

Tenant Safety Inspection Report

Date: [Insert Date]

Tenant Name: [Insert Tenant Name]

Address: [Insert Tenant Address]

Landlord/Property Manager: [Insert Name]

Contact Information: [Insert Contact Info]

Inspection Details

Inspection conducted on: [Insert Inspection Date]

Inspector Name: [Insert Inspector Name]

Safety Items Inspected

- Smoke Detectors: [Working/Not Working]
- Carbon Monoxide Detectors: [Working/Not Working]
- Fire Extinguisher: [Present/Not Present, Check Expiry]
- Emergency Exits: [Clear/Blocked]
- Electrical Outlets: [Safe/Unsafe]
- Heating Systems: [Working/Not Working]
- Plumbing: [In Good Condition/Needs Repair]

Recommendations

[Insert any recommendations or required actions based on inspection]

Signatures

Inspector Signature: _____

Tenant Signature: _____

Thank you for your cooperation in maintaining a safe living environment.