



Rental Property Inspection Form

EXTERIOR	CIRCLE ONE OR WRITE RESPONSE WHERE NOTED		
Address visible from roadway	YES	NO	N/A
Combustible accumulations/storage acceptable	YES	NO	N/A
Current keys in Knox box (if present)	YES	NO	N/A
Exterior in good condition	YES	NO	N/A
Unit numbers clearly posted	YES	NO	N/A
EXIT FEATURES			
Emergency lighting present and operational	YES	NO	N/A
Exit doors open from inside	YES	NO	N/A
Exit signs present and operational	YES	NO	N/A
Exits, aisles, and corridors free of obstructions	YES	NO	N/A
Second means of egress from sleeping rooms	YES	NO	N/A
CONSTRUCTION FEATURES			
Bathroom fan operational or openable window present	YES	NO	N/A
Handrails secured	YES	NO	N/A
STORAGE			
Combustible storage prohibited in electrical equipment rooms	YES	NO	N/A
Combustible storage restricted in boiler/mechanical rooms	YES	NO	N/A
Interior clear of excessive combustibles	YES	NO	N/A
No combustible storage under stairways	YES	NO	N/A
Storage 18 inches below sprinkler heads (sprinkler system present)	YES	NO	N/A
Storage 2 feet below ceiling (no sprinkler system)	YES	NO	N/A
Storage neat and orderly	YES	NO	N/A
FLAMMABLE LIQUIDS			
Stored in appropriate containers and outside of home	YES	NO	N/A
UTILITY, MECHANICAL, HVAC EQUIPMENT			
Adequate clearances between combustibles & appliances (3 feet)	YES	NO	N/A
All gas lines hooked to appliances or plugged/capped	YES	NO	N/A
Shut off valves present on all gas appliances (within 6 feet/same floor)	YES	NO	N/A

FIRE DEPARTMENT

107 WEST MAIN STREET | OWATONNA, MN 55060 | OWATONNA.GOV/FIRE | 507.444.2454

FIRE EXTINGUISHERS	CIRCLE ONE OR WRITE RESPONSE WHERE NOTED		
Fire extinguisher present	YES	NO	N/A
Fire extinguisher inspected annually	YES	NO	N/A
Date of last inspection	DATE:		
Fire extinguisher maintained properly (6 yr. maintenance, 12 yr. hydrostatic test)	YES	NO	N/A
Date of last maintenance (if applicable)	DATE:		
Date of last hydrostatic test (if applicable)	DATE:		
FIRE PROTECTION SYSTEMS			
Sprinkler system monitored	YES	NO	N/A
Date of last inspection	DATE:		
Fire alarm system monitored	YES	NO	N/A
Date of last inspection	DATE:		
Name of monitoring company	NAME:		
ELECTRICAL			
30 inches of clearance to electrical panels	YES	NO	N/A
Appliances/fixtures in good condition	YES	NO	N/A
Cover plates on outlets, switches, and junction boxes	YES	NO	N/A
Extension cords not used in place of permanent wiring	YES	NO	N/A
No electrical hazards	YES	NO	N/A
SMOKE & CARBON MONOXIDE (CO) ALARMS			
Smoke alarm in every sleeping room	YES	NO	N/A
Smoke alarm outside sleeping areas	YES	NO	N/A
Smoke alarm on each level in common area	YES	NO	N/A
All smoke alarms operational and less than 10 years old	YES	NO	N/A
Smoke alarms manufactured date (on back of alarms)	DATE:		
CO alarm within 10 feet of each sleeping room	YES	NO	N/A
All CO alarms operational and less than 7 years old	YES	NO	N/A
CO alarms manufactured date (on back of alarms)	DATE:		
Combination smoke/CO alarm operational and less than 7 years old (if present)	YES	NO	N/A
Combination alarms manufactured date (on back of alarms)	DATE:		