

City of Stromsburg
122 E 3rd Street
Stromsburg, NE 68666
(402) 764-2561

RESIDENCE INSPECTION CHECKLIST

Occupancy Name: _____

Address: _____

Phone: _____

Inspector: _____

Date Inspected: ____/____/____

Exits 702

Fire Escapes Properly Maintained () Pass () Fail () N/A
All doors operate in a manner that will allow easy exit of the building. This includes windows where required by code. All buildings must have second means of egress.

Free from Obstruction () Pass () Fail () N/A

Fire Alarm 704.2

Audible Alarm () Pass () Fail () N/A
The residence has a working smoke detector on every floor, bedroom, and means of egress. The alarms will be inter-connected when codes require buildings constructed after 2006. In common areas must have smoke detector and fire equipment when required.

Address 304.3

4 inch Address Visible () Pass () Fail () N/A

Stairs 304.10 304.12 & 305.5

Stairs are in safe manner () Pass () Fail () N/A
Stairs are sturdy and will maintain the need to exit in case of emergency.

Handrail on stair way () Pass () Fail () N/A

Electrical 604.2 604.3 605.3

Electrical system in good, working order () Pass () Fail () N/A
The system will hold the need of the house without endangering the life of the residents.

All covers in place () Pass () Fail () N/A

No open wires () Pass () Fail () N/A

Light in every room () Pass () Fail () N/A

Foundation / Roof 304.5 304.7

Foundation () Pass () Fail () N/A

This covers any open cracks to the outside where water or animals could enter the building.

Roof is safe () Pass () Fail () N/A

The roof also should not have signs that it is sagging and is an unsafe roof that will not hold an average weight applied to the roof. There is also no opening to allow animals into the residence.

Space and Security 404 304.18

Space for the number of residents () Pass () Fail () N/A

Is location able to be secured () Pass () Fail () N/A

General Interior of Residence

Interior Air 403 () Pass () Fail () N/A

Air from natural or mechanical ventilation

Thermal control in residence 602.2 () Pass () Fail () N/A

Water Supply 505.4 () Pass () Fail () N/A

Sanitary Facilities 502.1 () Pass () Fail () N/A

Food Preparation 404.7 () Pass () Fail () N/A

Residence in Sanitary Condition 304.1 305.1 () Pass () Fail () N/A

Signature of inspector: _____

Date: _____

Signature of Witness: _____