and that the property has passed a lead clearance test.

Inspector Signature: \_\_\_\_\_

Inspector Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTRACTOR:** The undersigned certifies that all work has been satisfactorily completed in accordance with all applicable contracts and rehabilitation standards including any change orders; that the property meets all applicable codes; that the final cleaning passed HUD lead clearance standards; that appropriate warranties have been obtained or issued; and that there are no unpaid claims for materials, supplies, equipment, or claims of laborers or mechanics for unpaid wages.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Printed Name: \_\_\_\_\_ Contractor Company: \_\_\_\_\_

**HOMEOWNER:** The undersigned homeowner certifies that the rehabilitation or repairs made to his/her property are complete and satisfactory.

Homeowner Signature: \_\_\_\_\_

Homeowner Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_