**­­­­­­­THIS FORM IS DUE 2 WEEKS BEFORE CHARGE CONFERENCE**

**OR BY NOVEMBER 15, 2020 – WHICHEVER COMES FIRST**

Town and Church Name: Click or tap here to enter text.

GCFA Number: Click or tap here to enter text.

Inspection Date: Click or tap here to enter text.

2020 Parsonage Inspection

The Annual Conference requires at least a yearly inspection of the parsonage by the chairperson or representative of the Board of Trustees and a representative from the Staff/Pastor-Parish Relations Committee with the Pastor present. For details, see Parsonage Guidelines, in the 2019 *Journal of the Eastern Pennsylvania Conference*.

Please return a copy of this form to your District Office and keep a copy for your records.

For additional bedrooms and bathrooms, please use the Addendum page at the end of this report.

**Note: Even if the pastor is not residing in a church parsonage (whether or not the parsonage is being used), this form must be completed annually prior to your church's Charge Conference.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area Inspected | Above Average | Average | Fair | Poor | Needs Repair | Unsafe | N/A |
| Living Room |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceiling |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Dining Room |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceilings |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Kitchen |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Refrigerator/freezer |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Dishwasher |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Range |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Exhaust fan |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area Inspected | Above Average | Average | Fair | Poor | Needs Repair | Unsafe | N/A |
| Bedroom No. 1 (please use addendum to this form for additional bedrooms) |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceilings |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Bathroom No. 1 (please use addendum to this form for additional bathrooms) |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceilings |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Family Room |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceilings |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Study |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Desk and chair |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Additional chairs |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Shelving |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Locking file cabinet |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceiling |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Laundry |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Washer |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Dryer (check to make sure vented properly) |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Entire laundry area |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area Inspected | Above Average | Average | Fair | Poor | Needs Repair | Unsafe | N/A |
| Additional Room No. 1 |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceiling |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Additional Room No. 2 |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceiling |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Other |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Heating system |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Air conditioning |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Electric service: fixtures |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Electric service: outlets |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Insulation |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Storm windows and doors |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Fire/smoke alarm system |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Garbage collection or disposal |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Water supply safety (if needed, water conditioner) |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Sewage or septic system |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Fire extinguishers |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| General interior storage space |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Basement |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area Inspected | Above Average | Average | Fair | Poor | Needs Repair | Unsafe | N/A |
| Other (cont’d) |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Security system |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Plumbing |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Garage or car port |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Parsonage roof |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Siding/paint appearance, protection |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Sidewalk |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Lawn equipment |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Exterior storage space |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Driveway |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Grounds and general appearance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

Addendum to Parsonage Inspection Report

To be used for additional bedrooms and bathrooms, if needed.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area Inspected | AboveAverage | Average | Fair | Poor | NeedsRepairs | Unsafe | N/A |
| Bedroom No. 2 |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceiling |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Bedroom No. 3  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceilings |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Bedroom No. 4 |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceilings |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Bathroom No. 2 |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceilings |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Bathroom No. 3 |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Walls and ceilings |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Floor covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Window covering |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

Parsonage Inspection Form Comments

Input from the Parsonage Family \_

**Residence**

* General Impression

Click or tap here to enter text.

* Immediate Needs

Click or tap here to enter text.

* Long-Term Needs

Click or tap here to enter text.

**Clergy Office**

* General Impression

Click or tap here to enter text.

* Immediate Needs

Click or tap here to enter text.

* Long-Term Needs

Click or tap here to enter text.

Input from the Inspection Team \_

**Residence**

* General Impression

Click or tap here to enter text.

* Immediate Needs

Click or tap here to enter text.

* Long-Term Needs

Click or tap here to enter text.

**Clergy Office**

* General Impression

Click or tap here to enter text.

* Immediate Need

Click or tap here to enter text.

* Long-Term Needs

Click or tap here to enter text.

**Please provide a plan for addressing any of the immediate and/or long-term needs listed above (use additional pages if necessary):**

Click or tap here to enter text.

Trustees Chair Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

 Printed Name

SPRC Chair Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

 Printed Name

Pastor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

 Printed Name

Date the Above Comments Were Discussed: Click or tap here to enter text.

It is recognized that the persons who are completing this survey are providing opinions to the best of

their ability and not a professional certification of safety. Those who conduct this inspection will be

held blameless for any damages caused by the conditions surveyed.

Rev. 7/13/17