



UPCS - Urgent Notice of Health and Safety Violations

Date _____ GAID# _____ Community Name _____

The following health and safety violations were observed at your community:

24 hour A Smoke Detector did not function or missing B Items stored next to water heater or furnace C Missing or broken Window pane D Vacant Unit or building not secured to prevent entry E HVAC unit not operable above 80° or below 55 ° F Blocked Egress - Owner/Manager caused G-K GFCI does not function when tested Kitchen G-B GFCI does not function when tested Bathroom H Exposed Wired	72 Hour I Infestation J Blocked Egress (Tenant Items) K No power or gas to unit L Trip Hazard - Tenant Items
48 Hour M HVAC not functioning btwn 56° and 79 ° N Trip Hazard, repair needed O Mold P Fire Extinguisher Out of Date/Missing	
Z- Bed Bugs - Urgent attention required. DCA is aware that removing bed bug infestations is problematic and time consuming. While DCA does not expect this violation to be cured in 72 hours, management must act with haste to correct the infestation. Per IRS guidance, bed bug infestations must be reported on forms 8823. See the Compliance FAQ for further advice	

Other	Violation	Hours to cure	Other	Violation	Hours to cure
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Unit	Code	Unit	Code	Unit	Code	Unit	Code	Unit	Code	Unit	Code

Notice delivered to: _____
Print Name _____ Signature _____

Delivered by: _____ Date: _____

All items must be completed in the time frame listed for each violation. Submit this form along with the cures and work orders for the Notice of Health and Safety violation(s) within 24/48/72 hours.

When complete, sign below and upload all preliminary audit submissions to the Emphasys certification portal and submit a copy to your specific reporting POD via OPMPODA@DCA.ga.gov or OPMPODB@DCA.ga.gov or OPMPODC@DCA.ga.gov

Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I CERTIFY

ALL WORK IS COMPLETE _____
Print Name _____ Signature _____ Date _____

These are just the observed violations. It is the responsibility of the owner and manager to comply with applicable and safety codes, including but not limited to UPCS.

The Georgia Department of Community Affairs is committed to providing all persons with equal access to its services, programs, activities, education and employment regardless of race, color, national origin, religion, age, sex, familial status, marital status, or disability.

