Exigent Health & Safety Reply Certification Form

When you receive your official REAC inspection and the Inspector visualizes Exigent Health & Safety Issues, The HUD Office of Public Housing requires all Exigent Health and Safety hazards be mitigated immediately.

Public Housing Authorities will receive an e-mail within 48 hours of the

inspection notifying the PHA of the existence of Exigent Health and Safety deficiencies.

PHAs are required to repair all EHS items and fax or send the signed certification form attesting that all corrections have been made to the local PIH field office within 10 days after the inspection. HUD may follow up with you to verify the correction of these deficiencies. A copy of the required certification form is attached for your use.

Attached are the form and the Local Field Offices that you need to reply to.

PHA CERTIFICATION OF REPAIRS FOR EXIGENT HEALTH AND FIRE SAFETY HAZARDS SEND OR FAX SIGNED COPY TO LOCAL PIH OFFICE

Property ID #:											
Property Name:											
Property Address:											
City: _							_		State:	ZIP:	
Property Phone:									Owner/PHA Phone: _		
Observed and Noted Exigent Health and Safety Hazards (If additional space is needed, continue on a separate page)											
Air Quality A – Propane/Natural Gas/Methane Gas Detected D – Emergency/Fire Exits/Blocked/Unusable Fire Escapes Electrical Hazards Emergency Equipment/Fire Exits/Fire Escapes D – Emergency/Fire Exits/Blocked/Unusable Fire Escapes E – Blocked Egress/Ladders											
B – Exposed Wires/Open Panels C – Water Leaks On or Near Electrical Equipment Gas/Oil Hot Water Heater/Gas/Oil HVAC F – Carbon Monoxide Hazard – Gas/Oil Fired Unit - Missing/Misaligned Chimney											
Item Site or DU or CA Defect Type											
No	Building location	Location	Α	В	С	л тур D	E	F	Corrective Action Taken	Work order no	
1											
2											
3						_					
4											
5 6						 					
Observed and Noted Fire Safety Hazards (If additional space is needed, continue on a separate page) Emergency Equipment/Fire Exits/Fire Escapes Smoke Detectors											
G – Wi		Bars Prevent E							I – Missing/Inoperative		
Item No	Site or Building	DU or CA Location	Defect Type(s)						Corrective Action Taken	Date	Work order no
	location			G		Н		I	Controller Action Talken	Bate	Work order no
1											
2					-		-				
J corti	frethat to th	a best of my	lene	lar	100.0	nd 1) Jalia	f tha	avigant and fire safety hazards noted and	raported du	ring the physical
I certify that to the best of my knowledge and belief, the exigent and fire safety hazards noted and reported during the physical inspection described above, have been mitigated. I further acknowledge that any false, fictitious or fraudulent statement or report, or any alteration or forgery of a document, or any willful misrepresentation made to the U.S. Department of Housing and Urban Development may result in a fine or imprisonment or both pursuant to 18 U.S.C. Sec. 1001, 1010, or 1012v.											
										Date	
Name of Owner/Agent's Representative Signature of Owner/Agent's Representative (Please print legibly)											

SEND OR FAX SIGNED COPY TO LOCAL PIH OFFICE Call 1-877-406-9220 (toll free) if you need assistance. Retain a copy for your records.

OFFICE OF PUBLIC HOUSING

FIELD OFFICE DIRECTORY

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