

## **Inspection Work Order**

This form is to be used to document corrective action taken to resolve a deficiency identified during an AHFC compliance inspection of the development.

All sections of the work order must be completed.  ***If the deficiency was identified in an occupied unit, the work order must be signed off by the residents.***										
					Development Name:			Date of inspection:	Date of inspection:	
Deficiency identifi	ed:									
Location:										
Inspection Report	Item #									
Urgency:		Low								
		Medium								
		High								
Technician assign	ed:									
Description of wor	k porformod:									
Description of wor	k periorined.									
Recommended fo	llow up actions:									
Dealdont Olson										
Resident Signatur	e:									
Technician Signat	ure:									
Date work comple	t a da									





