



Rental Housing Safety Program Certification Checklist Schedule A

PART A: Unit Identification – Please print legibly

Address of Unit: _____

Unit Number: _____

PART B: Door Locks

Note: Double cylinder deadbolts that use a key on both sides are prohibited by ordinance on all doors.

- | Verified | N/A | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Exterior entry doors have working deadbolts. |
| <input type="checkbox"/> | <input type="checkbox"/> | All individual apartment entry doors have working deadbolts and entry knobs with deadlocking latches. |
| <input type="checkbox"/> | <input type="checkbox"/> | All exterior doors open and close properly, and do they lock and unlock easily. |

PART C: Electrical Wiring

- | Verified | N/A | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | All accessible electrical outlets and light switches are secure and installed completely behind cover plates. |
| <input type="checkbox"/> | <input type="checkbox"/> | All electrical outlets and light switches are functional. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the unit free from exposed or bare live wires? |

If the building was constructed in 1960 or earlier:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the fuses in the panel box that serve each unit rated at 15 amps or less? |
| <input type="checkbox"/> | <input type="checkbox"/> | If the fuses are rated larger than 15 amps, has there been an electrical upgrade so that the size of each wire is greater than #14? |

Note: If the fuses are greater than 15 amps and the unit was built in 1960 or before, an electrical danger is present unless the wiring has been updated OR been load tested by a licensed electrician and is capable of handling the increased load. The City strongly recommends that you contact a licensed electrician if you are not sure about the proper fuses for the building or units.

PART D: Electrical Heating

- | Verified | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the permanently installed electrical heaters not obstructed, free of built-up dust and properly functioning? |

PART E: Gas Heating Systems

- | Verified | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Confirm the gas heater is operating normally and is provided with minimum combustion air in accordance with California Mechanical Code, Chapter 7. |
| <input type="checkbox"/> | <input type="checkbox"/> | If there is a high-pressure gas boiler system (Not a hot water heater) is it operating in a standard manner? |

Note: If system provides steam at pressures exceeding 15PSI or hot water temperature exceeding 240°F; the RHSP staff highly recommends having the system inspected by a state licensed mechanical contractor annually.

PART F: Appliances

- | Verified | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do stove burners and oven/s work safely with functioning door/s and knobs that turn completely off and on? |
| <input type="checkbox"/> | <input type="checkbox"/> | If there is a gas stove, is it free of gaseous odors indicating a gas leak? |

Note: Immediately report gas leaks or gaseous odors to PG&E and Owner/Manager.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | For stoves that are not self-vented, is there a working stove vent? |
|--------------------------|--------------------------|---|

Note: Some older model gas stoves are designed to be vented through a vent or flue for safety purposes. If designed as such, the appliance must be properly vented through a vent or flue.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the water heater in working order, and does it provide water at a minimum 110°F? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the water heater have a working temperature and pressure relief valve? |

- | Verified | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the gas water heater vented per code? |

Note: As an important earthquake safety precaution the City recommends water heaters be earthquake strapped.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | If installed in a bedroom or bathroom are water heaters installed in accordance with California Plumbing Code, Chapter 5, Section 505.1? |
|--------------------------|--------------------------|--|

PART G: Handrails & Guardrail Condition

- | Verified | N/A | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are handrails and guardrails tightly fastened, sound, without movement and in good condition? |

PART H: Elevated Exposed Decks, Balconies or Walkways

- | Verified | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All elevated exterior decks, balconies and/or walkways that are located more than 6 feet above grade & exposed to the weather appear structurally sound and show no visible signs of sagging, leaning, cracking, or other defects that may permit moisture intrusion and potentially lead to structural deterioration. |

PART I: Interior and Exterior Staircase & Stairway Condition

- | Verified | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are stair treads, risers and landings sound, in good condition, without movement and have no missing, broken or loose parts? |

PART J: Roof Conditions

- | Verified | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are ceilings and walls free from roof leaks? |

PART K: Drain/Waste/Vent, Plumbing and Gas Lines

Verified N/A Are all service gas lines in the unit free of leaks and any gaseous odors?

Note: Immediately report gas leaks or gaseous odors to PG&E and Owner/Manager.

Do all gas lines in the unit have shut-off valves and flex line at the appliance connection?

Do all gas heating appliance vent pipes terminate above the roofline and have vent caps?

Note: Direct vent heaters exempt.

Do house drain vents terminate above the roofline? (Not in the walls or attic)

Do all the sinks & showers drain properly? (Including toilet & sewer line)

Are all sinks, bathtubs, showers and toilets free of water leaks?

Note: Stains on walls, ceilings, and floors often indicate water damage and/or an ongoing leak(s) that needs to be repaired.

PART L: Mechanical Ventilation

Verified N/A If bathrooms have fixed windows or no windows, verify the required mechanical ventilation system is in working order?

If the kitchen has fixed windows or no windows is the required mechanical ventilation system in working order?

PART M: Smoke Detectors/Hallways and Bedrooms

Verified N/A Are smoke detectors installed in the hallways on each floor and in each sleeping room?

Do all smoke detector work properly and alarm sound when tested?

Note: RHSP staff recommends replacing batteries bi-annually or at a minimum annually.

PART N: Carbon Monoxide Devices (Alarm/Detector)

If the dwelling unit contains a fossil fuel burning heater, appliance, fireplace or attached garage; carbon monoxide (CO) devices are required to be installed consistent with local building standards applicable to new construction or the manufacturer's installation instructions within existing housing.

Verified N/A Are the CO devices in the single family dwelling installed accordingly? Are the devices operational?

Are the CO devices in the unit (Within the multi unit apartment building) installed accordingly? Are the devices operational?

Note: Installation of CO devices is currently required in all existing single family dwelling units and multi unit residential buildings. See California State Health & Safety Code 17926 for further details.

PART O: Window Bars

Verified N/A If window bars are installed in sleeping rooms, do they have a quick release mechanism that operates properly and is approved by the Berkeley Fire Dept.?

PART P: Window Operation and Repair

Verified N/A Are the windows required for egress in sleeping rooms able to open completely and fully operable?

Are glass window panes intact, unbroken and not cracked?

PART Q: Exiting

Verified N/A Are the exits kept clear and unobstructed all the way to the public right of way?

Are all "EXIT" signs and exit lighting in working order?

Is the area on and beneath exit stairs clear of any combustible materials?

PART R: Floors & Trip Hazards

Verified N/A Are all floors and floor coverings free of trip hazards due to deterioration, damage or structural defect?

PART S: Fire Extinguisher (Buildings with 3 or more units only)

Verified N/A Are fire extinguishers provided within a maximum travel distance of 75 feet from the unit's entry door?

Has each extinguisher been tagged and serviced by a state licensed contractor within the last year or if it was used within the last year?

I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge. ***If you have checked this box you are required to provide a copy of this form to the tenant. In addition RHSP staff highly recommends you keep a copy for your files.***

I certify that I was unable to inspect the aforementioned unit because the tenant refused to allow me entry. *If you have checked this box, mail a copy of this Certification to:*

RHSP
1947 Center Street, 3rd Floor
Berkeley, CA 94704

Owner or Owner's Agent Information: (please PRINT)

Owner/Agent Name

Owner/Agent Address

Owner/Agent Signature:

Date: _____ Phone: _____

Tenant Name (Optional)

Tenant Signature (Optional)

Date: _____ Phone: _____
(Optional) (Optional)

Please provide a copy of this completed checklist to your tenant and keep the original or a copy for your files. **The City should only be provided a copy if the tenant has refused entry for the inspection or upon request by the City.**