



## EXHIBIT A

# RESIDENTIAL RENTAL UNIT INSPECTION CHECKLIST

BOROUGH OF MACUNGIE  
21 LOCUST STREET  
MACUNGIE, PA 18062  
Phone: 610-966-2503  
Email: [zoning@macungie.pa.us](mailto:zoning@macungie.pa.us)

Date of Inspection: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Apartment Address: \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_  
 Landlord Phone #: \_\_\_\_\_ Landlord E-Mail: \_\_\_\_\_

ALL ROOMS			
ITEM	YES	NO	COMMENT
2 Working outlets or 1 outlet and 1 light fixture ?			
GFCI Outlets where req. ?			
Free from electrical hazards ?			
Windows and doors lockable ?			
1 operational window windows in good condition no missing or broken panes ?			
Are the ceilings, walls, floors sound and free from major cracks, holes, or hazardous defects?			
Are interior surfaces free from significant peeling or chipping paint?			
Are there working smoke detectors per IPMC 704.2			
BUILDING EXTERIOR			
Are the foundation and exterior walls sound and free of hazards?			
Are all exterior stairs, rails, and porches sound and free from hazards			
Are the roof, gutters, and downspouts sound and free from hazards?			
Is the chimney sound and free from hazards?			
Are all exterior surfaces free of significant peeling or chipping paint?			

## BATHROOM

Is there a working toilet in the unit for the exclusive private use of the tenant?			
Is there a working permanently installed sink with hot & cold running water?			
Is there a working tub or shower with hot & cold running water?			
Are there windows that open or a working vent system (exh. fan)?			
Is there a GFCI outlet?			

## KITCHEN

Is there a sink with hot & cold running water?			
Is there an appliance for cooking?			
Is there a fire extinguisher?			