



### Site Visit Inspection Report

Program: <input type="checkbox"/> Home Modification <input type="checkbox"/> SF Rehabilitation <input type="checkbox"/> Multi-family <input type="checkbox"/> Other	Report Date:
---	--------------

Provider/Contractor Name:	ID#:	Contact:
Provider/Contractor Email:	Phone:	
Site Address:	Phone:	
DOH Inspector(s) Name:	Inspection Date:	
Construction Standards Referenced: <input type="checkbox"/> IRC _____ Year <input type="checkbox"/> Other		

Re-Inspection required on units. The Division of Housing shall be notified when repairs are completed and ready for re-inspection.

Re-Inspection is not required. The Division of Housing shall be provided written and photographic documentation of the repairs upon completion within twenty (20) working days of the date of this report.\*

*\* Failure to provide a response to this Site Visit Inspection Report by the due date will result in the suspension of the Provider/Contractor from the Program.*

Issue #	Comment	Code Reference
#1		

