

CITY OF NEWBURYPORT

HEALTH DEPARTMENT

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SHORT TERM RENTAL UNIT APPLICATION

HEALTH DEPARTMENT

INSPECTION CHECK LIST- FOR INFORMATIONAL PURPOSES ONLY

105 Code of Massachusetts Regulations (CMR) 410.000: *Minimum Standards of Fitness for Human Habitation, State Sanitary Code, Chapter II*

	Type of Violation Use blank boxes for violations not listed	Possible Code Section(s)
Exterior, Yard & Porch	Locks	270
	Posting, ID, Exit signs/emergency lights	310, 400, 410
	Handrails, steps, doors windows, roof	500, 510, 520, 500, 530
	Rubbish—storage and collection	560
	Maintenance of Area	570
Common Areas & Entry	Illumination, windows	220, 300, 530,
	Egress	260
	Handrails	520
Interior Halls & Stairs	Floors, walls ceilings	500
	Hallways, railings, stairs	520
	Light, windows	220, 300, 530, 540
Bedroom 1	Location (circle): Front Rear Middle Left Middle Right Floor Level of Unit	
	Ventilation	220
	Ceiling height/Minimum Square Footage	420
	Windows, screen	530, 540
	Lights/Outlets	140, 300

	Type of Violation Use blank boxes for violations not listed	Possible Code Section(s)
Bedroom 2	Location (circle): Front Rear Middle Left Middle Right Floor Level of Unit	
	Ventilation	220
	Ceiling height/Minimum Square Footage	420
	Windows, screen	530, 540
	Lights/Outlets	140, 300
Bathroom	Toilet, sink, shower, tub, door	110, 120, 140
	Smooth, impervious surfaces	110
	Lights, outlets, ventilation	140, 220, 300
	Floors/walls	110
Kitchen	Sink, stove, oven; good repair, cabinets, shelving, countertops impervious and smooth, space for a refrigerator	100
	Lights, outlets, ventilation, windows, screens	220, 430, 530, 540
	Ceiling height	420
	Floor	100
Living room and Dining Room	Lights, outlets, ventilation	220, 235, 300,
	Ceiling height	420
	Windows/screens	530, 540
Basement	Maintenance	500
	Watertight	500
	Illumination	300
Water	Source (circle): Public Private	
	Not Potable	130
	Quantity, pressure	130
	Responsible for paying MGL ch 186 s 22, metering	130
Hot Water	Fuel Type (circle): Natural Gas Oil Electric Other Temp.: ____ of Location taken:	
	Quantity and/or pressure insufficient or temperature	150

	Type of Violation Use blank boxes for violations not listed	Possible Code Section(s)
	above or below required temps Sinks - 110 F min, 130 F max Bath/shower 110 F min – 120 F max	
	Venting of water heater	170
Heating	Type (circle): Forced Hot Water Forced Hot Air Steam Electric Other: _____ Temp.: ____ °f Location taken: _____	
	Impermissible portable units or space heaters (e.g. fuel supply located less than 42 inches from burner, unvented gas burning units)	160
	Minimum temperatures not maintained in every Habitable room and every bathroom during heating season (5/31 – 9/15) 7 am to 11 pm: 68 F Note: measure 5 feet from wall, 5 feet from floor	180
	Venting, metering	170, 200, 210
Electrical	Type (circle): 110 220 Amp: _____	
	Metering and access	200
	Insufficient amperage, temporary wiring,	320
Drainage, Plumbing	Type (circle): Public Private	
	Insufficient or unmaintained Sanitary drainage system	130, 235, 300
Smoke & CO Detectors	Not in required locations or operational	330
Pests	Pests (rodents, skunks, cockroaches, insects)	550, 570
	Structural maintenance and elimination of harborage	500, 540
Asbestos	Damaged, friable, holes, cracks, tears	250
Lead Paint	Licensed Code Enforcement Lead Determinators offer determination for pre-'78 unit with a child < 6	410.470 105 CMR 460.00

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Curtailment	Curtailment without reasonable notice or temporary emergency	003
Access	Less than 48 hours' notice to the occupant for non- emergency repairs	003
Laundering	Laundering between individuals (Bed linens/towels/blankets)	230
	Laundering frequency (Bed linens/towels/blankets/pillow & mattress covers)	
	Mattress not cleaned or replaced when not in good condition.	