



Multi-Family Dwelling Self Inspection Report

Neighborhood Services Department

Community Name: _____	Emergency Contact Name: _____	Emergency Contact Phone#: _____	Inspection Date: _____	Bldg. #: _____	Apt.#: _____
Occupant's Name: _____ Phone # _____			City of Plano Code of Ordinances, Chapter 6, Buildings and Building Regulations, Article III. Property Maintenance Code, Division 3 Registration and Inspection of Multi-family Dwelling Complexes requires the landlord or their designee to inspect each dwelling unit within the complex a minimum of once annually and when the occupancy of the unit changes. This report should be signed by the landlord and the tenant if possible, and shall be maintained by the landlord for a minimum of three (3) years. If a tenant disagrees with any notation made by the landlord, the tenant is permitted to make written comments on the report prior to signing and retaining a copy.		
Occupant's Name: _____ Phone # _____					
Occupant's Name: _____ Phone # _____					

	Interior	Deficiency	Comments		Interior	Deficiency	Comments
Walls & Ceilings IPMC Chapter 3	In good repair & minimum 7' ceiling height	<input type="checkbox"/>		Kitchen IPMC Chapter 4, 6	Suitable space & sanitary conditions	<input type="checkbox"/>	
	No defective surface conditions	<input type="checkbox"/>			Properly working plumbing	<input type="checkbox"/>	
	No water damage	<input type="checkbox"/>			Necessary lighting & ventilation	<input type="checkbox"/>	
Floors IPMC Chapter 3	In good repair & structurally sound	<input type="checkbox"/>		Proper outlets / no electrical hazards / GFCI properly installed if required	<input type="checkbox"/>		
	No tripping or other hazards	<input type="checkbox"/>			Properly installed & working appliances	<input type="checkbox"/>	
Stairs/Steps/ Hallways/ Landings IPMC Chapter 3	Clear pathways/proper lighting	<input type="checkbox"/>		Bathrooms IPMC Chapter 4, 5 & 6	Properly installed & operating facilities	<input type="checkbox"/>	
	Handrail & guardrail securely attached	<input type="checkbox"/>			Necessary lighting & ventilation	<input type="checkbox"/>	
	Capable of supporting imposed loads	<input type="checkbox"/>			No defected interior surfaces	<input type="checkbox"/>	
Windows & Doors IPMC Chapter 3, 4	Free of defects	<input type="checkbox"/>		Hot & cold running water to each fixture	<input type="checkbox"/>		
	Working hardware & easily opens & closes	<input type="checkbox"/>		Proper outlet / no electrical hazards / GFCI properly installed if required	<input type="checkbox"/>		
	Fits well into frame & securely attached	<input type="checkbox"/>		Properly installed service panel	<input type="checkbox"/>		
Bedroom IPMC Chapter 4, 7	Proper egress from room	<input type="checkbox"/>		Electrical/ Mechanical/ Plumbing/ Ventilation IPMC Chapter 4, 5 & 6	Proper outlets / no electrical hazards / GFCI properly installed if required	<input type="checkbox"/>	
	Sleeping area 70 sq ft/1 occupant; 50 sq ft/ >1 occupant	<input type="checkbox"/>			Properly installed & maintained heating system	<input type="checkbox"/>	
	Proper lighting & ventilation	<input type="checkbox"/>			Properly working plumbing	<input type="checkbox"/>	
	Accessible water closet	<input type="checkbox"/>			Unused gas lines capped	<input type="checkbox"/>	
Bedroom IPMC Chapter 4, 7	Proper egress from room	<input type="checkbox"/>		Fire Protection IPMC Chapter 7	Adequate ingress/egress	<input type="checkbox"/>	
	Overcrowding Conditions	<input type="checkbox"/>			Working smoke detectors installed to requirements (Push button)	<input type="checkbox"/>	
	Proper lighting & ventilation	<input type="checkbox"/>			Smoke detectors on each level	<input type="checkbox"/>	
	Accessible water closet	<input type="checkbox"/>			Smoke detectors in each room used for sleeping	<input type="checkbox"/>	
Infestation IPMC Section 308	Insect/Rodent Infestation	<input type="checkbox"/>		Rubbish/ Garbage	Unit free of accumulated trash and or debris (IPMC Chapter 3)	<input type="checkbox"/>	
	Signs of insect/rodent infestation	<input type="checkbox"/>		Other		<input type="checkbox"/>	

By signing below you acknowledge that the unit has been inspected and meets minimum building and safety standards.

Tenant's Signature (If Available) _____ Date _____

Management or Representative _____ Date _____

TO REPORT UNRESOLVED VIOLATIONS OF CITY PROPERTY MAINTENANCE CODE FOR THESE PREMISES, PLEASE CONTACT THE PROPERTY STANDARDS DIVISION AT (972) 208-8150.