



VILLAGE OF
GROSSE POINTE
SHORES,
A Michigan City

BUILDING DEPARTMENT

Procedures For On-site Inspection

- An inspection will only be done upon the successful completion and acceptance of the attached questionnaire. We will do our best to accommodate your request.
- The homeowner/agent must schedule inspections by calling (313) 881-6565.
- When schedule the inspection, homeowner/agent must provide a contact name and phone number of the person meeting the inspector.
- The contractor/homeowner/agent shall relocate all personnel from the inspection area 30 minutes prior to the scheduled time of inspection.
- When the inspector arrives on-site, one contact person who is assigned to walk with the inspector may approach the vehicle and engage with the inspector. If more than 9 workers are present within the area or job site, the inspector may cancel the inspection.
- The contractor/homeowner/agent shall maintain a safe and healthy job site environment and follow the CDC's best practices regarding social distancing including wearing suitable PPE.
- The inspector will perform the requested inspection and follow the CDC's best practices including wearing suitable PPE.
- Until further notice, occupied homes will not be inspected at this time.

795 Lake Shore Road
Grosse Pointe Shores, Mi 48236
313 881-6565
www.gpshoresmi.gov

BUILDING DEPARTMENT

Pre-Inspection Screening Questionnaire

Have you been diagnosed with COVID-19 or been advised/directed to begin testing/monitoring/quarantine for COVID-19 in the last 14 days? **Yes/No**

Has someone in your household, on your job-site, or someone with whom you have been in close contact, been advised/directed to begin testing/monitoring/quarantine for COVID-19 in the last 14 days? **Yes/No**

Are you OR anyone you are in close contact with currently experiencing ANY of the following symptoms in the past 14 days?

(Please Circle)

- Fever (greater than 38.0°C or 100.4°F) **Yes/No**
- Severe headache **Yes/No**
- Diarrhea/Vomiting/Abdominal Pain **Yes/No**
- Respiratory illness **Yes/No**
- New or worsening cough **Yes/No**
- Sore throat **Yes/No**
- Shortness of breath **Yes/No**
- Loss of smell **Yes/No**
- Loss of taste **Yes/No**
- Unexplained hemorrhage (bleeding or bruising) **Yes/No**
- Fatigue **Yes/No**
- Generalized muscle aches, weakness or skin changes **Yes/No**

If you answered "Yes" to any of these questions the inspection will be cancelled and rescheduled to a later date.

Print Name: _____ Signature: _____

Job Title or relationship to project or property: _____

Date and Time of Signature: _____

Property/Jobsite Address: _____

Inspectors Initials: _____