

INSPECTION STATUS:

Approved

Rejected*

*Proper notice to installer and retailer explaining the rejection.



STATE OF OKLAHOMA

SEND METHOD:

	HO	Ret	Inst	Other
Mail				
Fax				
Email				
Hand				

Date sent: _____

Used Motor Vehicle & Parts Commission
 2401 NW 23rd St. Suite 57, Oklahoma City, OK 73107
 405/521-3600 · 405/521-3604 Fax
www.umvpc.state.ok.us

SET-UP INSPECTOR - Form I

Date: _____

Inspector: _____

Phone No: _____

Homeowner: _____ Phone No: _____

_____ Street Address _____ City/State/Zip _____ County

Manufacturer: _____ Model: _____ Size _____

Serial Number: _____ HUD Number(s): _____

Manufacturer's Installation Instructions
 Professional Engineer's Instructions
 Oklahoma's Generic Code

Retailer: _____ License #: _____

_____ Mailing Address _____ City _____ State _____ Zip Code

_____ Phone Number _____ Fax Number _____ E-Mail Address

Installer: _____ License#: _____

_____ Mailing Address _____ City _____ State _____ Zip Code

_____ Phone Number _____ Fax Number _____ E-Mail Address

Inspection Date: _____

I hereby certify on this _____ day of _____, 20____ that the above inspection results are true and correct to the best of my knowledge and belief.

Inspector Signature: _____ Printed Name: _____

Imminent safety hazards, which are marked with an asterisk (*), create imminent and unreasonable risks of death or severe personal injury. The following steps must be taken to correct the situation:

- Address the violations **IN WRITING** within **24 hours** after receiving the report.
- Correct the violations within **72 hours** after receiving the report.

	YES	NO	N/A
1. If a NEW home, were manufacturer’s installation instructions available? Comment: _____ _____			

SITE PREPARATION

2. All organic material (i.e., grass, loose top soil, etc.) was removed from under each foundation support. Comment: _____ _____	YES	NO	N/A
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3. Proper drainage has been provided per installation instructions to prevent water and moisture from collecting under the home. Comment: _____ _____	YES	NO	N/A
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4. Vapor barrier, if required by installation instructions, has been properly installed. Comment: _____ _____	YES	NO	N/A
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5. If skirting is installed, proper ventilation is provided. Comment: _____ _____	YES	NO	N/A
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SUPPORT SYSTEMS

6. Footings are of the proper size and construction for soil conditions. Comment: _____ _____	YES	NO	N/A
7. If used, is the alternation foundation system (stabilizing system) installed correctly? Comment: _____ _____	YES	NO	N/A
8. Spacing of piers is in accordance with the installation instructions. Comment: _____ _____	YES	NO	N/A
9. Pier construction meets installation instructions. Comment: _____ _____	YES	NO	N/A
10. Marriage line is blocked at all ridge beam support columns. Comment: _____ _____	YES	NO	N/A
11. Piers or other acceptable support is located at all exterior door locations and other large openings as required by installation instructions. Comment: _____ _____	YES	NO	N/A
12. Pier blocking at fireplaces, recessed entries, porches, etc. has been provided as required by installation instructions. Comment: _____ _____	YES	NO	N/A

13. Piers are shimmed tight against I-beam.	YES	NO	N/A
Comment:			
<hr/>			
14. Correct Anchors for soil condition.	YES	NO	N/A
Comment:			
<hr/>			
15. Anchor strap degree of angle per installation instructions.	YES	NO	N/A
Comment:			
<hr/>			
16. Anchors installed to full depth per installation instructions.	YES	NO	N/A
Comment:			
<hr/>			
17. Anchor straps wrapped properly at anchor heads	YES	NO	N/A
Comment:			
<hr/>			
18. Anchor straps installed at I-beam properly.	YES	NO	N/A
Comment:			
<hr/>			
19. Anchors are correctly spaced.	YES	NO	N/A
Comment:			
<hr/>			
20. On units with factory installed tie down straps and/or brackets Straps and anchors are installed per installation instructions.	YES	NO	N/A
Comment:			
<hr/>			
<hr/>			

21. Stabilizer plates are installed at anchor locations as per anchor manufacturer's installation instructions. YES NO N/A

Comment:

22. Anchors are within 24 inches of ends of home. YES NO N/A

Comment:

UTILITIES

23. Assure that the drain for the water heater drip pan does not terminate under the home. YES NO N/A

Comment:

24. Proper support has been provided on drain lines. YES NO N/A

Comment:

25. Proper electrical connection between sections was made. YES NO N/A

Comment:

DATA PLATES

26. Access was provided to data plate at time of inspection YES NO

FINISHING

27. All duct work, vents, and drain lines are routed to perimeter of home. YES NO N/A

Comment:

28. Proper support has been provided on all duct work. YES NO N/A

Comment:

29. If damaged, bottom board has been repaired. YES NO N/A

Comment:

30. Ventilation has been provided in roof. YES NO N/A

Comment:

31. On multi-section units, the roof, walls, and floor all appear to have been joined properly. YES NO N/A

Comment:

32. All exterior siding is in place and free of damage. YES NO N/A

Comment:

ALTERNATIVE CONSTRUCTION UNITS

33. Alternative Construction letter approval has been provided. YES NO N/A

Comment:

MISCELLANEOUS COMMENTS

OTHERS PRESENT AT TIME OF INSPECTION

_____	_____
_____	_____
_____	_____

I, hereby certify that as far can be visually determined, the aforementioned home meets all requirements of State law and the installation method checked on the first page with the exception of the violations noted in this report.

Manufactured Home Installation Inspector's Signature

Date

Copy sent to:

Homeowner →

Retailer

Installer

File Number →

Other →