

PHA CERTIFICATION OF REPAIRS FOR EXIGENT HEALTH AND FIRE SAFETY HAZARDS

SEND OR FAX SIGNED COPY TO LOCAL PIH OFFICE

Property ID #: _____	Inspection ID#: ____ Inspection Date: _____
Property Name: «community»	
Property Address: «community_address_line1»	
City: «community_city»	
State: «community_state»	
Property Phone: «mgmt_company_phone»	ZIP: «community_zip»
	Owner/PHA Phone: «mgmt_company_phone»

Air Quality A – Propane/Natural Gas/Methane Gas Detected Escapes E – Blocked Egress/Ladders B – Exposed Wires/Open Panels C – Water Leaks On or Near Electrical Equipment	Emergency Equipment/Fire Exits/Fire Escapes D – Emergency/Fire Exits/Blocked/Unusable Fire Electrical Hazards Gas/Oil Hot Water Heater/Gas/Oil HVAC F – Carbon Monoxide Hazard – Gas/Oil Fired Unit - Missing/Misaligned Chimney
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Observed and Noted Exigent Health and Safety Hazards (If additional space is needed, continue on a separate page)

Item No	Site or Building location	DU or CA Location	Defect Type						Corrective Action Taken	Date	Work order no
			A	B	C	D	E	F			
1											
2											
3											
4											
5											
6											

Observed and Noted Fire Safety Hazards (If additional space is needed, continue on a separate page)

Emergency Equipment/Fire Exits/Fire Escapes G – Window Security Bars Prevent Egress H – Fire Extinguishers Expired	Smoke Detectors I – Missing/Inoperative
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Item No	Site or Building location	DU or CA Location	Defect Type			Corrective Action Taken	Date	Work order no
			G	H	I			
1								
2								
3								

I certify that to the best of my knowledge and belief, the exigent and fire safety hazards noted and reported during the physical inspection described above, have been mitigated. I further acknowledge that any false, fictitious or fraudulent statement or report, or any alteration or forgery of a document, or any willful misrepresentation made to the U.S. Department of Housing and Urban Development may result in a fine or imprisonment or both pursuant to 18 U.S.C. Sec. 1001, 1010, or 1012v.

_____ «rental_agent» Name of Owner/Agent’s Representative (Please print legibly)	_____ Signature of Owner/Agent’s Representative	_____ Date
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SEND OR FAX SIGNED COPY TO LOCAL PIH OFFICE Call 1-877-406-9220 (toll free) if you need assistance.
 Retain a copy for your records.