

## Code Violation Worksheet

Property:	Complaint Received on:
Verified Owner:	Date Verified
<b>Utilities Verified:</b>	
• Water	Date:
• Gas	Date:
• Electricity	Date:
<b>Drive-By Performed:</b>	Date:
Nature of Complaint:	
Obvious Violations Noted:	
Does this property meet the criteria to take action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Team Input:</b>	
Zoning (permits, usage, etc.)	Date Received:
Police (CFS, other info.)	Date Received:
Code Enforcement (past violation records)	Date Received:
Health (permits, previous inspections)	Date Received:
Tax (Commissioner of Revenue) (business licenses, etc.)	Date Received:
Fire Marshall (previous inspections / permits)	Date Received:

Other Agency (specify):	Date Received:
<b>On-Site Inspection</b>	
Pre-inspection briefing held.	Date:
Agency findings reported.	Date:
Operational Plan developed.	Date:
Supporting Agencies in place?	Dates Confirmed:
<input type="checkbox"/> Social Services	
<input type="checkbox"/> Power Company	
<input type="checkbox"/> Animal Control	
<input type="checkbox"/>	
<b>Inspection Procedures</b>	
Date of Inspection:	
Site secured	
Agency inspections performed	
All violations noted	
Immediate actions taken:	
<input type="checkbox"/> Arrests	
<input type="checkbox"/> Condemnation	
<input type="checkbox"/>	
<b>Follow-up Actions</b>	
De-briefing held	Date:
Abatement notices sent out by all agencies	Date:
Commonwealth Attorney notified	Date:
City Attorney notified	Date:
Follow-up by all agencies on action taken	Date: