

Residential Building Safety Inspection Report

Property Information

Address	
Owner/Occupant	
Date of Inspection	
Inspector	
Contact Details	

Inspection Summary

Area	Status	Observations	Action Required
Structure			
Electrical System			
Plumbing			
Fire Safety			
Heating/Cooling			
Windows/Doors			
Other			

Recommendations

Inspector's Comments

Inspector's Signature

Date: _____

Owner/Occupant Signature

Date: _____