

CITY OF PORTLAND
HEALTH & HUMAN SERVICES DEPARTMENT
SOCIAL SERVICES DIVISION

SAFETY CHECK CHECKLIST

Safety Check Date: 2/6/15

Safety Check Time: 10:00 AM

Client(s): FATIMA MALONDA Case Number: _____

Single Adults 2 **Family With Children (Age 6 and under) _____

Unit Address: 871 Congress Apt #: 9 Floor #: 3

Number of Bedrooms: ? 1 _____ 2 _____ 3 _____ 4 _____ Other: _____

Name of Building Owner: LASH Properties Office: _____
Mobile: 347-1909

Building Owner's Address: Adam Flaherty

Circle correct response based on criteria listed below:

- Carbon Monoxide Detector YES NO
 - Visually checked carbon monoxide detector and pressed button as indicated on detector to test functionality. Can plug in to wall with battery backup with one (1) in common area
- Smoke Detector YES NO
 - Visually checked smoke detector (hardwire and battery backup) and pressed button as indicated on detector to test functionality. Must have one (1) in each bedroom and one (1) in the common area
- Two Means of Egress YES NO
 - Visual confirmation of two (2) ways to enter/exit an apartment
No blockage of egress area such as debris, junk, etc
- Visual Check of Yard YES NO
 - Visual confirmation of NO large amounts of tires, debris, junk, junked vehicles, or blocked walkways
- Entrance Lights Outside YES NO
 - Visual confirmation of porch or entrance door light
- **Chipping Paint (only for families with children age 6 and under) YES NO
 - Visual confirmation of window sills, doors, molding, and walls for no chipping paint
 - If visual confirmation of chipping paint, provide details:

N/A

List of Additional Violations/Comments: Per conversation with Adam Flaherty he will number doors that do not have corresponding numbers.

Approved YES NO

Chuck Fagone
Printed Name

Chuck Fagone
Signature