

BOROUGH OF CANONSBURG

Occupancy Inspection Checklist

Internal Use Only

☐ Code Enforcement Requested

Property Address: _____

Description of Property ☐ Single Family Dwelling ☐ Duplex ☐ Other: Explain _____

ITEM	P	F	N/A	ITEM	P	F	N/A
Kitchen				Electric			
Sink - working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No temporary wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric panel in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No visible bare or faulty wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical receptacles (G.F.I.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating			
Gas appliances properly connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visible gas/electric connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical appliances and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	appear adequate			
receptacles properly connected				Flue connections vented as nec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls, ceilings and floors intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Porches/Decks/Doors			
1-A Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inside/outside stairs functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms-functional (on 1st floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	and structurally safe			
Bathroom Upstairs				Visible support and flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing properly connected and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	appears sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in proper working order				Doors in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical receptacles (G.F.I.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Double keylocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls, ceiling and floor intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior			
Bathroom Downstairs				Free of debris, garbage materials, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing properly connected and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper storage of flammable liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in proper working order				Sidewalks, driveways, parking areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical receptacles (G.F.I.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in proper condition			
Walls, ceiling and floor intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structure address identified properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms				Roof and Foundations			
Smoke detectors in each bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visible areas appear to be sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke & carbon monoxide detector in hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downspouts and gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms properly functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool			
Basement				Maintained in clean and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors and walls watertight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sanitary condition			
Walls and ceiling intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fence/Barrier not less than	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/carbon monoxide detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48" above ground level			
Furnace & hot water tank-functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-closing and self-latching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical GFI in laundry area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gates/doors functional			
Flue connections in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retractable locking ladder-functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Clean Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical GFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Door Garage Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Comments: _____

Reinspection Comments: _____

The above items have been visually inspected as a safety function only.

☐ Passed ☐ Failed

Inspection performed by: _____

Melissa Graff
Code Enforcement Officer
724-745-1800 (ext. 6)
codes@canonsburgboro.com

Cliff Jones
Canonsburg Fire Inspector
724-745-1800 (ext. 1)
fireinspector@canonburgboro.com

Date _____
Re-inspection ☐ Pass
☐ Fail
Date _____

Notes: (1) Please contact the Inspection Personnel listed above for a re-inspection of all failer items.

Re-inspection ☐ Pass
☐ Fail
Date _____