

This document is designed to test the licence holders' compliance, with the safety conditions on the licence they hold for the HMO stated below, among other relevant legislation. The answers given will be checked against the information we already hold on the HMO and further checks may be required following the submission of this audit.

Details of how and where to return this audit are on the last page

SECTION ONE

Details of the audit

HMO Address:

Date audit was generated:

Date audit must be returned by

SECTION TWO

Details of the person completing the audit document

Title:

Full name:

Address:

Business name (if applicable):

Business address (if different to the one given above):

Contact telephone no:

Mobile telephone no:

E-mail address:

Continue to overpage to Section Three

SECTION THREE

Safety Certificates – Please indicate which of the following certificates you have for the HMO (copies of which must be returned with this audit document)

Electrical Installation Condition Report (“EICR”)

The certificate must be dated within the last 5 years, be free of any C1 or C2 codes, state that the installation is in a ‘satisfactory’ condition and be completed by a suitably qualified person. Electrical Installation Certificates are acceptable as an alternative but must be dated within the last 5 years and be completed by a suitably qualified electrician.

Gas Safety Record

The certificate must be dated within the last 12 months and be completed by a gas safe registered engineer.

If the HMO does not have a gas supply, please tick this box to indicate this:

Fire Detection & Alarm Testing and Inspection Certificate

Installations with a control panel must be tested and inspected by a suitably competent person and at intervals not exceeding 6 months.

If the fire detection and alarm system does not have a control panel, please indicate below the type of system that is in place (choose grade AND the level of interlinking):

- | | |
|---|--|
| Grade D1 - Mains Powered (with non-removeable battery) <input type="checkbox"/> | Fully Interlinked <input type="checkbox"/> |
| Grade D2 - Mains Powered (with removable battery) <input type="checkbox"/> | Partially Interlinked <input type="checkbox"/> |
| Ungraded - Mains Powered (No battery) <input type="checkbox"/> | Not Interlinked <input type="checkbox"/> |
| Grade F1/F2 - Battery Powered (No mains connection) <input type="checkbox"/> | |

Emergency Lighting Testing & Inspection Certificate

Installations must be tested and inspected by a suitably competent person and at intervals not exceeding 12 months.

If the HMO does not have emergency lighting, please tick this box to indicate this:

Continue to overpage to Section Three Continued

SECTION THREE CONTINUED

Safety Certificates – Please indicate which of the following certificates you have for the HMO (copies of which must be returned with this audit document)

Sprinkler/Misting System Testing & Inspection Certificate

Installations must be tested and inspected by a suitably competent person and at intervals not exceeding 12 months.

If the HMO does not have a sprinkler/misting system, please tick this box to indicate this:

Property Inspection Logs for the last 18 months

The Licence Holder must ensure that inspections of the HMO are carried out at least every six months and written records of the inspections must be kept for the duration of this Licence. As a minimum, the records must contain: a log of who carried out the inspection; the date and the time of inspection and; details of any issues found and action(s) taken.

Evidence of the Tenancy Information Pack

The Licence Holder must provide evidence of the information pack, that was provided to the tenants of the HMO at the commencement of their tenancy.

Written Antisocial Behaviour (“ASB”) Policy

To comply with the conditions of the licence, the licence holder must have a written ASB policy.

Fire Risk Assessment

A fire risk assessment may be required in some HMO’s under The Regulatory Reform (Fire Safety) Order 2005

If the licence holder does not provide a Fire risk assessment for the HMO, please tick this box to indicate this:

Electrical Appliances inspection log and/or certificate

The Licence Holder shall ensure that a record of visual inspections and testing is maintained for all electrical appliances made available by them in the Property. This can take the form is a log or a Portable Appliance Testing (PAT) certificate.

If the licence holder does not provide any electrical appliances in the HMO, please tick this box to indicate this:

Continue to overpage to Section Three continued and section Four

Carbon Monoxide alarm check logs

The Licence Holder shall ensure that a carbon monoxide alarm is installed in any room in the HMO which is used wholly or partly as living accommodation and contains a solid fuel burning combustion appliance.

If the HMO does not have solid fuel burning combustion appliance, please tick this box to indicate this:

A copy of a tenancy agreement

Landlord Building Insurance Certificate*

Proof of Licence holder training*

A copy of your waste management plan*

SECTION FOUR

Declarations – Please confirm if the declarations are correct, by ticking the relevant boxes, and then sign the declaration below

I/we declare that the information contained in this audit is correct to the best of my/our knowledge. I/We understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the * Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

I/we declare that the smoke or heat detectors/alarms referred to above in section 3 of this audit are in good and sound working order.

I/We declare that the HMO has had a risk assessment undertaken in respects of the fire prevention, detection and means of escape and all identified actions have been undertaken.

I/We declare that any electrical appliances and furniture made available in the HMO, by the licence holder/manager, are kept in a safe condition and maintained in proper working order.

I/We declare that an information pack was provided to the tenants at the commencement of their tenancy and that it contained sufficient information to comply with the conditions of the HMO licence.

Continue over for Sign off and how to return

Signature of person completing this audit

Name (Please print):

Signature:

Date:

Signature of the licence holder (if not the person above)

Name (Please print):

Signature:

Date:

Returning this audit

Please return this form to HMO@nottinghamcity.gov.uk along with copies of documents.

However, we are also happy to accept any documents by post.

Postal address: Housing Licensing & Compliance
Community Protection
Loxley House
Station Street
Nottingham
NG2 3NG

***May not be applicable to your Licence, please check your Licence conditions**