

# 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

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Date

Owner/Occupant Signature

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Date