Add Form-B (Visual Inspection) to Inspection Certificate



Set-1: Steps

Click 'Select' button in 'INSPECTIONS AND CERTIFICATIONS' tile on the dashboard.
 Users having MDE Admin / Inspector / Supervisor roles will have the access.

Owner/Manager First Name					Owner/Manager Last Name					Inspector Contractor/Provider					
First Name					Last Name					Contractor/Provider					
Inspection Type Inspection Fre				Inspection From	Date Inspection To Date				MDE Tracking ID						
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Search	MDE 11 Tracking ID	Street Number	J1 Street Name	Owner/Manage Name	II Provider Name	IT Inspector Name	Inspection Type	Inspection Date	Certificate Number	it C	lick here	Search:	Notificatio Lapse		

Set-2: Steps

- Click on the certificate ID link to go to the certificate details page.
- Select 'Form B Visual Inspection' from the 'Select the form' dropdown and click 'Add Form'
- > A popup will be displayed to re-confirm. Click 'Yes'.
- Inspector will land on Form B page

Select the form:*			
Select Form	~	Add Form	
Select Form			
Form B - Visual Inspection			
Form C - Dust Inspection			
Form D - Re-Inspection		Are vou sure vou	want to add the
Form E - Lead Free Inspection		form	n?
Form F - Inspection Update		You are addir	ng the form
Form G - Lead Free Exterior		Ne. consel al const	Manual dist.

 INSPECTIONS AND CERTIF Schedule an Inspection Create Certificates and Forms. 	ICATES	
Inspection Home Go To Inspection Go To Certifica	ate	
InspectionScheduleID : 120 and InspectionCertificateNumber	r : 1000003	
MDE Tracking ID:	Date of Inspection:	Inspection Certificate No:
MDE Tracking ID	10/27/2021 1:36:00 PM	1000003
Address: 🕈	Unit Number:	Parcel:
11900 REISTERSTOWN RD		0212
PART I Enter the total number of each component type within the unit WINDOWS	/property	
Lead Free/Replacement:*	Non Lead Free:*	Upper Sash Fixed:*

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Set-3: Steps

- On FormB page, property details will be displayed with the certificate number. This information cannot be changed.
- Provide information in Part I which indicate the total number of component or treatment types for windows, window sills and window wells. All fields are required.
- > Provider all risk reduction treatments details in Part II.
- > If any treatment question is answered as NO, then the reason is required.
- Application will throw validation error if reason is not provided & have an atleast 1 question answered as NO.

)E Tracking ID:	Date of Inspection: Ins	pection Certificate N	lo:	
DE Tracking ID	10/27/2021 1:36:00 PM 100	0003		
Idress: 🕈	Unit Number: Par	cel:		
900 REISTERSTOWN RD	021	2		
PART I Enter the total number of each component WINDOWS Lead Free/Replacement:* Lead Free/Replacement Windows with lead free friction surfaces:* Windows with lead free friction surf WINDOW SILLS Repainted:* Repainted Encapsulated (MDE approved	Non Lead Free:* Non Lead Free Casement:* Casement aces Replaced:* Replaced		Upper Sash Fixed Upper Sash Fixe Other:* Other Enclosed/Wrappe	:* d :d:*
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material):* Encapsulated WINDOW WELLS Capped (as applicable):* Capp PART II - Modified Risk R Confirm the following treatments h All interior and exterior surfaces an The Dwelling unit is free of structure	eduction Treatments ave been completed satisfactorily, pursant to COMAR 26.16.05 and Enviror e free of chipping, peeling or flaking paint.* ral defects that could cause paint to chip, peel or flake.*	mantal Article 6-8. OYe: OYe:	s ONo s ONo	Reason
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