



The HQS Inspection Checklist has been created to assist HCV Owners, Landlords, and/or Property Managers with conducting pre-inspections prior to the scheduled HQS inspection. The items listed in this document does not contain all possible failures, however, it does cover items that fail frequently.

It is the owner, landlord, or property manager's responsibility to ensure that HQS repairs have been completed sufficiently and timely. Repairs determined to be insufficient, incomplete, or repairs completed with improper material will be issued a failed rating.

- ☐ The unit must be empty/vacant from previous tenant. (New move-ins only.)
- ☐ There must be working smoke detectors properly mounted on each level of the unit, including basements and walk-up attics.
- ☐ All smoke detectors are required to have 10-year sealed batteries or be hardwired.
- ☐ All units that have gas/fuel burning appliances or an attached garage, must have a carbon monoxide detector.
- ☐ Utilities (water, gas, electric) must be turned on for the completion of the inspection.
- ☐ No chipping or peeling paint inside or outside the unit.
- ☐ Stove must be clean, in working order, and secured.
- ☐ Refrigerator must be clean, in working order, and have a good door seal.
- ☐ There must be a permanently installed working heating/cooling system.
- ☐ Hot and cold running water in the kitchen and bathroom(s) is required.
- ☐ There must be a shower or bathtub that works.
- ☐ There must be a flush toilet that works, is securely mounted, and does not leak.
- ☐ The bathroom must have either an outside window or an exhaust fan vented to the outside.
- ☐ There must not be any plumbing leaks.
- ☐ There must not be any plugged drains.
- ☐ All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
- ☐ All ground floor windows and exterior doors shall open and close as designed and must have working locks. Double keyed deadbolts are NOT permitted.
- ☐ Each living space must have two means of fire egress (i.e. door and window)
- ☐ All electrical outlets/switches must have cover plates and be in good working condition.
- ☐ All ground fault circuit interrupters (GFCI) must work properly.
- ☐ There must not be any missing, broken, or cracked windows.
- ☐ Bedrooms must have a working window or door for egress that is able to stay open on its own.
- ☐ The roof must not leak.
- ☐ The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel, CPVC or copper tubing that is between two and six inches from the floor, or directed outside the unit. Note: PVC is not acceptable.
- ☐ The floor covering must not be torn or have holes that can cause someone to trip.
- ☐ If there are stairs and railings, they must be secure.
- ☐ Four or more exterior stairs must have handrails between 34 and 38 inches from the ground.
- ☐ Walk offs or porches 30+ inches above grade must have guard rails 36 inches from the ground.
- ☐ All security bars and windows must have a quick release mechanism.
- ☐ All construction/rehabilitation (painting, carpet replacement, etc.) must be complete.
- ☐ The unit must be free from roaches and rodents.
- ☐ There must be stepping stones or walkway to the unit without tripping hazards.

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountky.gov. If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. We will review your request and respond within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence Against Women's Act (VAWA) should be considered, please notify the PHA of your concerns to determine whether a review is in order. If this is a notice of denial or termination of assistance, A CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING reporting form is enclosed.

