Village of Pinckney

Rental Housing Health & Safety Ordinance

1-Page Inspection Checklist (Adoptable by Council Resolution)

Property Address:Owner / Agent:	
Units:	Inspection Type: □ Routine □ Complaint □ Reinspection etor: Date:
A. Li	fe-Safety / Egress / Alarms
•	 □ Working smoke alarms on each level & near sleeping areas □ Working carbon monoxide alarms where required □ Bedrooms have operable egress window/door □ Exit doors and locks operate correctly □ Stairs/handrails/guards secure; no trip hazards
B. He	eating / Cooling
•	 □ Permanent heat source operable; maintains ≥68°F (Oct 1–Apr 30) □ No gas leaks / unsafe venting □ If A/C provided, operable (May 1–Sept 30) □ Thermostat functioning; filters reasonably clean
C. W	ater / Plumbing / Sewage
•	 ☐ Hot & cold running water at kitchen/bath fixtures ☐ Plumbing leak-free; drains functional ☐ Toilet(s) stable & flushing ☐ No sewage backup / cross-connection hazards
D. El	ectrical
•	 □ Service panel labeled; no exposed live parts □ Outlets/switches/fixtures secure & operable □ GFCI protection at kitchen, bath, laundry, exterior □ No hazardous extension-cord or overloaded circuits
E. Stı	ructure / Weather Protection
•	 □ Roof/walls/windows/doors weather-tight; no active leaks □ No major cracks, sagging, rot, or unsafe surfaces □ Floors sound; no open holes □ Windows unbroken and open/close/lock

 ■ Unit free of unsafe garbage accumulation 	
 ■ No evidence of infestation due to property neglect 	
■ Bathrooms ventilated; no severe mold/moisture	
• ☐ Kitchen/bath surfaces sanitary & serviceable	
G. Exterior / Site (if applicable)	
 ■ Walkways/steps/drive areas safe and in good repair 	
■ Yard maintained; no hazardous debris	
 □ Accessory structures stable and safe 	
Results	
Pass: ☐ Yes ☐ No	
Violations Noted:	
Correction Deadline: Reinspection Required: \(\subseteq \text{Yes} \subseteq \text{No} \)	
Inspector Signature: Owner/Agent Acknowledgment:	
Inspector Signature: Owner/Agent Acknowledgment:	

F. Sanitation / Infestation / Interior Conditions