## Inspection Status: Approved Rejected\* \* Notification of repairs and a replacement decal must be submitted to our office by .

| CREATS | AGRICUITURE MIMES |              |
|--------|-------------------|--------------|
|        | 1796              | <i>?</i> /.· |

## **STATE OF TENNESSEE**

State Fire Marshal's Office Manufactured Housing Section 500 James Robertson Parkway Davy Crockett Tower, 10<sup>th</sup> Floor

Nashville, TN 37243-1162 PHONE: 615-741-7192 FAX: 615-741-9388

| Send Method:         |         |      |      |       |  |
|----------------------|---------|------|------|-------|--|
|                      | НО      | Ret  | Inst | Other |  |
| Mail<br>Fax<br>Email |         |      |      |       |  |
| Hand                 | Date se | ent: |      |       |  |

## **SET-UP INSPECTION**

| Date:   | Inspector:<br>Phone No:                                   |                                 |             |
|---|---|---------------------------------|-------------|
| Installation Decal #: Previous Decal # (if re-inspection): # of Previous Inspections of This Setup:   |   | Random inspect<br>Requested by: | ion         |
| Homeowner:  | Phone Nun   | nber:                           |             |
| Street Address  | City  |                                 | County      |
| Per TCA 68-126-403, this home is installed per:  Manufacturer's installation instructions  TN registered engineer's instructions  ANSI 225.1-1994 edition  MHI Act of 2000–42 USC § 5491 et seq | Manufacturer:<br>Model:<br>Serial Number:<br>HUD Number(s |                                 | Size:       |
| Retailer:   | Lice  | nse #:                          |             |
| Mailing Address   | City  | State                           | ZIP         |
| Telephone Number  | Fax Number  | Em                              | ail Address |
| Installer:  | Lice  | nse #:                          |             |
| Mailing Address   | City  | State                           | ZIP         |
| Telephone Number  | Fax Number  | Em                              | ail Address |

On the above date, an installation inspection was conducted. The following violations, as IN#1611 (Rev. 6-07)

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shown by "NO" responses and miscellaneous items listed were noted.

**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 <u>IN WRITING</u> within 24 hours after receiving the report by completing the attached ISH Repair Notification form showing how and when each noted violation will be corrected. Fax the form to the number given on the front page.
- Correct the violations within 72 hours after receiving the report, and notify our office IN WRITING of such immediately by initialing the bottom of the ISH Repair Notification Form and faxing it to our office again.

All other violations are **non-imminent safety hazards.** The following steps must be taken to correct the situation:

- Correct the violations by the date given on the front page.
- Affix a new installation decal over the old one **once all repairs have been made.**
- Complete the attached two-page Plan of Corrective Action (POCA) showing how and when each noted violation was corrected, as well as a Weekly Installation Report indicating what the new decal number is, flagging it so that it is easier to notice.
- Send POCA and the Weekly Installation Report to either the address or fax number given on the front page of this report, to the attention of , MHI.

Any violations marked with a double asterisk (\*\*) indicate a **repeat violation** from either the first inspection of this same home, or a different home inspected sometime within the past calendar year. At this point, a copy of the report is forwarded to our Office of Legal Counsel for further consideration.

| 1. | If new home, were manufacturer's installation instructions available?  Violation:   | YES | NO | N/A |
|----|---|-----|----|-----|
| 2. | SITE PREPARATION  All vegetation has been removed from underneath home as required by installation instructions.  Violation: Reference:   | YES | NO | N/A |
|    |   | YES | NO | N/A |
| 3. | Proper drainage has been provided per installation instructions to prevent water and moisture from collecting under the home.  Violation: |     |    |     |
|    | Reference:  | YES | NO | N/A |
| 4. | Vapor barrier, if required by installation instructions, has been properly installed.  Violation:   |     |    |     |
|    | Reference:  | YES | NO | N/A |
| 5. | If skirting is installed, proper ventilation is provided.  Violation:  Reference:   |     |    |     |

| 6.  | SUPPORT SYSTEMS Footings are of the proper size and construction for soil conditions. Violation:   | YES | NO | N/A        |
|-----|--|-----|----|------------|
| 7.  | Reference:  Footings are at or below the frost line.  Violation:   | YES | NO | N/A        |
|     | Reference:   | YES | NO | N/A        |
| 8.  | Spacing of piers is in accordance with the installation instructions.  Violation: Reference:   |     |    |            |
| 9.  | Pier construction meets installation instructions.  Violation: Reference:  | YES | NO | <b>N/A</b> |
| 10. | Marriage line is blocked at all ridge beam support columns.  Violation: Reference:   | YES | NO | N/A        |
|     |  | 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.  Violation:  Reference: |     |    |            |
| 40  |  | YES | NO | N/A        |
| 12. | Pier blocking at fireplaces, recessed entries, porches, etc. has been provided as required by installation instructions.  Violation:  Reference:                       |     |    |            |
| 13. | Piers are shimmed tight against I-beam.  Violation: Reference:   | YES | NO | <b>N/A</b> |
|     | Anchor Type:   | VEC | NO | NI/A       |
| 14. | Anchors are approved for use in Tennessee.  Violation: Reference:  | YES | NO | <b>N/A</b> |
| 15. | Anchor strap degree of angle per installation instructions.  Violation: Reference:   | YES | NO | <b>N/A</b> |
|     |  | YES | NO | N/A        |
| 16. | Anchors installed to full depth per installation instructions.  Violation:   |     |    |            |

|     | Reference:  | YES | NO | N/A          |
|-----|---|-----|----|--------------|
| 17. | Anchor straps wrapped properly at anchor heads with correct number of turns.  Violation: Reference:   |     |    |              |
| 18. | Anchor straps installed at I-beam properly.  Violation: Reference:  | YES | NO | <b>N/A</b> □ |
| 19. | Anchors are correctly spaced.  Violation: Reference:  | YES | NO | <b>N/A</b>   |
| 20. | On units with factory installed tie down straps and/or brackets, straps and anchors are installed per installation instructions.  Violation: Reference: | YES | NO | <b>N/A</b>   |
| 21. | Stabilizer plates are installed at anchor locations as per anchor manufacturer's installation instructions.  Violation: Reference:                      | YES | NO | <b>N/A</b>   |
| 22. | Anchors are within 24 inches of ends of home.  Violation: Reference:  | YES | NO | <b>N/A</b>   |
| 23. | UTILITIES  Water supply lines protected from freezing per installation manual requirements.  Violation: Reference:                                      | YES | NO | N/A          |
| 24. | Correct materials and fittings have been used for waste piping.  Violation: Reference:  | YES | NO | <b>N/A</b>   |
| 25. | Proper support has been provided on waste piping.  Violation: Reference:  | YES | NO | <b>N/A</b> □ |
| 26. | Proper electrical connection between sections was made.  Violation: Reference:  | YES | NO | <b>N/A</b>   |
| 27. | DATA PLATE  Access was provided to data plate at time of inspection.  | YES | NO |              |

|     | Note:  | YES | NO |            |
|-----|--|-----|----|------------|
| 28. | Per 24 CFR § 3280.5(f), home meets Tennessee roof, heating and cooling, and wind zone requirements.  Violation:                        |     |    |            |
| 29. | INSTALLATION DECAL Per TCA § 68-126-406(g), large installation decal was affixed to appropriate location, if able to check. Violation: | YES | NO | N/A        |
| 30. | Per TCA § 68-126-406(g), complete, accurate information was provided on interior decal.  Violation:                                    | YES | NO | N/A        |
| 31. | Small installation decal was affixed to exterior location near HUD label. (Decals 35001+ only)  Violation:                             | YES | NO | <b>N/A</b> |
| 32. | FINISHING All duct work, vents, and drain lines are routed to perimeter of home. Violation: Reference:                                 | YES | NO | N/A        |
| 33. | Proper support has been provided on all duct work.  Violation: Reference:  | YES | NO | N/A        |
| 34. | If damaged, bottom board has been repaired.  Violation: Reference:   | YES | NO | N/A        |
| 35. | Proper ventilation has been provided in roof.  Violation: Reference:   | YES | NO | N/A        |
| 36. | On multi-section units, the roof, walls, and floor all appear to have been joined properly.  Violation: Reference:                     | YES | NO | <b>N/A</b> |
| 37. | All exterior siding is in place and free of damage.  Violation: Reference:   | YES | NO | <b>N/A</b> |
| 38. | ALTERNATIVE CONSTRUCTION UNITS Alternative Construction letter approval has been provided. Violation: Reference:                       | YES | NO | N/A        |

| 39.   | The "Site Inspection Report" was completed prior to application of the installation decal.  Violation: Reference:         | TES    |      | N/A |  |  |  |
|---|---|--------|------|-----|--|--|--|
| 40.   | Homeowner received a copy of the completed "Site Inspection Report" and the "Notice to Purchaser."  Violation: Reference: | YES    | NO   | N/A |  |  |  |
|   | MISCELLANEOUS VIOLATIONS  |        |      |     |  |  |  |
|   | OTHERS PRESENT AT TIME OF INSPE   | ECTION |      |     |  |  |  |
| ☐ The State of Tennessee hereby certifies that as far as 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 t   | ro: ☐ Homeowner → ☐ Retailer ☐ Installer ☐ File Number → ☐ Other →  |        |      |     |  |  |  |