NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED

Property ID #:	Inspection ID #	Inspection Date:	
Property name:	PHA Name	Property Phone:	
Property Address:	PHA ID Number	Agent Phone:	
Property City: State: Zip:	PART 1		
<u> </u>	XIGENT HEALTH AND SAFETY HAZARDS		
Air Quality	Emergency Equipme	ent/Fire Exits/Fire Escapes	
A Propane/Natural Gas/Methane Gas Detected	D Emergency/Fire E E Blocked Egress/La	xits/Blocked/Unusable Fire Escapes adders	
Electrical Hazards			
B Exposed Wires/Open Panels	Gas/Oil Hot Water He	eater/Gas/Oil HVAC	
C Water Leaks On or Near Electrical Equipment	F Carbon Monoxide Chimney	Hazard - Gas/Oil Fired Unit -Missing/Misaligned	

** The Offices of Housing and Public Housing require all exigent hazards be mitigated immediately. The office of Housing requires a written report to be filed with the local office within 72 hours of the date of the inspection. All public housing agencies are required to document activities in this area under both PHMAP and PHAS requirements for later evaluation by HUD.

During this inspection the following items were observed and noted as Exigent Health and Safety hazards which require immediate attention. Use additional sheets if needed.

Item Number	Site or Bldg. Location	DU or CA Location	CHECK	K DEFEC	T TYPE((s) (See lis	t below)		COMMENT(s)	
			Α	В	С	D	Е	F		Certificate***
1										
2										
3										
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*** Decembra		-								

*** Reserved for HUD Use.

<u>PART 2</u> FIRE SAFETY HAZARD

<u>FIRE SAFETT HAZARD</u>								
Emergency Equipment/Fire Exits/Fire Escapes	Smoke Detectors							
G Window Security Bars Prevent Egress	I Missing/Inoperative							
H Fire Extinguishers Expired								

During this inspection the following items were observed and noted as Fire Safety hazards which require immediate attention:

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEF	ECT TYPE(s) (S	See list below)	COMMENT(s)	
			G	Н	Ι		Certificate***
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*** Reserved for HUD Use.

Other Health and Safety Concerns Not Defined In Above Matrix.

2

NAME OF OWNER/AGENT'S REPRESENTATIVE (Please print legibly)

INSPECTOR NAME: (Print)

SIGNATURE OF OWNER/AGENT'S REPRESENTATIVE Date ____

INSPECTOR ID NUMBER

A copy of this notification will be provided to the appropriate local health/safety/fire code enforcement entity.

Neither the inspector, the inspector's employer nor the Department of Housing and Urban Development assume any liability whatsoever expressed or implied that the above noted health and safety hazards constitute all of the health and safety deficiencies that may be present on the property. Any and all liability for the health and safety hazards noted above, as well as any health and safety hazards that may exist on the property but were not observed by the inspector, are the full and absolute responsibility of the property owner and not the inspector's employer nor the Department of Housing and Urban Development.

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED (continued)

Property ID #:	Inspection ID #	Inspection Date:	
Inspector ID #			
EXIGENT HEALTH AND SAFETY HAZARDS	<u>PART 1</u>		
	Emorron ov E	auinment/Eiro Evite/Eiro Econoco	
Air Quality		quipment/Fire Exits/Fire Escapes	
A Propane/Natural Gas/Methane Gas Detected	D Emergency	y/Fire Exits/Blocked/Unusable Fire Escapes	
	E Blocked Eg	gress/Ladders	
Electrical Hazards		-	
B Exposed Wires/Open Panels	Gas/Oil Hot W	Vater Heater/Gas/Oil HVAC	

Chimney
** The Offices of Housing and Public Housing require all exigent hazards be mitigated immediately. The office of Housing requires a written report to be filed with the local office within 72 hours of the date of the inspection. All public housing agencies are required to document activities in this area under both PHMAP and PHAS requirements for later evaluation by HUD.

F-- Carbon Monoxide Hazard - Gas/Oil Fired Unit -Missing/Misaligned

During this	inspection th	e following it	ems were	observed	and noted	l as Exige	nt Health	and Safety	y hazards which require immediate attention. Use additiona	al sheets if needed.
Item Number	Site or Bldg. Location	DU or CA Location	CHECH	K DEFEC	T TYPE((s) (See lis	st below)		COMMENT(s)	
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*** Reserved for HUD Use.

C-- Water Leaks On or Near Electrical Equipment

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED (continued)

Property ID #: _____

Inspection ID # _____

Inspection Date: _____

Inspector I	D#		_			<u>RT 2</u> TY HAZARD		
G Wi	ency Equip ndow Secur e Extinguishe	ity Bars Prev	xits/Fire Esca vent Egress	pes	<u>FIRE SAFE</u>	Smoke Detectors I Missing/Inoperative		
During this Item Number	Site or Bldg.	DU or CA	titems were of CHECK DEI	bserved and not FECT TYPE(s) (ted as Fire Safe See list below)	fety hazards which require immediate attention: COMMENT(s)		
	Location	Location	G	Н	Ι		Certificate***	
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*** Reserved for HUD Use