



**Town Health Officer  
Rental Housing Inspection Checklist**

Standards as defined in Vermont's Rental Housing Health Code and Act 165, an Act to Prevent Childhood Lead Poisoning in Rental Housing and Childcare Facilities.

Inspector Name:  
 Health Officer  Deputy  Other \_\_\_\_\_

Town: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Type of Inspection:  
 Initial  Follow-up (Last Inspection date: \_\_\_\_\_)

Tenant Name and Phone #: \_\_\_\_\_

Housing Type (*check as appropriate*):  
 Single Family  
 Duplex or 2 Family  
 Multi-Unit Building  
 Mobile Home (rented home and lot)  
 Mobile Home (rented lot only not in mobile home park)  
 Rooming House/Unit  
 Other: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name Phone #: \_\_\_\_\_

Reason for Inspection: \_\_\_\_\_

**Rental Housing Health Code**

Kitchen Facilities <i>(dwelling units only)</i>	Space to store, prepare and serve foods: <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchen sink present: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	
Bathroom Facilities	<input type="checkbox"/> Dwelling Unit	Toilet, sink & bathtub/shower: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared (meets standard) Comments: _____
	<input type="checkbox"/> Rooming Unit	One toilet & one sink for each 10 persons: <input type="checkbox"/> Yes <input type="checkbox"/> No One bathtub or shower for each 8 persons: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
Non-Absorbent Surfaces	Kitchen: non-absorbent floor & counter surfaces present: <input type="checkbox"/> Yes <input type="checkbox"/> No Bathrooms: non-absorbent floor & counter surfaces present: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	
Water Supply	<input type="checkbox"/> Public  <input type="checkbox"/> Private Type: _____	Noted problems with quantity of water or hot water temperature? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ <i>If Private:</i> Noted problems with water quality? <input type="checkbox"/> Yes <input type="checkbox"/> No Sample Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Sample Type ( <i>typically a coliform sample</i> ): _____ Date Sampled: _____ Results ( <i>attach copy of lab report</i> ): _____ Tenant & owner notified of results? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
Sewage System	<input type="checkbox"/> Public  <input type="checkbox"/> Private	System Functioning Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____

Inspection Date: \_\_\_\_\_ Unit Address: \_\_\_\_\_

Garbage, Rubbish & Sanitary Conditions	Outdoor covered containers provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Garbage/rubbish removed once per week: <input type="checkbox"/> Yes <input type="checkbox"/> No Observed insect or rodent infestation? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Heating	Heat Available if < 55° F: <input type="checkbox"/> Yes <input type="checkbox"/> No Adequate temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Details: _____ Space Heater(s) vented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:
Ventilation	Habitable rooms have at least 1 operable window or door: <input type="checkbox"/> Yes <input type="checkbox"/> No Screens provided ( <i>operable windows &amp; doors used as ventilation</i> ): <input type="checkbox"/> Yes <input type="checkbox"/> No Bathrooms ventilated (window or ventilation fan): <input type="checkbox"/> Yes <input type="checkbox"/> No Bathroom fans & clothing dryers vented to outdoors: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:
Lighting & Electricity	2 outlets (or 1 & 1 light fixture) in habitable rooms; 2 outlets & 1 light fixture in kitchen: <input type="checkbox"/> Yes <input type="checkbox"/> No Adequate lighting in other rooms, common areas and entrances: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Structural Elements	Structure is weather and water-tight and in good repair: <input type="checkbox"/> Yes <input type="checkbox"/> No Presence of standing water, excessive moisture or visible mold: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Other Problems or Additional Comments	
<b>Lead Law</b>	
Home built before 1978? (if yes, continue) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ Chipping paint >1 square foot? <input type="checkbox"/> Yes <input type="checkbox"/> No Window well inserts in all windows? <input type="checkbox"/> Yes <input type="checkbox"/> No Notice posted asking tenants to report chipping paint? Yes <input type="checkbox"/> No Evidence of prohibited practices (i.e., dry scraping or sanding): _____ Comments:	
<b>Overall Inspection Findings</b>	
Summary of Required Corrections::	
Required Compliance Date:	Follow-up Inspection Date Set:
Referred to Department of Public Safety for possible fire safety/building code violations: <input type="checkbox"/> Yes <input type="checkbox"/> No Other referrals/comments:	