Form 450

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Punch List

Instructions: Check off completed items; if item is missing or unacceptable, do not check off and note location(s).

ELECTRIC Location(s)

___ All outlets and switches work, correctly polarized.
___ GFCI Works
___ Plates are straight and level.
___ All outlet plates installed tight to drywall.
___ Panel Labeled for new circuits.
___ All lights have bulbs. _____
___ Batteries in smoke detectors.
___ Other _____

PLUMBING

___ All fixtures work; not chipped.
___ Fixtures are secure to wall or floor.
___ Tub is caulked.
___ Aerators/escutcheon plates installed.
___ All gas connections working.
___ Final permit inspection completed.
___ Other _____
___ Other _____

HEATING - COOLING

___ System responds to thermostat.
___ Warranty and instructions provided.
___ Duct work free of debris.
___ Other _____

DOORS, WINDOWS

___ All exterior doors weather-stripped.
___ Doors checked for tightness, latch alignment and lock function.
___ Keys available.
___ Windows have locks that tightly close.
___ Window operates smoothly.
___ Screen in place.
___ Glass clean.
___ Other _____

FINISHES

___ Paint removed from hardware, glass.
___ Carpet tight

MISCELLANEOUS

___ Trash removed.

___ Other _____

___ Other _____

___ Other _____

___ Other _____

The following additional item(s) must be corrected/completed before a final payment will be processed.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Punch list was ☐ hand delivered ☐ mailed to contractor on:

_____.

Acknowledged on _____ (date) by:

_____ _____

Agency Contractor