

ANNUAL PARSONAGE INSPECTION REPORT – Form #6

(To be completed and reported by the **Pastor**, **Pastor's Spouse** [optional], **Trustee Chair** [committee optional], and **Pastor-Parish Relations Committee Chair** [committee optional] to **each Annual Charge/Conference** with copies being retained by the 1) Pastor, 2) Trustee Chair, 3) PPRC Chair and 4) the District Superintendent. A **6 month progress report** "may" be requested by the Superintendent, if deemed appropriate.)

CHURCH/CHARGE _____ DISTRICT _____
 ADDRESS _____ PASTOR _____
 _____ CHARGE CONF. DATE _____
 _____ 6 MONTH REPORT DUE _____

	Area Inspected	Condition			Date Replaced or Improved	Recommendations	Action on Recommendation		
		G	S	U			Date	Cost	Action
1.1.5.1	Are There Church Owned Window Treatments For All Windows?								
1.1.5.2	In What Condition Are They?								
1.1.6.1	Exterior Locks Work								
	Living room								
	Kitchen								
	Bathroom 1								
	Bathroom 2								
	Half Bath								
	Bedroom 1								
	Bedroom 2								
	Bedroom 3								
	Bedroom 4								
	Study/Office								
	Laundry Room								
	Family Room								
	Garage								
	Storage Areas								
	Basement								
1.1.7	Electrical System Working Adequately								
1.1.8	Heating and Cooling Working Adequately								
1.1.8.2	Insulation Adequate								
1.1.9	Domestic Hot Water Working Adequately								
1.2.4	Provisions For Lawn Care and Snow Removal								
1.3.2	Ramped Entrance Conditions								
1.4.1	Exterior Panting								
1.4.1	Pointing of Brick or Stone								
1.4.1	Caulking of Windows and Doors								
1.4.2	Roof Condition								

1.4.3	Sidewalk Condition							
1.4.4.3	Driveway Condition							
1.4.4.3	Garage Floor Condition							
1.4.4.5	Garage Door Condition							
1.4.5.1	Basement Clean and Dry							
1.4.5.2	Regular Radon Test							
1.5	Interior Walls and Ceilings Condition							
	Living Room							
	Dining Room							
	Kitchen							
	Bathroom 1							
	Bathroom 2							
	Half Bath							
	Bedroom 1							
	Bedroom 2							
	Bedroom 3							
	Bedroom 4							
	Study/Office							
	Family Room							
	Garage Closet							
	Storage Areas							
	Basement							
1.5.1.1	Refrigerator Condition							
1.5.1.2	Range Condition							
1.5.1.3	Kitchen Plumbing Condition							
1.5.1.4	Kitchen Cabinetry/Counter Condition							
1.5.1.7	Kitchen Floor Condition							
1.5.1.8	Dishwasher Condition							
1.5.1.9	Garbage Disposal Condition							
1.5.2.2	Living Room Floor Condition							
1.5.3.2	Dining Room Floor Condition							
1.5.4.2	Bathroom 1 Floor Condition							
1.5.4.2	Bathroom 2 Floor Condition							
1.5.4.3	Fixtures Condition (Bathroom 1)							
1.5.4.3	Fixtures Condition (Bathroom 2)							
1.5.4.3	Fixtures Condition (Half Bath)							
1.5.4.4	Ceiling Light and Fan Condition (Bathroom 1)							
1.5.4.4	Ceiling Light and Fan Condition (Bathroom 2)							
1.5.4.5	Ceiling Light and Fan Condition (Half Bath)							
1.5.4.5.2	Master Bathroom Tub w/ Shower Condition							
1.5.4.5.2	Family Bathroom Tub w/ Shower Condition							
1.5.5.3	Bedroom 1 Floor Covering Condition							

1.5.5.3	Bedroom 2 Floor Covering Condition							
1.5.5.3	Bedroom 3 Floor Covering Condition							
1.5.5.3	Bedroom 4 Floor Covering Condition							
1.5.5.5	Bedroom 1 Ceiling Light Condition							
1.5.5.5	Bedroom 2 Ceiling Light Condition							
1.5.5.5	Bedroom 3 Ceiling Light Condition							
1.5.5.5	Bedroom 4 Ceiling Light Condition							
1.5.6.1	Computer/Printer Condition							
1.5.6.2	Study/Office Floor Covering Condition							
1.5.6.3	Study/Office Ceiling Light Condition							
1.5.7.3	Study/Office Combined Counter Condition							
1.5.7.4	Telephone/Answering Machine Condition							
1.5.7.4	Bookshelves Condition							
1.5.8.1	Family Room Floor Covering Condition							
1.5.9.1	Laundry Room Ceiling Light Condition							
1.5.9.2	Automatic Clothes Dryer Condition							
3.1.3	Discarded Items and Replaced Appliances Removed							
3.1.4	Chimney Condition, Wood Burning Stoves Condition							
3.1.5	Sewer and Septic System Condition							
3.1.5	Sewer and Septic System Examined and Cleaned Annually							
3.1.6	Private Water Supplies Adequate and Tested Annually							
3.1.8	Functional Smoke Detectors							
3.1.8	Functional Carbon Monoxide Detectors							
3.1.8	Functional Fire Extinguishers							
3.3.1	Foundation Walls, Attic, Eave, Soffit Secure From Rodents							
3.3.2	Regular Inspection for Termites and Insects							
5.1.1	Are There Pets Present?							
5.1.2	Is There a Noticeable Pet Odor?							
5.1.3	Is There Visible Pet Damage?							
5.1.4	Are Pets Treated in a Humane Manner?							
5.1.5	Financial Cost of Pet Facilities							
5.1.6	Pet Facility Dismantling and Removal at Time of Reappointment							
5.1.7	Repair and/or Replacement Due to Damage							
5.1.8	Upon Moving, Cleaning and Pest Control							

Inspection Date _____

Pastor's Signature _____ Date _____

Pastor's Spouse's Signature _____ Date _____

Chairperson Staff-Parish Relations Committee _____ Date _____

Chairperson Trustees _____ Date _____

District Superintendent _____ Date _____

Parsonage Maintenance Budget _____

Amount of escrow account end of last year _____

Amount budgeted for parsonage for current year _____

Expenditures on parsonage this year to date _____

Current value of escrow account _____

Estimated expenditures balance of current year _____

Projected value of escrow account end of current year _____

Amount budgeted for parsonage repairs next year _____

Total expected expenditures next year _____

Projected value of escrow account end of next year _____