## **City of Clearlake**

Rental Housing Unit Inspection Checklist							
Inspection No.:			Inspection Date:		Unit Number:		
Property Address:					APN:		
Property Name (if applicable):					Total No. of Units:		
Check	Box Only If Inspection Complete a	and Fou	und to Be in Compliance:				
□1.	Premises: no abandoned or inoperable vehicles, overgrown vegetation, infestation of insects or vermin, discarded household items, trash, debris or any graffiti.	□10.	<b>Exterior Sidewalks and</b> <b>Driveways:</b> must always remain clear and in a safe and sanitary condition.	□19.	Floor Coverings: coverings do not create tripping hazards or unsanitary conditions.		
□2.	Address Numbers: plainly visible from the street or road fronting the property.	□11.	Swimming Pools and Hot Tubs: shall be safe and maintained in good repair.	□20.	Plumbing Fixtures/Piping: properly installed and in good condition without any leaks or clogs, no missing handles or spouts.		
□3.	<b>Exterior Walls:</b> in good condition, no peeling paint, holes, missing sections or deterioration.	□12.	Accessory Structures: shall be maintained structurally sound and in good repair.	□21.	Water Heaters: installed in an approved location, and have seismic strapping, operable temperature relief valve and drain line, venting, and a minimum of 110 degrees water temperature.		
□4.	Vent Screens: no missing or damaged crawl space, attic or foundation vent screens.	□13.	<b>Common Areas:</b> in a sage and sanitary condition.	□22.	Bathroom Ventilation: bathrooms have an operable window or exhaust fan.		
□5.	Extension Cords: shall not be used as permanent wiring.	□14.	Entry Doors: all doors and door jambs have a strike plate that are secure, not loose; entry doors have a standard deadbolt with thumb latch at interior, a viewer, and are weather sealed.	□23.	<b>Smoke Detectors: sm</b> oke detectors are working and are in hallways leading to rooms used for sleeping purposes or are installed and maintained in compliance with the Code in effect at the time of their original installation.		
□6.	Stairway/Landing/Treads/Risers/ Guardrails/Handrails: in good condition, well secured, not loose or deteriorated.	□15.	Windows and Window Locks: windows can be opened and closed easily and have no missing or broken glazing. Bedroom egress windows are not blocked by furniture or air conditioners, and any security bars can be released from the interior.	□24.	Electrical: general outlets, lights, switches and cover plates are installed properly and in good condition, no exposed wiring.		
□7.	Roof and Ceilings: in good condition without any leaks	□16.	Heaters: are permanently installed and properly functioning.	□25.	GFCI Required Locations: properly function and have been installed where outlets have been replaced in the bathrooms, on kitchen counters, on the exterior and in garages.		
□8.	Exterior Lighting: all lights function and have proper covers, no exposed wiring.	□17.	Heating Facilities: capable of maintaining a minimum temperature of 65° F in all habitable rooms.	□26.	Carbon Monoxide Detectors: located outside each sleeping area and on each level of a dwelling (including basements). Installation must be per manufacturer's instructions and per California Building Code.		
□9.	Electrical Panel: all electrical panels are identified, all breakers/fuses are labeled and there is no exposed wiring.	□18.	Kitchen Counters and Sink Surfaces: surfaces are in good condition, no significant cracked, chipped or missing pieces.		shall be required when such work was installed and is		

 pieces.

 No change in any portion of a building, structure, common area or any other work regulated by the Code shall be required when such work was installed and is maintained in accordance with the Code in effect at the time of installation. A completed Rental Housing Inspection Checklist does not certify that any work done in the building or structure was in compliance with any permit requirements.

I certify that I have inspected the unit, and that the information is true and correct to the best of my knowledge.

Name of Inspector:	Date:	
Please correct the following violations prior to the next 30-day reinspect	tion. Reinspection Date:	
Check if Building Permit(s) required.		
(Signature of Owner or Representative) (Date)		
I, the undersigned, have lawful access or control of the rental housing uni to have the inspectors of the City of Clearlake's Rental Housing Unit Inspe		
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 Name:
 Phone:
 Inspection conducted in the absence

 Signature:
 Date:
 of occupant, with written consent.

City of Clearlake, Community Development Department. 14050 Olympic Drive, Clearlake CA 95422, (707) 994-8201