

AFC/CRS Equipment Inspection Sheet

MN Rule 9555.6205, Subp. 1: The home is free of plumbing, electrical, ventilation, mechanical, or structural hazards that would threaten the health or safety of any person living in the home.

License Holder Information

License Holder/Company Name: _____

Site Address: _____

Contact Phone Number: _____

I have no concerns about the working condition of _____

Inspection Company Information

Company Name: _____

Equipment Inspected: _____

Date of Inspection: _____

Equipment found in good working order

Repairs are needed (please note any findings below)

Comments: _____

License Holder Signature/Date	Inspector Signature/Date