

# ANNUAL REPORT FOR THE CHARGE CONFERENCE PARSONAGE INSPECTION

*Parsonages MUST be inspected at least annually (2008 Book Of Discipline ¶2532.4 & EOC Journal 8-8)*

Church/Charge Name & Phone

Inspection Date

Parsonage Address

Please use the following codes: 5=New; 4=Excellent; 3=Good; 2=Needs replaced soon; 1=Needs replaced NOW

Year Home Built      Appraised Value: \$      Adequately Insured: Y N      Budgeted for Upkeep: \$

**LIVING ROOM**

**Carpet:** Condition: 5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:

**DINING ROOM**

**Carpet:** Condition: 5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:

**MASTER BEDROOM**

**Carpet:** Condition: 5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:

**BEDROOM 2**

**Carpet:** Condition: 5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:

**BEDROOM 3**

**Carpet:** Condition: 5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:

**BEDROOM 4 (or family room/office)**

**Carpet:** Condition: 5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:

**KITCHEN**

**Flooring:** Type:      5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:  
**Sink/Counter** Condition: 5 4 3 2 1      Date last replaced:  
**Cupboards:** Condition: 5 4 3 2 1      Date last replaced:  
**Dishwasher:** Condition: 5 4 3 2 1      Date last replaced:  
**Stove:** Condition: 5 4 3 2 1      Date last replaced:  
**Refrigerator:** Condition: 5 4 3 2 1      Date last replaced:

**BATH 1**

**Flooring:** Type:      5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:  
**Vanity/Sink:** Condition: 5 4 3 2 1 Replaced:  
**Bathtub:** Condition: 5 4 3 2 1 Replaced:  
**Shower:** Condition: 5 4 3 2 1 Replaced:  
**Commode:** Condition: 5 4 3 2 1 Replaced:

**BATH 2**

**Flooring:** Type:      5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:  
**Vanity/Sink:** Condition: 5 4 3 2 1      Replaced:  
**Bathtub:** Condition: 5 4 3 2 1      Replaced:  
**Shower:** Condition: 5 4 3 2 1      Replaced:  
**Commode:** Condition: 5 4 3 2 1      Replaced:

**LAUNDRY ROOM**

**Flooring:** Type:      5 4 3 2 1      Date last replaced:  
**Walls:** Finish Type:      Condition: 5 4 3 2 1      Date last refinished:  
**Washer:** Condition: 5 4 3 2 1      Replaced:  
**Dryer:** Condition: 5 4 3 2 1      Replaced:

**FAMILY ROOM:**

**Flooring:** Type: 5 4 3 2 1 Date last replaced:  
**Walls:** Finish Type: Condition: 5 4 3 2 1 Date last refinished:  
**Location in Home** **Bathroom attached or close?**

**IS THERE A SEPARATE PASTOR'S STUDY? Location**

**BASEMENT**

**Finished:** (Check one) Yes No No Basement  
**Flooring:** Type Condition: 5 4 3 2 1 Date last replaced:  
**Walls:** Finish Type Condition: 5 4 3 2 1 Date last refinished:

**WINDOWS:** Condition: 5 4 3 2 1 Secure Locks: YN Date last replaced:

**MAIN DOORS:** Condition: 5 4 3 2 1 Secure Locks: YN Bell: YN Date last replaced:

**FURNACE:** Type: Condition: 5 4 3 2 1 Date last replaced:

**AIR CONDITIONING:** YN Condition: 5 4 3 2 1 Date last replaced:

**HOT WATER TANK:** Size: gal. Condition: 5 4 3 2 1 Date last replaced:

**WATER SOFTENER:** YN Needed? YN Condition: 5 4 3 2 1 Date last replaced:

**WATER SYSTEM:** Well CisternPublic **Date of last testing:** **SEWAGE SYSTEM:** Septic Public

**ELECTRICAL SERVICE** Size: Date last replaced: # of GFP Outlets:

**SMOKE DETECTORS:** #: Locations:

**CO DETECTORS:** #: Locations:

**DOES PLUMBING, HEATING & ELECTRICAL MEET STATE OF OHIO BLDG CODES?**

**GARAGE**

Type: Size: Year built:  
Outside Condition: 5 4 3 2 1 Inside Condition: 5 4 3 2 1  
Door Opener: Condition: 5 4 3 2 1 Date installed:

**OUTSIDE CONDITION OF HOME:**

**Roof:** Type Condition: 5 4 3 2 1 Date last replaced:  
**Foundation:** Any leakage or other problems?  
**Lawn:** Size Is it fenced in?  
**Sidewalks:** Type: Condition: 5 4 3 2 1  
**Driveway:** Type: Condition: 5 4 3 2 1  
**Paint / Siding / Brickwork:** Condition: 5 4 3 2 1 Date last replaced:

**OTHER:**

**Lawn Mower:** Type Condition: 5 4 3 2 1 Date last replaced:  
**Weed Eater:** Type Condition: 5 4 3 2 1 Date last replaced:  
**Snow Removal:** Type Condition: 5 4 3 2 1 Date last replaced:

**PETS:** According to conference policies, it is understood that while pets are not prohibited, damage caused by pets shall be the financial responsibility of the parsonage family:

Extent of any damage: Significant\_\_\_\_\_Minimal\_\_\_\_\_None\_\_\_\_\_ Comments\_\_\_\_\_

**ACTION PLAN FOR NEEDED REPAIRS:**

*USE ADDITIONAL SHEET FOR OTHER COMMENTS ON THE CONDITION OF THE PARSONAGE, INCLUDING ANYTHING YOU FEEL NEEDS MENTIONED. ALSO, THE PARSONAGE FAMILY SHOULD BE CONSULTED AS TO WHAT THEY PERCEIVE THE NEEDS OF THE PARSONAGE TO BE.*

Names of those inspecting the parsonage: \_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee/Parsonage Chair

\_\_\_\_\_  
Pastor's Signature