INSPECTED

NO RESTRICTION OF USE OR OCCUPANCY

Facility name and address: ____________________________________________

Date ____________
Time ____________

This structure has been inspected for life safety purposes only and no apparent structural or safety hazard was observed that would restrict use or occupancy.

☐ Inspected Exterior Only    ☐ Inspected Exterior and Interior

Inspector Comments: _________________________________________________

___________________________________________________________________

A more comprehensive inspection may reveal safety hazards.
Report any unsafe condition to local authorities; re-inspection may be required.

This facility was inspected under emergency conditions for: ______________________ (Jurisdiction)

The property / building was not inspected / assessed for legislative or code compliance or insurance or financial reimbursement purposes. The assessment did not include inspection of concealed / hidden areas, equipment operation, presence of insects, rot and hazardous materials such as; asbestos, radon gas, lead paint, urea formaldehyde, toxic chemicals, mould, and/or contamination.

Inspector ID / Agency _________________________________