

NOTIFICATION OF EXIGENT AND FIRE SAFETY HAZARDS OBSERVED

TDHCA Number: 4281
 Property Name: Lincoln Park Apts
 Property Address: 790 W Littleton Rd
 Property City: Houston Zip: 77091

Inspection Date: 11/14/2017
 Property Phone: 281-445-0570

PART 1: EXIGENT HEALTH AND SAFETY HAZARDS

Air Quality A-- Propane/Natural Gas/Methane Gas Detected Electrical Hazards B-- Exposed Wires/Open Panels C-- Water Leaks On or Near Electrical Equipment	Emergency Equipment/Fire Exits/Fire Escapes D-- Emergency/Fire Exits/Blocked/Unusable Fire Escapes E-- Blocked Egress/Ladders Gas/Oil Hot Water Heater/Gas/Oil HVAC F-- Carbon Monoxide Hazard - Gas/Oil Fired Unit -Missing / Misaligned Chimney
** The Texas Department of Housing and Community Affairs requires all exigent hazards be mitigated immediately. A certification of correction is to be filed with the Department within 72 hours of the date of the inspection.	

During this inspection the following items were observed and noted as Exigent Health and Safety hazards which require immediate attention.

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEFECT TYPE(S) (See list below)						COMMENT(S)	Certificate**
			A	B	C	D	E	F		
1	4	406						✓	Egress bdr 2 (KOD)	
2										
3										
4										
5										

** Reserved for Agency use.

PART 2: FIRE SAFETY HAZARD

Emergency Equipment/Fire Exits/Fire Escapes G-- Window Security Bars Prevent Egress H-- Fire Extinguishers Expired	Smoke Detectors I -- Missing/Inoperative
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During this inspection the following items were observed and noted as Fire Safety hazards which require immediate attention:

Item Number	Site or Bldg. Location	DU or CA Location	CHECK DEFECT TYPE(S) (See list below)			COMMENT(S)	Certificate**
			G	H	I		
1							
2							
3							
4							

** Reserved for Agency use.

Other Health and Safety Concerns Not Defined In Above Matrix.

1	
2	

NAME OF OWNER / AGENT'S REPRESENTATIVE (Please print legibly)

Cynthia L. [Signature]
 SIGNATURE OF OWNER / AGENT'S REPRESENTATIVE

INSPECTOR NAME (Print)

Kathryn Suggs

Date: _____

Work Order Form

WO #: 725239 **Unit ID:** 511019 **Repair Cause:** Normal wear and tear
Ref. #: **Address:** 790 W Little York, Suite 406, Houston, TX 77091
Urgency: Routine **Resident:** Davis, Kristin **Date Opened:** 11/14/17 9:27 am **Funding Source:**
May Enter: Yes **Phone:** (346) 300-6293 **Due Date:** 11/14/2017 **Labor Source:** Internal
Pet In Unit: **Crew:** Lincoln Park **Re-Print Of:** **Labor Rate:** Regular
Dangerous: No **Assignee:** **Opened By:** Priscilla Menefee **Originated By:** H-Management :
Haz Mat: No **Maint Area:** Default **Approved By:** **Status:** Complete
Make Ready: No **Dispatched By Radio:** No **Status Codes:**

Problem: unit has blocked egress
Solution: block egress was removed

Task Group	Task Code	Task
MAINTENANCE MECHANIC	A710	R/r Fixtures

Time Log:

Date	Worker/Crew/Vendor	Task Code	Start Time	Stop Time	Elapsed	Bill	Labor Rate	Total Labor
11/14/2017	Rodrigo Ramirez	A710	09:27 AM	09:27 AM	00:00	Yes		

Crews:

11	Lincoln Park
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Emergency Abated (date/time): _____	Work Completed (date/time): 11/16/2017 9:28:00AM
Other Charges: \$ _____	Resident Charges: \$ 0.00
Employee Signature: _____	Resident Signature: _____