

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED

Property ID #: _____ CMTS ID # _____ Inspection Date: _____
 Property name: _____ Property Phone: _____
 Property Address: _____ Agent Phone: _____
 Property City: _____ State: _____ Zip: _____

PART 1 EXIGENT HEALTH AND SAFETY HAZARDS

Air Quality A-- Propane/Natural Gas/Methane Gas Detected Electrical Hazards 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 Escapes E-- Blocked Egress/Ladders Gas/Oil Hot Water Heater/Gas/Oil HVAC F-- Carbon Monoxide Hazard - Gas/Oil Fired Unit -Missing/Misaligned Chimney
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** The Texas Department of Housing and Community Affairs requires all exigent hazards be mitigated immediately. A certification of correction is to be filed with the Department within 72 hours of the date of the inspection.

During this inspection the following items were observed and noted as Exigent Health and Safety hazards which require immediate attention. Use additional sheets if needed.

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEFECT TYPE(s) (See list below)						COMMENT(s)
			A	B	C	D	E	F	
1									Certificate
2									
3									
4									
5									

PART 2 FIRE SAFETY HAZARD

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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During this inspection the following items were observed and noted as Fire Safety hazards which require immediate attention:

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEFECT TYPE(s) (See list below)			COMMENT(s)
			G	H	I	
1						Certificate
2						
3						

Other Health and Safety Concerns Not Defined In Above Matrix.

1.	
2.	

NAME OF OWNER/AGENT'S REPRESENTATIVE (Please print legibly)

INSPECTOR NAME: (Print)

 SIGNATURE OF OWNER/AGENT'S REPRESENTATIVE Date _____

Neither the inspector, the inspector's employer nor the Department of Housing and Community Affairs assume any liability whatsoever expressed or implied that the above noted health and safety hazards constitute all of the health and safety deficiencies that may be present on the property. Any and all liability for the health and safety hazards noted above, as well as any health and safety hazards that may exist on the property but were not observed by the inspector, are the full and absolute responsibility of the property owner and not the inspector, the inspector's employer nor the Department of Housing andCommunity Affairs.

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED (continued)

Property ID #: _____

CMTS ID # _____

Inspection Date: _____

PART I

EXIGENT HEALTH AND SAFETY HAZARDS

<p>Air Quality A-- Propane/Natural Gas/Methane Gas Detected</p> <p>Electrical Hazards B-- Exposed Wires/Open Panels C-- Water Leaks On or Near Electrical Equipment</p>	<p>Emergency Equipment/Fire Exits/Fire Escapes D-- Emergency/Fire Exits/Blocked/Unusable Fire Escapes E-- Blocked Egress/Ladders</p> <p>Gas/Oil Hot Water Heater/Gas/Oil HVAC F-- Carbon Monoxide Hazard - Gas/Oil Fired Unit -Missing/Misaligned Chimney</p>
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** TDHCA requires all exigent hazards be mitigated immediately. TDHCA requires a written report to be filed within 72 hours of the inspection.

During this inspection the following items were observed and noted as Exigent Health and Safety hazards which require immediate attention. Use additional sheets if needed.

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEFECT TYPE(s) (See list below)						COMMENT(s)	Certificate***
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NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED (continued)

Property ID #: _____

CMTS ID # _____

Inspection Date: _____

PART 2 FIRE SAFETY HAZARD

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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During this inspection the following items were observed and noted as Fire Safety hazards which require immediate attention:

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEFECT TYPE(s) (See list below)			COMMENT(s)
			G	H	I	
4.						Certificate***
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