|  |  |
| --- | --- |
| Church/Charge Name: |  |
| Inspection Date: |  |
| Parsonage Address: |  |

2023 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 policies and procedures manual.

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  Repairs | Unsafe | N/A |
| Living Room | | | | | | | |
| Walls and ceiling |  |  |  |  |  |  |  |
| Floor covering |  |  |  |  |  |  |  |
| Window covering |  |  |  |  |  |  |  |
| Dining Room | | | | | | | |
| Walls and ceilings |  |  |  |  |  |  |  |
| Floor covering |  |  |  |  |  |  |  |
| Window covering |  |  |  |  |  |  |  |
| Laundry | | | | | | | |
| Washer |  |  |  |  |  |  |  |
| Dryer (check to make sure vented properly) |  |  |  |  |  |  |  |
| Entire laundry area |  |  |  |  |  |  |  |
| Area Inspected | Above  Average | Average | Fair | Poor | Needs  Repairs | Unsafe | N/A |
| Kitchen | | | | | | | |
| Refrigerator/freezer |  |  |  |  |  |  |  |
| Dishwasher |  |  |  |  |  |  |  |
| Range |  |  |  |  |  |  |  |
| Exhaust fan |  |  |  |  |  |  |  |
| Floor covering |  |  |  |  |  |  |  |
| Window covering |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area Inspected | Above  Average | Average | Fair | Poor | Needs  Repairs | Unsafe | N/A |
| Study (cont’d) | | | | | | | |
| Walls and ceiling |  |  |  |  |  |  |  |
| Floor covering |  |  |  |  |  |  |  |
| Window covering |  |  |  |  |  |  |  |
| 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  Repairs | 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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |
| Immediate Needs |  |
| Long-Term Needs |  |
| Clergy Office | |  |
| General Impression |  |
| Immediate Needs |  |
| Long-Term Needs |  |

**Input from the Inspection Team**

|  |  |  |
| --- | --- | --- |
| Residence | |  |
| General Impression |  |
| Immediate Needs |  |
| Long-Term Needs |  |
| Clergy Office | |  |
| General Impression |  |
| Immediate Need |  |
| Long-Term Needs |  |

**On a separate sheet, please provide a plan for addressing any of the immediate and/or long-term needs listed above.**

|  |  |  |  |
| --- | --- | --- | --- |
| Trustees Chair Signature |  |  |  |
|  |  | | Printed Name |
| SPRC Chair Signature |  |  |  |
|  |  | | Printed Name |
| Pastor Signature |  |  |  |
|  |  | | Printed Name |

Date the Above Comments Were Discussed Click here to enter a date.

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.