**INSTRUCTIONS: PRESS TAB TO ADVANCE FROM FIELD TO FIELD. CLICK MOUSE TO SELECT CHECKBOX**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LOGOFULL  **GROUP HOME INSPECTION - SHORT** | | | | | | | | | | PRHC Annual  PRHC Move-in  PRHC Move-out  PRHC (Other) | | |  |  |
| Date: | | Estate No.:      - 24 | | | | | | Block No.: | | | | | | |
| Building Name: | | | | | | | | | | | | | | |
| Building Address: | | | | | | | | | | | | | | |
| Operator: | | | | | | | | | Phone Number: | | | | | |
| Home Supervisor: | | | | | | | | | Phone Number: | | | | | |
| Program: | Client Type: | | | | | | | | # of Eligible Beds: | | | | | |
| Estimated Age of Building: | | | # Clients: | | | | | | Licensed: Yes  No | | | | | |
| Lot Size: | | | | | | | Construction Type:       (enter description) | | | | | | | |
| SPONSORING MINISTRY: MCFD  MHR  MCAWS  OTHER:       (enter description) | | | | | | | | | | | | | | |
| ATTENDEES: BC Housing:  Other: | | | | | Operator: | | | | | | | | | |
| Security: | | | | | | | | | | | | | | |
| Master Key:  Service Master Key: | | | | | | Individual Door Keys: | | | | | | | | |
| Keys are kept in a secure area: | | | | | |  | | | | | | | | |
| **BUILDING SERVICES/MECHANICAL** | | | | | | | | | | | | | | |
| **Description** | | | | **Comments / Date Inspected** | | | | | | | **Responsibility** | | | |
|  | | | |  | | | | | | | BC Housing | Operator | | |
| Fire Alarm System | | | |  | | | | | | |  |  | | |
| Fire Sprinkler | | | |  | | | | | | |  |  | | |
| Extinguishers | | | |  | | | | | | |  |  | | |
| Smoke Alarms: | | | |  | | | | | | |  |  | | |
| Emergency Lights | | | |  | | | | | | |  |  | | |
| Generator | | | |  | | | | | | |  |  | | |
| Intercom/Security Alarm | | | |  | | | | | | |  |  | | |
| Heating Type: | | | |  | | | | | | |  |  | | |
| Fuel Type: | | | |  | | | | | | |  |  | | |
| Heat Recovery/Exchanger | | | |  | | | | | | |  |  | | |
| Fire/Emergency Plans | | | |  | | | | | | |  |  | | |
| Gas/Wood Fireplace | | | |  | | | | | | |  |  | | |
| Irrigation Systems | | | |  | | | | | | |  |  | | |
| Specialized Equipment (arjo, lifts, etc.) | | | |  | | | | | | |  |  | | |
| Air Conditioning | | | |  | | | | | | |  |  | | |

**GENERAL COMMENTS/CONDITION/WORK IDENTIFIED TO BE DONE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Immediate Repairs:** | | | |
| **Date** | **W.O. #** | **Contractor** | **Details** |
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Block #:

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| **INVENTORY** | **MAKE** | **MODEL** | **SERIAL #** | **Installation Date** | | **Condition** | |
| Fridge |  |  |  |  | |  | |
| Stove |  |  |  |  | |  | |
| Dishwasher |  |  |  |  | |  | |
| Washer |  |  |  |  | |  | |
| Dryer |  |  |  |  | |  | |
| Window Coverings |  |  |  |  | |  | |
| Built in Vacuum |  |  |  |  | |  | |
| Specialty Tub |  |  |  |  | |  | |
| Hood Fan/Microwave |  |  |  |  | |  | |
| Other |  |  |  |  | |  | |
| **BUILDING EXTERIOR** | | | | | | | |
| **Description** | **Comments** | | | | **Responsibility** | | |
|  |  | | | | BC Housing | | Operator |
| Septic/Sewer |  | | | |  | |  |
| Landscaping |  | | | |  | |  |
| Tree Pruning |  | | | |  | |  |
| Deck/Stairs |  | | | |  | |  |
| Fencing |  | | | |  | |  |
| Gutters |  | | | |  | |  |
| Sidewalks/Driveways |  | | | |  | |  |
| **BUILDING INTERIOR** | | | | | | | |
| **Description** | **Comments** | | | | **Responsibility** | | |
|  |  | | | | BC Housing | | Operator |
| Flooring |  | | | |  | |  |
| Carpets |  | | | |  | |  |
| Interior Painting |  | | | |  | |  |
| Countertops |  | | | |  | |  |
| Kitchen Cabinets |  | | | |  | |  |
| Duct Cleaning |  | | | |  | |  |
| **ADDITIONAL OPERATING EXPENSES** | | | | | | | |
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| **PROPERTY PORTFOLIO MANAGER (PPM) COMMENTS** | | | | | | | |
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