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

**OR BY NOVEMBER 15, 2021 – 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.

2021 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 *2020* *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 | Above  Average | Average | Fair | Poor | Needs  Repairs | 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