## Housing Authority of the County of San Mateo

**Housing Quality Standards Inspection Report**

**Tenant:**

**Owner:**

**Inspection Type:**
- [ ] Initial
- [X] Annual
- [ ] Recheck
- [ ] Interim
- [ ] Quality Control

**Unit Type:**
- [ ] Apartment
- [ ] Duplex
- [ ] House
- [ ] Condo
- [ ] Other ________

**Bedroom Size:**

**Unit Decision:**
- [ ] Fail
- [X] Pass

**Date:**

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### F Comments/Condition Codes

#### 1.1 LIVING ROOM

- **4.1 Bedroom #1:** Location
  - Electric
  - Security
  - Windows
  - Ceiling Condition
  - Wall Condition
  - Floor Condition
  - Lead-Based Paint

#### 2.1 KITCHEN

- **4.1 Bedroom #2:** Location
  - Electric
  - Security
  - Windows
  - Ceiling Condition
  - Wall Condition
  - Floor Condition

#### 3.1 BATHROOM #1

- **4.1 Bedroom #3:** Location
  - Electric
  - Security
  - Windows
  - Ceiling Condition
  - Wall Condition
  - Floor Condition

#### 4.1 BEDROOM #1

- **4.1 Bedroom #4:** Location
  - Electric
  - Security
  - Windows
  - Ceiling Condition
  - Wall Condition
  - Floor Condition

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**Responsibility Code:**
- **T** = Tenant
- **O** = Owner

**Condition Codes:**
- 1 = New
- 2 = Good
- 3 = Fair
- 4 = Badly Worn

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### Comments

- **COMMENTS**

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**Owner Signature/Date:**

**Processed Yardi Initial & Date:**

**Tenant Signature/Date:**

**Inspector Signature/Date:**