

Residential Rental Inspection Checklist

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Property details

Residential rental property primary address:

Property owner/manager name:

Additional address(es) – Add page if more space is needed:

Email: _____

Phone: _____

Inspection details

Type of inspection

Inspection

Inspected by – Include name and company

(If multiple inspectors, list all)

Re-inspection

Inspection date: _____

Total number of units: _____

Email: _____

Number of units inspected: _____

Phone: _____

*** An application must be submitted within 90 days of the initial inspection, non-compliant items must be resolved and documentation submitted within one year of application.*

The number of units inspected is 10% of the total units randomly selected by the inspector plus checklist items related to shared utilities or common areas. For any property where there is a below grade unit, item 5.3 must be verified for all below grade units. Single unit properties require an individual license. Multiunit properties, a single license can be issued for multiple units, addresses, or structures if they are all located on a single or contiguous parcels and under the same ownership.

I certify that all items have been marked as compliant/correct or not applicable. Leave this box blank if items are non-compliant. Inspections submitted with checklist items marked non-compliant will be considered incomplete. Non-compliant items must be resolved and documentation submitted within one year of application

By signing this form, the licensed inspector certifies that they performed the inspection for the property indicated following the requirements in the checklist and guidebook, including randomly selecting units and not including those that are vacant or under construction. The inspector also certifies that they have no financial interest in the property & is not related in any way to the owner/agent or tenant.

Inspector signature: _____ Date: _____

Inspection report

List the address and unit numbers inspected (units must be randomly selected and not vacant or under construction or renovations). This section must be completed.

If inspecting more than 8 units, please add additional page and list all additional units inspected.

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Legend:
C = Compliant/Correct **NC** = Non-compliant **NA** = Not applicable

| Item | Section 1 – Egress | C | NC | NA |
|------------|---|---|----|----|
| 1.1 | Egress to Ground Level, Stairs in Good Condition & Emergency Exits Clear (RH, 2-202 A-C) | | | |
| 1.2 | Lighting of Halls & Stairways – Multi-Unit Dwellings (RH, 2-205 C) | | | |
| Item | Section 2 – Water Systems | C | NC | NA |
| 2.1 | Dwelling connected to Municipal or approved Water System (RH, 2-203 A 1) | | | |
| 2.2 | Hot Water Minimum Temperature 110°F (RH, 2-207 C 1) | | | |
| 2.3 | Gas-Fired Water Heater Location (RH, 2-207 C 3) | | | |
| 2.4 | Water Heater provided with Pressure/Temp Relief Valve (RH, 2-207 C 8) | | | |
| 2.5 | Toilet Working Properly & Connected to Approved Water & Sewer System (RH, 3-301 B 1) | | | |
| 2.6 | Bathtubs & Showers in Good Condition (RH, 3-301 D 2) | | | |
| Item | Section 3 - Electrical | C | NC | NA |
| 3.1 | Outlets & Fixtures Installed Properly (RH, 2-206 A 1) | | | |
| 3.2 | Total Circuitry Limits; No Make-Shift Outlets; Wiring in Good Condition (RH, 2-206 B 1-2) | | | |
| 3.3 | At least 1 GFCI Outlet in All Bathrooms (RH, 2-212 C) | | | |
| 3.4 | Free of Unsafe Extension Cords & Makeshift Wiring (RH, 2-206 B 4-5) | | | |
| Item | Section 4 – Fire Safety | C | NC | NA |
| 4.1 | Smoke & CO Detector; Fire Extinguisher Present (DRMC, 27-195) | | | |
| 4.2 | Furnace Room Door Requirements are Met – Basement (RH, 2-201 C) | | | |
| 4.3 | Boiler/Furnace have approved Safety Devices (RH, 2-207 A 3-4) | | | |
| 4.4 | Gas Supply Pipes in Good Condition (RH, 2-207 A 1) | | | |
| Item | Section 5 – Walls, Roof & Foundation | C | NC | NA |
| 5.1 | Free of Holes in Walls or Roof; Deteriorating Paint (RH, 2-208 A) | | | |
| 5.2 | Free of Lead Hazards & Hazards Associated with Water Intrusion (RH, 2-209 A 2) | | | |
| 5.3 | Free of Leaks in Below Grade Units – Basement (RH, 2-201 B 1) | | | |
| 5.4 | Foundation Secure & Free of Visible Decay (RH, 2-208 B) | | | |
| Item | Section 6 – Trash | C | NC | NA |
| 6.1 | Regular Trash Removal; Free of Excessive Odors & Accumulation (RH, 2-214 D-F) | | | |
| Item | Section 7 – Pest Control | C | NC | NA |
| 7.1 | Free of Pest Infestation (RH, 2-215 A) | | | |
| 7.2 | Regular Pest Removal & Control Devices as Necessary (RH, 2-215 C) | | | |
| Item | Section 8 – Required Utilities, Equipment and Services | C | NC | NA |
| 8.1 | Capable of Maintaining Minimum Room Heating Temperature of 70°F (RH, 2-207 B 1) | | | |
| Item | Section 9 – Safe & Sanitary | C | NC | NA |
| 9.1 | Safe & Sanitary for Human Habitation (DRMC, 27-21) | | | |

| Initial inspection date | Non-compliant checklist item | Unit number | Verified resolved date (non-compliant items must be resolved within one year of application) | Inspector's initials |
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If additional non-compliant checklist items have been found, please add more pages as necessary documenting all violations.

Comments:

If submitting a re-inspection:

I certify all reinspect items have been resolved.

Inspector name: _____

Signature: _____

(non-compliant items must be resolved within one year of application)