NSPIRE Voucher Unit Inspection

Semper Fi Home Inspections

Address	615 Sample Oak Ave, Riverside, CA 92503
Unit	Unit 4
Program	Housing Choice Voucher
Type	Initial
Date	November 20, 2026
Inspector	Dr. George Rapciewicz Jr.

FAIL

Smoke alarms	Deficient - see below
Carbon monoxide alarms	Present and working

MUST BE CORRECTED

Life-threatening items must be corrected within 24 hours. All other failing items must be corrected within 30 days, unless the housing agency approves an extension. Dates are counted from the day this inspection was completed.

CORRECT WITHIN 24 HOURS - LIFE-THREATENING

SMOKE ALARM IS NOT INSTALLED WHERE REQUIRED. AFFIRMATIVE HABITABILITY REQUIREMENT

Unit - Bedroom 2 - Life-Threatening - SMOKE ALARM #1 - Correct by November 21, 2026

Smoke alarm missing from the ceiling; mounting plate only.

CORRECT WITHIN 30 DAYS

TESTING INDICATES A THREE-PRONGED OUTLET IS NOT PROPERLY WIRED OR GROUNDED.

Unit - Kitchen - Severe - ELECTRICAL – CONDUCTOR, OUTLET, AND SWITCH #2 - Correct by December 20, 2026

Three-prong outlet beside the range tests open ground.

ENVIRONMENTAL WATER INTRUSION.

Unit - Hall bath - Moderate - LEAK – WATER #1 - Correct by December 20, 2026

Water entering at the window sill; wet drywall below it.

WINDOW CANNOT BE SECURED.

Unit - Living room - Moderate - WINDOW #2 - Correct by December 20, 2026

Sash lock broken; the window cannot be locked.

RECORDED - NO CORRECTION REQUIRED

SINK COMPONENT IS DAMAGED OR MISSING AND THE SINK IS FUNCTIONALLY ADEQUATE.

Unit - Kitchen - Low - SINK #5

Minor chip in the sink finish.

NOTES

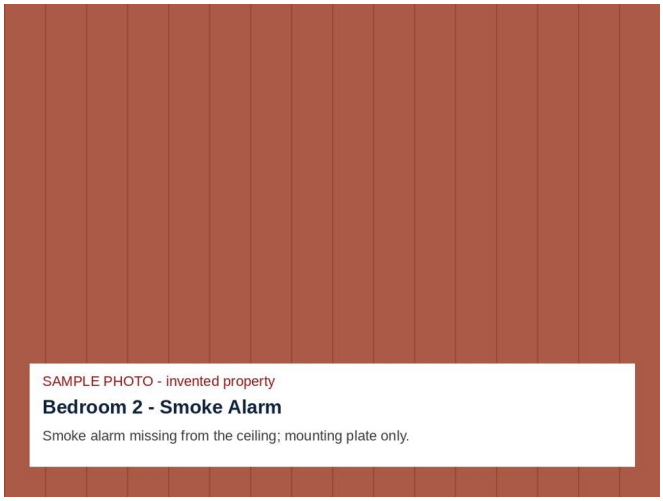
Initial inspection for a new Housing Choice Voucher tenancy. Unit vacant at the time of inspection.

PHOTOS

Inspection record prepared by the inspector named above using HUD's NSPIRE standards. Not issued by HUD. The housing agency's determination governs.

SMOKE ALARM IS NOT INSTALLED WHERE REQUIRED. AFFIRMATIVE HABITABILITY REQUIREMENT

Bedroom 2



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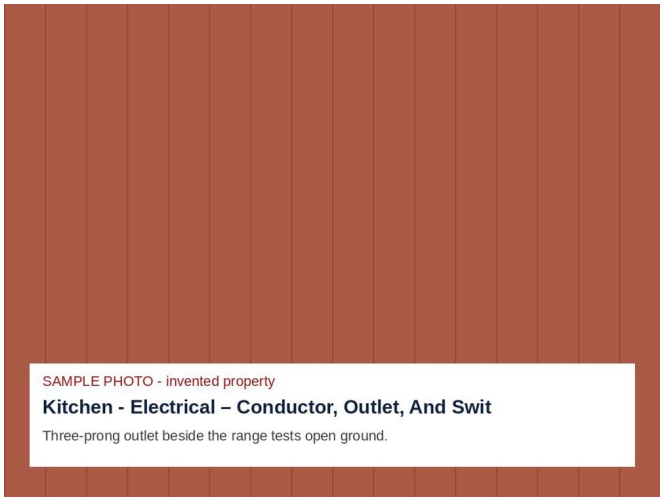
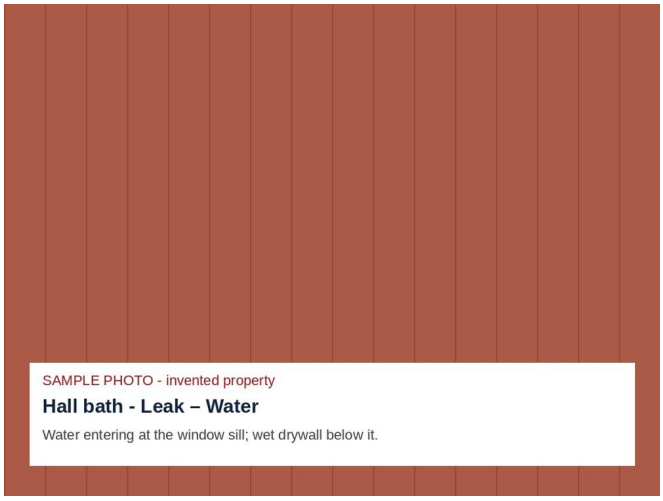
Kitchen



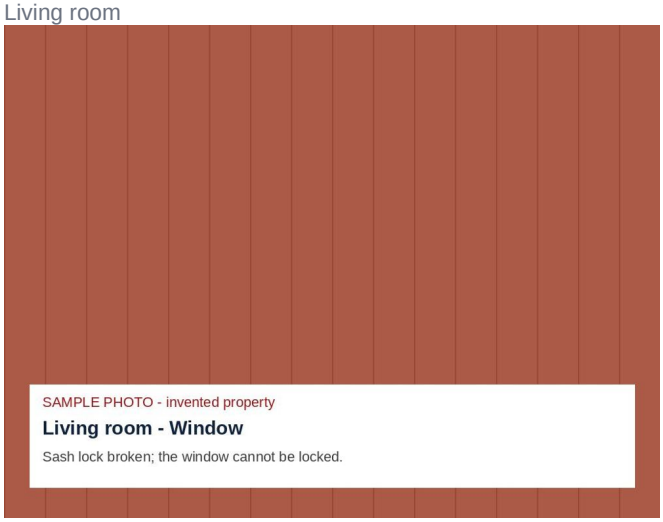
ENVIRONMENTAL WATER INTRUSION.

Hall bath



WINDOW CANNOT BE SECURED.

Living room



SINK COMPONENT IS DAMAGED OR MISSING AND THE SINK IS FUNCTIONALLY ADEQUATE.

Kitchen



Inspector signature

Date