



CITY OF MODESTO
RENTAL HOUSING SAFETY PROGRAM
SELF-CERTIFICATION CHECKLIST
 Building Safety Division
 209-577-5250

Exterior Inspection – PART I: Building/Unit Identification (Print legibly)

Property Owner Name:

Property Address:

| Item # | Exterior Checklist | Pass | Fail | N/A | Comments |
|---------------|--|--------------------------|--------------------------|--------------------------|-----------------|
| 1.1 | <u>Legible and Visible address number and unit identification</u> (Address numbers clearly visible from street/number or letters for units- minimum 4 inches in height or in accordance with MMC 9-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.2 | <u>Storage of Junk and rubbish and/or overgrown vegetation</u> (Household trash, tires, scrap wood, scrap metal, etc. shall be stored and protected in an orderly fashion as to not be an attractive nuisance – Property must be clear from any overgrown/dry vegetation and/or weeds 12 inches or taller in height capable of being ignited and endangering the property) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.3 | <u>Dumpsters/Trash Cans</u> (Must be in enclosure if provided/stored out of public right-of-way/ free from trash overflow) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.4 | <u>Inoperable/Unregistered Vehicles</u> (Inoperable vehicles must be stored out of public view and on a paved surface) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.5 | <u>Foundation Vent Screens/Crawl Space Covers</u> (Spaces must be properly covered. Screens must be in good working condition) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.6 | <u>Roof</u> (Must be free from any visible holes or penetrations that allow outside elements - rain & cold - in and heated air out. Must be free from tarps or other unrated plastics) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.7 | <u>Stairways – Landings/treads/risers/balusters</u> (Should be in good condition/free from visible structural defects (loose threads, missing balusters or handrails, rotting or deteriorating materials) and anything that could cause a trip or fall hazard.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.8 | <u>Fire Extinguishers – Multi-Family Only – 3 or more units</u> (Must be properly serviced, labeled, and stored – minimum size 2A10-BC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.9 | <u>Fire Sprinkler System – Multi-Family Only – 3 or more units</u> (If provided – Certification of 5 year inspection required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.10 | <u>Exterior Lighting</u> (Approved lighting fixtures at entrance/exiting doors, all exterior hallways, as applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.11 | <u>Infestation</u> (Property must be clear of all infestations - insect, rodent, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.12 | <u>Electrical/Gas Meters – Multi-Family Only – 3 or more units</u> (Must have proper labeling, be properly protected, and must not be tampered with. Utilities in an exterior closet or room may require signage) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.13 | <u>Electrical Panel</u> (Must have a panel cover and breakers labeled with appropriate identification, as applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.14 | <u>Exterior Walkways/Exit Passageways/Common Areas</u> (Shall be kept unobstructed, in a proper state of repair, and maintained from hazardous conditions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.15 | <u>Water Heaters</u> (Must have proper earthquake strapping, proper drain lines, combustion air, clearances, and venting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.16 | <u>Existing Fire Lanes clearly marked</u> (Signage or paint or both needed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Interior Inspection – PART II: Unit Identification (Print legibly)

Property Owner Name: _____

Property Address: _____

Unit Number: _____

| Item # | Interior Checklist | Pass | Fail | N/A | Comments |
|---------------|--|--------------------------|--------------------------|--------------------------|-----------------|
| 2.1 | <u>Hot/Cold Running Water</u> (Unit must have hot and cold running water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.2 | <u>Electrical Power</u> (Each unit must have its own electrical power source from a public utility. All electrical equipment, wiring, and appliances shall be properly installed and maintained in a safe and approved manner) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.3 | <u>Heat</u> (Each unit shall be provided with permanent heating facilities capable of maintaining a room temperature of 70 degrees Fahrenheit at appoint 3 feet above the floor in all habitable rooms) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.4 | <u>Sewage System</u> (Unit must have a functioning sewage system and must be clear of any surfacing sewage indoors or outdoors) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.5 | <u>Entry Doors</u> (Must be in good condition – Locks on doors must not exceed 48” in height, unless otherwise allowed. No double key lock on entry door) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.6 | <u>Exits</u> (One main door per unit & escape/rescue window per bedroom. There must not be any double key locks on any exit doors throughout the unit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.7 | <u>Sanitary Conditions</u> (Unit must be clear of mold and other infestations – insects, rodents, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.8 | <u>Smoke and Carbon Monoxide Detectors</u> (Must be working and located outside of each separate sleeping area. Smoke detectors must also be located inside each sleeping area) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.9 | <u>Mechanical</u> (All mechanical equipment in the unit must properly function including; appliances, venting systems, thermostats, air conditioning unit – if provided, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.10 | <u>Electrical</u> (All wiring and electrical components must be in good working condition – no spliced wiring, no exposed wiring, and all outlets and switch plates must have appropriate coverings/GFCI in bath and kitchen operational, if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.11 | <u>Plumbing</u> (All plumbing must be in good working condition – sink, toilet, bathtub or shower, no leaks, must have P-traps, toilets must be secured to ground and sinks must be secured to walls, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.12 | <u>Counter and Sink Surfaces</u> (Nonporous surfaces are required in kitchens) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.13 | <u>Windows</u> (All windows must have adequate weather protection – no broken glass/plastic coverings, etc. - be in good operable condition and have locking mechanisms that function without use of a key or special knowledge. If window bars or screens are present they too must function without use of a key or special knowledge. Openable windows shall be supplied with tightly fitting insect screens) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.14 | <u>Flooring</u> (Floors must not be in a defective or deteriorating condition that could cause a trip or fall hazard or impact sub-flooring) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.15 | <u>Sub-flooring</u> (Must be in good condition without buckling or sagging which suggests structural defects) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.16 | <u>Walls</u> (Must be good repair clear of large holes, missing sections, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.17 | <u>Ceiling</u> (Must be in good repair, must not be collapsing, buckling or sagging suggesting structural defects or roof leakage) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge. (Please send original to City of Modesto and keep a copy for your files.)

Name (Please print): _____ **Signature:** _____

Relationship to the Property: _____

Phone Number: _____ **Date:** _____