

Blank Home Safety Inspection Report Form

Property & Inspection Details

Property Address

Inspector Name

Date of Inspection

Occupant/Owner Name

Inspection Checklist

Item	Pass	Fail	N/A	Comments
Smoke Detectors Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CO Detectors Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire Extinguishers Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Clear Exit Paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Electrical Hazards Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Trip/Fall Hazards Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Heating System Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Notes / Recommendations

Inspector Signature

Date

Owner/Occupant Signature

Date
