

City of Red Wing – Inspections Department

Check List for Rental Property

315 W. 4th Street, Red Wing, MN 55066

385-3608

Inspection Date: _____ PIN # 55-_____ - _____

Owner: _____

Owner Address: _____ Email: _____

City, State: _____ Telephone: _____

Rental Property Address: _____ Renters Name: _____

1. EXTERIOR: PASS FAIL

- a. Inadequate Structural Safety_____
- b. Nuisance Items_____
- c. Other Unsafe or Unsanitary Conditions_____

2. KITCHEN: PASS FAIL

- a. Unsafe electrical conditions_____
- b. Unsafe Plumb. Components / System_____
- c. Other Unsafe or Unsanitary Conditions_____

3. LIVING ROOM: PASS FAIL

- a. Unsafe Electrical Conditions_____
- b. Other Unsafe or Unsanitary Conditions_____

4. BATHROOM: PASS FAIL

- a. Unsafe Electrical Conditions
- b. Unsafe Plumbing Systems/Components_____
- c. Other Unsafe or Unsanitary Conditions_____

5. BEDROOM: PASS FAIL

- a. Unsafe Electrical Conditions_____
- b. Insufficient Smoke and Carbon Monoxide Detection_____

BEDROOM 2 _____

BEDROOM 3 _____

- c. Other Unsafe or Unsanitary Conditions_____

6. MECHANICAL ROOM / BASEMENT: PASS FAIL

- a. Inadequate Safety Valves_____
- b. Unsafe Plumb. Components / System_____
- c. Unsafe Electrical Conditions_____
- d. Fire Separation Required for R-2 Occupancy only_____
- e. Other Unsafe and Unsanitary Conditions_____

7. HEATING FACILITIES: PASS FAIL

ELECTRIC GAS OIL

- a. Ducts and Trunk Line Adequate_____
- b. Furnace Evaluation Recommended_____

8. INFESTATIONS AND INADEQUATE

EXTERMINATION EFFORTS: PASS FAIL

9. INTERIOR SHOWS INADEQUATE WEATHER

PROTECTION: PASS FAIL

STATUS OF RENTAL UNIT

PASS_____ FAIL_____ REPAIRS REQ._____

Other conditions violating other HMC Standards: _____

Notes: _____

In the event the violations are not corrected by _____, the license may be suspended or the necessary work may be performed by the city at the expense of the owner and that if the owner does not pay for the expenses, the cost of the work will be assessed against the property.