

Date: _____

Program: _____

Green & Healthy Homes Initiative Expanded Comprehensive Health and Safety Housing Assessment™

The Comprehensive Health and Safety Housing Assessment is a model assessment tool developed by the Green and Healthy Homes Initiative, a non-profit organization based in Baltimore, MD that is committed to the creation of resources, programs, and policies to prevent childhood lead poisoning and home-based environmental health hazards so that every child may grow to reach his or her full potential. The Expanded Comprehensive Health and Safety Housing Assessment form provides extensive and detailed information required to perform a thorough house assessment. This document also supports both GHHI's Health and Safety Checklist and the Hazards Prioritization Tool. All these documents have been designed as a model with broad applicability that other organizations can use as a basis for developing environmental health assessments/energy audits that fit their specific needs.

Client Name: _____ Client #: _____
 Address: _____ Home Phone: _____
 City, State, Zip: _____ Work Phone: _____
 Email: _____ Cell Phone: _____

Rental unit only Landlord Name: _____ Best time to contact: _____ am/pm
 Address: _____ Home Phone: _____
 City, State, Zip: _____ Work Phone: _____

Home Owner/Tenant Interview

(Conducted by the Environmental Health Educator)

A. General Housing Characteristics

1. Age of property	<input type="checkbox"/> Pre- 1950	<input type="checkbox"/> 1950 - 1978	<input type="checkbox"/> Post- 1978	<input type="checkbox"/> Don't know
2. House type	<input type="checkbox"/> Single family Detached (1 story)	<input type="checkbox"/> Single family Detached, (2-3 stories)	<input type="checkbox"/> Single family Semi-detached	<input type="checkbox"/> Multi-family (end or inside unit)
	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Row house	<input type="checkbox"/> Mobile home	<input type="checkbox"/> Other
3. Floors lived in	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st floor	<input type="checkbox"/> 2 nd floor	<input type="checkbox"/> 3 rd or higher
4. Utility information	Electric Company	Account number: _____		
	Gas Company	Account number: _____		
	Heating Fuel Provider	Account number: _____		


B. Owner/Tenant Demographics

1. Type of occupancy	<input type="checkbox"/> Own house	<input type="checkbox"/> Rental housing	<input type="checkbox"/> Subsidized (rental)	<input type="checkbox"/> Other		
2. How long have you lived in this residence?	_____ years					
3. How many people live in the house as their primary residence? Indicate below:	_____					
4.	Name	Age/Sex	Disabled	Older adult	Child	Pregnant
5. Do household members have a primary care provider?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
6. Does the household rely on urgent care facilities/emergency room visits for healthcare?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
7. Do all <u>children</u> in the household have health insurance? What kind? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					

8. Do all adults in the household have health insurance? What kind? _____ Y N N/A

C. Lead Poisoning History (Questions intended for households in which a child may have elevated blood lead (EBL) level.)

- 1. If rental property, did landlord provide tenants with a lead hazard disclosure pamphlet? Y N N/A
- 2. Have any children under age six (in the household) been tested for lead poisoning? Y N N/A
- 3. What were their results? _____
- 4. Is anyone pregnant in the household? Y N N/A
- 5. Has this residence ever been tested for lead? Y N N/A
- 6. Has any renovation, repairs, or paint work taken place in the home in the past year? If yes, describe and indicate location(s): _____ Y N N/A


	<ul style="list-style-type: none"> Recommend for Lead Risk Assessment? Children under age 6 must be tested for lead 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

D. Asthma History (Home owner/tenant interview - Questions for households in which a child has asthma.)

- 1. Does anyone in the residence suffer from.....?

<input type="checkbox"/> Allergies	<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Frequent headaches/migraines	<input type="checkbox"/> N/A
<input type="checkbox"/> Asthma	<input type="checkbox"/> Skin infections/rashes	<input type="checkbox"/> Respiratory disease	
<input type="checkbox"/> Chronic bronchitis	<input type="checkbox"/> Eye irritations	<input type="checkbox"/> Other respiratory tract afflictions such	
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Sinus problems	as: _____	
- 2. In the past month:
 - a. How often did the child's asthma keep the parent home from work? _____ times
 - b. How many days of school/daycare did the child miss due to asthma? _____ times
- 3. In the past 6 months:
 - a. How often did the child's asthma keep the parent home from work? _____ times
 - b. How many days of school/daycare did the child miss due to asthma? _____ times
- 4. How would you rate the child's asthma? Explain:

	<input type="checkbox"/> In control
	<input type="checkbox"/> Out of control
	<input type="checkbox"/> Somewhat in control

	_____ _____	Priority Level (High, Medium, Low) _____

E. Household Hazards (Home owner/tenant interview - Questions for households on Health & Safety concerns)

1. Mold/Moisture

- a. Have you seen **mold growth** areas inside your home? Indicate where: _____ Y N N/A
- b. Have you noticed areas with a moldy odor in your home? Indicate where: _____ Y N N/A
- c. Has there been a major flooding event (e.g., broken water pipe, backed up sewer line, etc.) in your home in the past year? Indicate what kind and where: _____ Y N N/A
- d. Have you noticed water condensation on walls, windows, ceiling, or floor in your home? (Not including the bathroom after a shower) Indicate where: _____ Y N N/A

- e. Have you seen water stains appear or grow during the past year? Indicate where? _____ Y N N/A
- f. Is there a **CURRENT** water leak in your home? Indicate where and describe: _____ Y N N/A
- g. Has there been any water leaks in the past year? Indicate where: _____ Y N N/A
- h. If there is a sump pump in your home? Y N N/A
- i. Is the sump pump working properly? Y N N/A

Observations	_____ _____	Priority Level (High, Medium, Low) _____
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2. Combustion Heating Sources and Ventilation Systems

- ### Ventilation Systems
- a. Do you use the bathroom exhaust fan? Regularly Never N/A
 Occasionally Don't know
 - b. When you cook, do you use the kitchen exhaust fan? Regularly Never N/A
 Occasionally Don't know
 - c. How often do you change the air filter in your furnace or HVAC system? Every month Once a year N/A
 Every 6 months Never
 - d. In the past year, have you used an air filtering/purifying device in your home? Y N N/A
 - e. When was the last time you changed the filter in this air filtering/purifying device? A month ago? One year ago? N/A
 6 months ago? Never

- ### Combustion Heating Sources
- a. In the past year, have anyone in the household used the gas oven/stove as a heating source? Y N N/A
 - b. Do you use kerosene space heaters in your home? Y N N/A
 - c. If yes, are these kerosene space heaters vented to the outside? Y N N/A

Observations	_____ _____	Priority Level (High, Medium, Low) _____
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3. Thermal Comfort Issues *(See the Energy Audit for more detailed information on the heating system)*

- ### Air Infiltration
- a. Does the air in your home feel stuffy? Where? _____ Y N N/A
 - b. Does your home feel drafty? Indicate where: _____ Y N N/A
 - c. Does any area in your home feel excessively cold during the winter? Indicate where: N/A
 Foyer Dining Room Bathroom BR1 BR3
 Living Room Kitchen Basement BR2 BR4
 - d. Does your home suffer of temperature imbalances (In winter, too warm in upper floors and too cold in the lower floors; In summer, home can't be comfortably cooled.)? Explain: _____ Y N N/A

e. Has your home been weatherized in the past 5 years? By whom? _____

 Y N N/A

Heating / Cooling

a. Is there a working heating system/source in the home? If not, explain: _____

 Y N N/A

b. How old is your heating system? _____ years N/A

c. When was the last time you got your heating system cleaned and tuned?
 A month ago? One year ago?
 6 months ago? Never N/A

d. Do you use the thermostat to control supplied heating/cooling? Y N N/A

e. Does your home have air conditioning (AC)? Y N N/A

f. If yes, what type of air conditioning? Window units Central AC N/A

g. Are the AC window units or central AC in good repair? Y N N/A

Observations

Priority Level
(High, Medium, Low)

4. Asthma Triggers

Tobacco Smoke

a. What are the smoking practices in your home? No smoking Outdoors Indoors N/A

b. What is the total number of smokers in your household? _____

Observations

Priority Level
(High, Medium, Low)

VOCs (Volatile Organic Compounds)

a. Do you use air fresheners in your home? Y N N/A

b. Do you use fragrances or candles in your home? Y N N/A

c. Where do you store can of paint, cleaning solutions or pesticides in your home? Explain: _____
 _____ N/A

Observations

Priority Level
(High, Medium, Low)

Pets


a. Do you have pets in your home? _____ How many pets? # _____ Y N N/A

b. Type of pets? _____ Cats? _____ Dogs? _____ Birds? _____ Other? _____ N/A


c. Is anyone in the household allergic to any of these pets? Explain: _____
 _____ Y N N/A

d. Where are the pets kept? Full access to house Inside (including child's bedroom)
 Inside (not in child's bedroom) Outside only N/A

e. How do you manage your pet's wastes (e.g. Kitty litter box, feces, etc.) in your house? _____
 _____ N/A

	<ul style="list-style-type: none"> • Needs to remove pet wastes from: _____ • Needs to clean pets living areas: _____ • Other: _____ 	Priority Level (High, Medium, Low) _____
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Pest Infestations		
a.	Do you see <input type="checkbox"/> cockroaches / <input type="checkbox"/> water-bugs inside your home? Indicate where?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	<input type="checkbox"/> Foyer <input type="checkbox"/> Dining Room <input type="checkbox"/> Bathroom <input type="checkbox"/> BR1 <input type="checkbox"/> BR3 <input type="checkbox"/> Living Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Basement <input type="checkbox"/> BR2 <input type="checkbox"/> BR4	
b.	How would you describe the level of infestation? <input type="checkbox"/> High infestation <input type="checkbox"/> Low infestation	<input type="checkbox"/> N/A
c.	Do you see <input type="checkbox"/> mice inside your home? Indicate where?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	<input type="checkbox"/> Foyer <input type="checkbox"/> Dining Room <input type="checkbox"/> Bathroom <input type="checkbox"/> BR1 <input type="checkbox"/> BR3 <input type="checkbox"/> Living Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Basement <input type="checkbox"/> BR2 <input type="checkbox"/> BR4	
d.	How would you describe the level of infestation? <input type="checkbox"/> High infestation <input type="checkbox"/> Low infestation	<input type="checkbox"/> N/A
e.	Do you see <input type="checkbox"/> rats or <input type="checkbox"/> rat borrows outside your home?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
f.	Do you see <input type="checkbox"/> rats or <input type="checkbox"/> rat borrows inside your home?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
g.	Do you have trash cans with lids? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> N/A
h.	Are there bedbugs in your home? Indicate where?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	<input type="checkbox"/> Foyer <input type="checkbox"/> Dining Room <input type="checkbox"/> Bathroom <input type="checkbox"/> BR1 <input type="checkbox"/> BR3 <input type="checkbox"/> Living Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Basement <input type="checkbox"/> BR2 <input type="checkbox"/> BR4	
i.	How often do you use pesticides? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> N/A
j.	What type of pesticides do you use in your household? <input type="checkbox"/> Spray can <input type="checkbox"/> Liquid <input type="checkbox"/> Pellets <input type="checkbox"/> Gel <input type="checkbox"/> Powder <input type="checkbox"/> None	<input type="checkbox"/> N/A
k.	Who treats for pests in your household? <input type="checkbox"/> Pest Control Professional <input type="checkbox"/> Yourself <input type="checkbox"/> Non-certified individual <input type="checkbox"/> No one	<input type="checkbox"/> N/A
l.	If sprays/bombs are used, do occupants leave the home during its application?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
m.	Where are the pesticides stored in your home? Describe: _____	<input type="checkbox"/> N/A

	_____ _____	Priority Level (High, Medium, Low) _____
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5. Safety & Injury Hazards

General Safety		
a.	Has any <u>accident or injury</u> occurred in the household in the past 6 months? Describe: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
b.	Is there electricity in the home? If not, explain reason: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
c.	Is there continuous water supply to the home? If not, explain reason: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
d.	Has your family developed a <u>fire escape plan</u> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
e.	Do you keep the <u>poison control number</u> posted anywhere in your home?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
f.	Does anyone in your home test the smoke detectors in your home? How often? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

- g. If not, explain reason why: _____
- h. Does anyone in your home test the CO detectors in your home? How often? _____ Y N N/A
- i. If not, explain reason why: _____

Observations	<ul style="list-style-type: none"> Provide a Fire Escape Plan Provide the Poison Control Number Other: _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level <i>(High, Medium, Low)</i> _____
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Asbestos Hazards

- a. Are you aware of any asbestos hazard in your home? Where? _____ Y N N/A
- b. Has your home ever been tested for asbestos? Y N N/A
 - Tested, none present
 - Tested, present and mitigated
 - Tested, present, not mitigated
 - Not tested/don't know

Observations	_____ _____	Priority Level <i>(High, Medium, Low)</i> _____
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Radon Hazards

- a. Are you aware of radon hazards in your home? Y N N/A
- b. Has your home ever been tested for radon? Y N N/A
 - Tested, none present
 - Tested, present and mitigated
 - Tested, present, not mitigated
 - Not tested/don't know

Observations	_____ _____	Priority Level <i>(High, Medium, Low)</i> _____
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6. Cleanliness

Household Cleaning Preferences

- a. What's the preferred method for cleaning in your home?

<input type="checkbox"/> Damp mop & damp dusting	<input type="checkbox"/> Vacuum (non-HEPA)	<input type="checkbox"/> N/A
<input type="checkbox"/> Sweeping, dry dusting	<input type="checkbox"/> HEPA vacuum	
- b. How often do you clean your home?

<input type="checkbox"/> Regularly	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Don't know	
- c. How often do you vacuum the carpets in your home?

<input type="checkbox"/> Regularly	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Don't know	
- d. Are there areas in your home that are difficult to clean (e.g. Out of reach)? Describe: _____ Y N N/A

Observations	_____ _____	Priority Level <i>(High, Medium, Low)</i> _____
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NOTES

- 1. _____
- 2. _____
- 3. _____

WALK THROUGH INSPECTION

(Visual Inspection / walk thru conducted by the Environmental Assessor or Energy Auditor)

Check boxes using the appropriate abbreviations if a listed problem appears in the room.

Outside Temp: _____ °F
 Outdoor CO: _____ ppm
 Rel. Humidity: _____ (Outdoor)

Attic = A Bathroom = B Basement = BA Bedroom = BR Crawlspace = C Dining Rm = DR Foyer = F	Hallway = H Kitchen = K Laundry Rm = L Living Rm = LR Pantry = PA Porch = P Soil = S	Door = D Door Frame = DF Door Jamb = DJ Floor Concrete = Fc Floor Carpet = FcA Floor Tile = FT Floor Wood = Fw	Stairs = St Threshold = T Window Frame = WIF Window Sill = WIS Window Sash = WSA Window Trough = WIT
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Inside Temp: _____ °F
 Indoor CO: _____ ppm
 Rel. Humidity: _____ (Indoor)

Hazards	Exterior / Interior	Room(s) w/ Hazards	Location of Defects/Components Affected						Level of Hazard <i>(High, Medium, Low)</i>
			Side A	Side B	Side C	Side D	Ceiling	Floor	
Chemicals Hazards	Asbestos Like Material	Tiles							
		Boiler							
		Dist. Sys							
		Insulation							
	Biocides								
	Lead Paint (Chipping)								
Pesticides									
CO Hazards from...	Boiler								
	Furnace								
	Gas Dryer								
	Gas Stove								
	Space Heater								
	CO Alarms								
Fire Hazards from...	Combustibles								
	Electrical								
	Natural Gas Leaks								
	Smoke Alarms								
Moisture and Mold	Condensation								
	Mold Growth								
	Musty Smell								
	Water Damage								
	Water Leaks								
Safety Hazards	Falls (Stairs)								
	Falls (Bathrooms)								
	Falls (Between levels)								
	Falls (Leveled surfaces)								
	Structural								
	Injury Hazards (other)								
Sanitation	Clutter								
	Garbage								
	Pests	Bedbugs							
		Mice							
		Rats							
		Roaches							
	Sewage								
Unsanitary Areas									

Sketch of rooms in residence, showing approximate square footage.

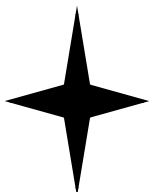
1st FLOOR

SIDE A

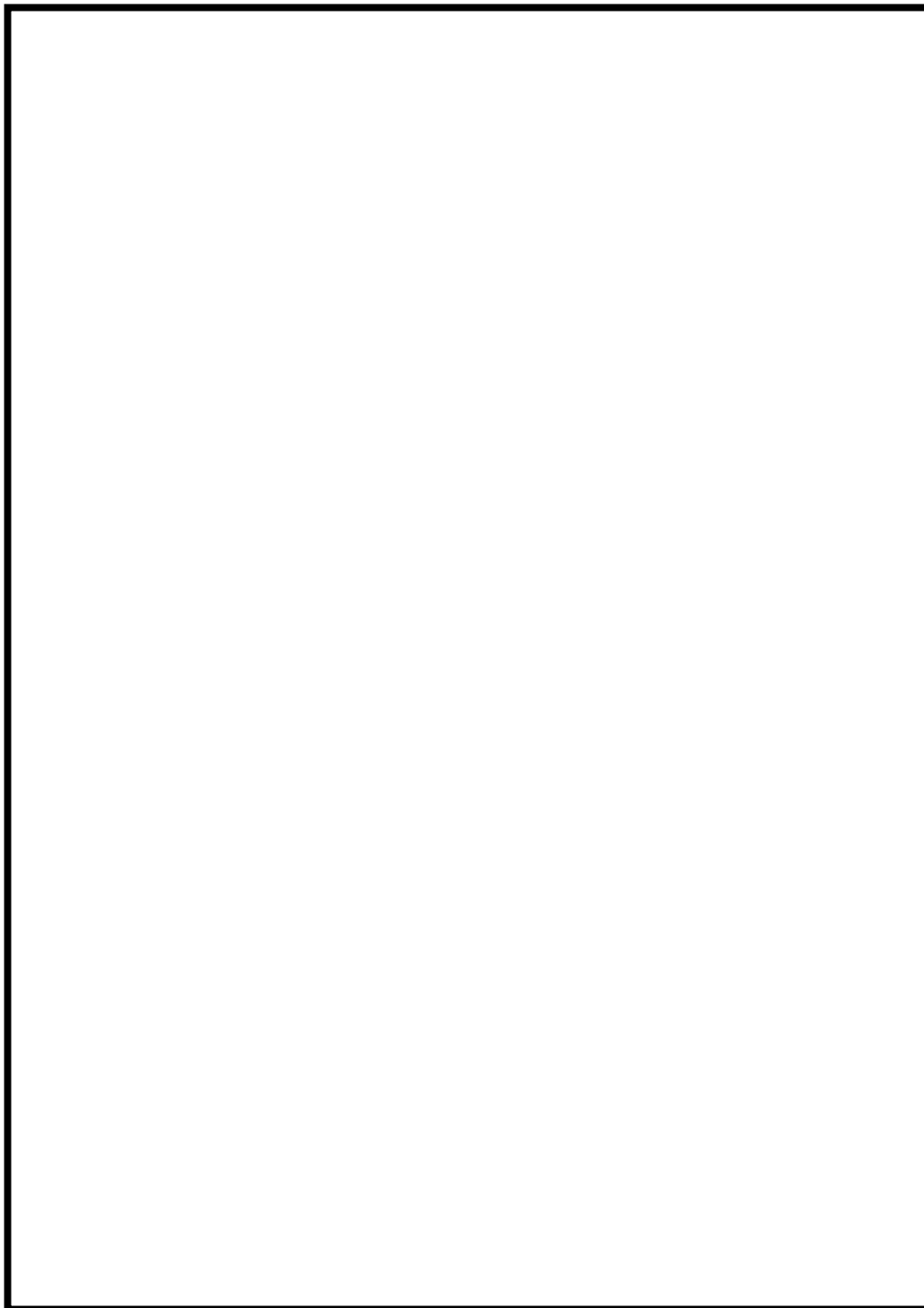
Exterior Temp: _____ F
 Exterior CO: _____ ppm
 Exterior Rel. Hum: _____%

Inside Temp: _____ F
 Indoor CO: _____ ppm
 Rel. Humidity: _____%

Length: _____
 Width: _____
 Height: _____
 Total Vol.: _____
 Total Area: _____



- SC SD – Smoke Detector
- CC CO – CO Alarm
- NC NG – Natural Gas
- Prⁿ PROG – Propane Gas
- EL ELECT - Electric
- FL FUR – Furnace
- BC BOI – Boiler
- WH DHW –Water Heater
- WM – Washing Machine
- DF DRY – Dryer
- FF FRI – Fridge
- FR FRE - Freezer
- ST STO – Stove
- BT BTH – Bath Tub
- S - Sink
- D - Door
- DF DF – Door Frame
- W Wv – Window Vinyl
- W Ww – Window Wood
- W Wm – Window Metal
- W CA – Carpet
- CA W – Wood
- W CONC – Concrete
- CC TI – Tile
- TI EHZ – Elect. Hazard
- EH THZ – Trip Hazard
- TH SHZ – Struct. Hazard
- SH FHZ – Falling Hazard
- FP CPHZ – Chipping Paint
- CF M – Mold
- M WL – Water Leak
- W WD – Water Damage
- W WS – Water Stain
- W AL –Air Leaks
- AL NGL – Gas Leak
- GL LB – Light Bulb
- LB CFL – CFL Bulbs
- CF F - Foyer
- F BA – Basement
- BA K – Kitchen
- K LR – Living Room
- LR DR – Dining Room
- DF B – Bathroom
- B BR# – Bedroom #.
- BR GFCI – Outlet
- GF V – Mechanical Vent
- V PT – Program. Thermostat
- PT NPT – Non-Prog. Therm.
- NF ROA – Cockroaches
- RC ROAF – Roach Frass
- RC MOUD – Mouse Droppings
- MI RATD – Rat Droppings
- RA



SIDE C

Sketch of rooms in residence, showing approximate square footage.

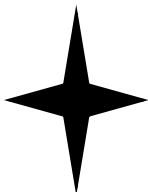
BASEMENT

Exterior Temp: _____ F
 Exterior CO: _____ ppm
 Exterior Rel. Hum: _____ %

SIDE A

Inside Temp: _____ F
 Indoor CO: _____ ppm
 Rel. Humidity: _____ %

Length: _____
 Width: _____
 Height: _____
 Total Vol.: _____
 Total Area: _____



- SD – Smoke Detector
- CO – CO Alarm
- NG – Natural Gas
- PROG – Propane Gas
- ELECT - Electric
- FUR – Furnace
- BOI – Boiler
- DHW –Water Heater
- WM – Washing Machine
- DRY – Dryer
- FRI – Fridge
- FRE - Freezer
- STO – Stove
- BTH – Bath Tub
- S – Sink
- D – Door
- DF – Door Frame
- Wv – Window Vinyl
- Ww – Window Wood
- Wm – Window Metal
- CA – Carpet
- W – Wood
- CONC – Concrete
- TI – Tile
- EHZ – Elect. Hazard
- THZ – Trip Hazard
- SHZ – Struct. Hazard
- FHZ – Falling Hazard
- CPHZ – Chipping Paint
- M – Mold
- WL – Water Leak
- WD – Water Damage
- WS – Water Stain
- AL –Air Leaks
- NGL – Gas Leak
- LB – Light Bulb
- CFL – CFL Bulbs
- F - Foyer
- BA – Basement
- K – Kitchen
- LR – Living Room
- DR – Dining Room
- B – Bathroom
- BR# – Bedroom #.
- GFCI – Outlet
- V – Mechanical Vent
- PT – Program. Thermostat
- NPT – Non-Prog. Therm.
- ROA – Cockroaches
- ROAF – Roach Frass
- MOUD – Mouse Droppings
- RATD – Rat Droppings



SIDE C

Sketch of rooms in residence, showing approximate square footage.

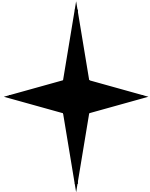
2ND LEVEL

SIDE A

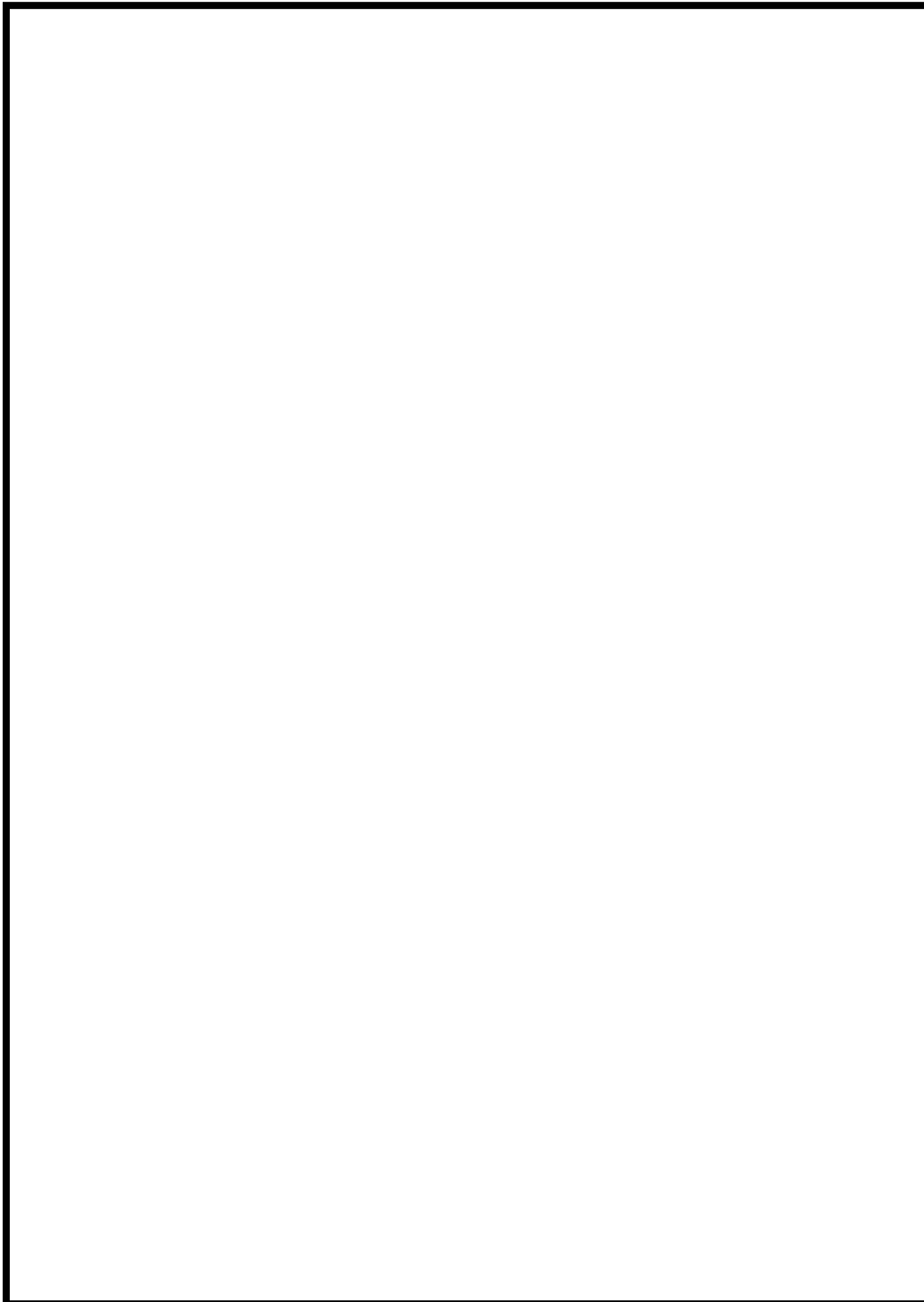
Exterior Temp: _____ F
 Exterior CO: _____ ppm
 Exterior Rel. Hum: _____%

Inside Temp: _____ F
 Indoor CO: _____ ppm
 Rel. Humidity: _____%

Length: _____
 Width: _____
 Height: _____
 Total Vol.: _____
 Total Area: _____



- SD – Smoke Detector
- CO – CO Alarm
- NG – Natural Gas
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- FUR – Furnace
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- MOUD – Mouse Droppings
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SIDE B

SIDE C

Sketch of rooms in residence, showing approximate square footage.

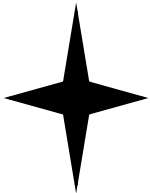
3RD LEVEL OR ATTIC

Exterior Temp: _____ F
 Exterior CO: _____ ppm
 Exterior Rel. Hum: _____%

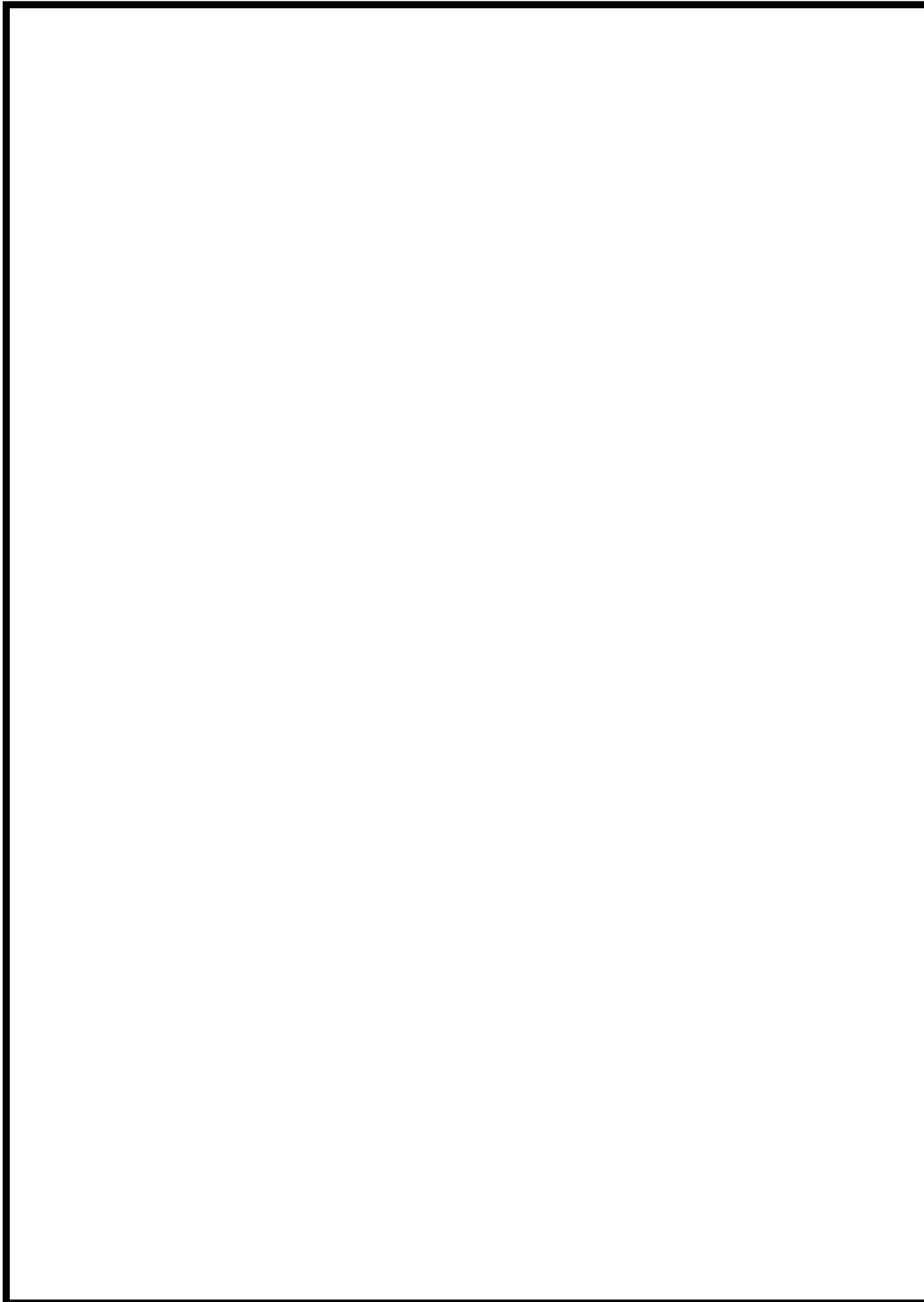
SIDE A

Inside Temp: _____ F
 Indoor CO: _____ ppm
 Rel. Humidity: _____%

Length: _____
 Width: _____
 Height: _____
 Total Vol.: _____
 Total Area: _____



- SD – Smoke Detector
- CO – CO Alarm
- NG – Natural Gas
- PROG – Propane Gas
- ELECT - Electric
- FUR – Furnace
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- FRE - Freezer
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- BTH – Bath Tub
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- D – Door
- DF – Door Frame
- Wv – Window Vinyl
- Ww – Window Wood
- Wm – Window Metal
- CA – Carpet
- W – Wood
- CONC – Concrete
- TI – Tile
- EHZ – Elect. Hazard
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SIDE B

SIDE C

Health & Safety Audit

(In-depth home assessment to be conducted by the Environmental Health Assessor)

1. DAMP & MOLD GROWTH

Most vulnerable age group: All persons aged ≤ 14 yrs.

a. Exterior *(Roof, Gutters, Downspouts & Soil Gradient)*

1)	Condition of the roof. Age of the roof? _____ yrs.	<input type="checkbox"/> Good	<input type="checkbox"/> Poor		
2)	If poor, describe defects and their location. _____ _____	<input type="checkbox"/> N/A			
3)	<input type="checkbox"/> Drainage Plane: Soil around home slopes toward the foundation. Describe. _____ _____	<input type="checkbox"/> N/A			
		Gutters	Downspouts	<input type="checkbox"/> N/A	
4)	Presence of gutters and/or downspouts. Indicate location where missing. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5)	Conditions of gutters and/or downspouts.	<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR	<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR
6)	If poor, describe defect(s) and location(s). _____				
7)	If missing, indicate location(s) of missing gutter(s) and/or downspout(s). _____				
8)	Downspouts not draining water away from house.	<input type="checkbox"/> N/A		<input type="checkbox"/> YES	<input type="checkbox"/> NO
9)	Downspouts without proper extensions? Indicate location(s). _____	<input type="checkbox"/> N/A		<input type="checkbox"/> YES	<input type="checkbox"/> NO
10)	Gutters not properly aligned for good drainage? Indicate location(s) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
11)	Gutters are clogged or filled with debris. Indicate location(s). _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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b. Attic Space


1)	<input type="checkbox"/> Presence of water leaks in attic through damaged roof. Describe. Indicate location(s): _____ _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/> Water damage/wood rot in attic (on roof decking, rafters and/or joists). Describe. _____ _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/> Presence of mold growth in attic (on roof decking, rafters and/or joists). Surface area: _____ ft ² Describe. _____	<input type="checkbox"/> N/A
4)	<input type="checkbox"/> Poor or no ventilation in attic. Describe. _____	<input type="checkbox"/> N/A

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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c. Crawlspace & Basements

	Basement	<input type="checkbox"/> N/A	Crawlspace	<input type="checkbox"/> N/A
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1)	Type of floor. Describe. _____ _____	<input type="checkbox"/> SOIL	<input type="checkbox"/> SOIL					
		<input type="checkbox"/> CONCRETE	<input type="checkbox"/> CONCRETE					
2)	Presence of a vapor barrier present.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
3)	If present, what is the condition of the vapor barrier? Describe. Indicate area. _____	<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR	<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR			<input type="checkbox"/> N/A
4)	Presence of standing water. Describe. _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
5)	Plumbing leaks. Indicate location(s). _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
6)	Presence of water leaks through damaged foundation. Describe. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
7)	Presence of water damage/wood rot (i.e., underflooring, foundation walls, and/or joists.) Describe. _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
8)	Presence of mold growth in crawlspace (i.e., foundation walls, underflooring and/or joists). Describe. _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
9)	Mold growth > 10 ft ² . Contaminated area: _____ ft ²	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO			_____ ft ²
10)	Mold growth < 10 ft ² . Contaminated area: _____ ft ²	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO			_____ ft ²

 Crawlspace	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
 Basement	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____

d. Conditioned Space

1)	What is the average Relative Humidity % inside the home?	_____ % RH
2)	<input type="checkbox"/> Water leaks and/or water damage through/on roof, floor(s) or walls. Describe. Indicate location(s): _____	<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side _____ <input type="checkbox"/> Bath Side _____ <input type="checkbox"/> BR1 Side _____ <input type="checkbox"/> BR3 Side _____ <input type="checkbox"/> K Side _____	
	<input type="checkbox"/> DR Side _____ <input type="checkbox"/> BA Side _____ <input type="checkbox"/> BR2 Side _____ <input type="checkbox"/> BR4 Side _____ <input type="checkbox"/> Hallway Side _____	
3)	<input type="checkbox"/> Water leaks/water damage through or around window(s)/exterior door(s). Describe. Indicate location(s): _____	<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side _____ <input type="checkbox"/> Bath Side _____ <input type="checkbox"/> BR1 Side _____ <input type="checkbox"/> BR3 Side _____ <input type="checkbox"/> K Side _____	
	<input type="checkbox"/> DR Side _____ <input type="checkbox"/> BA Side _____ <input type="checkbox"/> BR2 Side _____ <input type="checkbox"/> BR4 Side _____ <input type="checkbox"/> Hallway Side _____	
4)	<input type="checkbox"/> Presence of water leaks from defective/missing plumbing. Describe. Indicate location(s): _____	<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side _____ <input type="checkbox"/> Bath Side _____ <input type="checkbox"/> BR1 Side _____ <input type="checkbox"/> BR3 Side _____ <input type="checkbox"/> K Side _____	
	<input type="checkbox"/> DR Side _____ <input type="checkbox"/> BA Side _____ <input type="checkbox"/> BR2 Side _____ <input type="checkbox"/> BR4 Side _____ <input type="checkbox"/> Hallway Side _____	
5)	<input type="checkbox"/> Presence of standing water in the home. Describe. Indicate location(s): _____	<input type="checkbox"/> N/A


<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	K Side ____	
<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	BR4 Side ____	<input type="checkbox"/>	Hallway Side ____	

6) Wet floor(s) and/or carpet(s). Describe. Indicate location(s): _____ N/A

<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	K Side ____	
<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	BR4 Side ____	<input type="checkbox"/>	Hallway Side ____	

7) Presence of water condensation on walls, windows, ceiling, and/or floor. Describe. Indicate location(s): _____ N/A

<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	K Side ____	
<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	BR4 Side ____	<input type="checkbox"/>	Hallway Side ____	

	Recommend to _____	Hazard Level <i>(High, Medium, Low)</i>
	_____	_____

8) Mold growth inside the home? Describe. Indicate locations: _____ N/A

<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	K Side ____	
<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	BR4 Side ____	<input type="checkbox"/>	Hallway Side ____	


9) Water leaking from damaged/busted water heater tank or any other appliance(s). Describe. Indicate location(s). _____ N/A

10) Mold growth > 10 ft²? Indicate area of contamination: _____ ft² N/A

11) Mold growth < 10 ft²? Indicate area of contamination: _____ ft² N/A

12) Water damage/wood rot on floors and/or subfloor. Describe. Indicate location(s): _____ N/A

<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	K Side ____	
<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	BR4 Side ____	<input type="checkbox"/>	Hallway Side ____	


	Recommend to _____	Hazard Level <i>(High, Medium, Low)</i>
	_____	_____

e. Moisture Control

	Spot Ventilation	Is it present?	Is it operational?	Vented to the outside?	Current CFMs
1)	Clothes dryer vent?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
2)	Kitchen exhaust fan?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
3)	Bathroom #1 exhaust fan?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
4)	Bathroom #2 exhaust fan?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
5)	Bathroom #3 exhaust fan?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
6)	Other: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

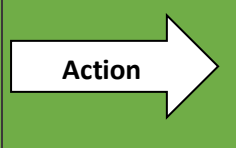
7) Bathroom Exhaust Fan If exhaust fan is defective or not properly vented to the outside, explain and indicate which bathroom. _____ N/A

8) Kitchen Exhaust Fan If exhaust fan is defective or not properly vented to the outside, explain and indicate which bathroom. _____ N/A

9)	Clothes Dryer Vent	If dryer vent is defective or not properly connected to the outside, explain and indicate location. _____	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> • Install <input type="checkbox"/> or repair <input type="checkbox"/> exhaust fans in bath(s). • Install <input type="checkbox"/> or repair <input type="checkbox"/> exhaust fan in kitchen. • Install <input type="checkbox"/> or repair <input type="checkbox"/> exhaust vent for dryer. • Other: _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level (High, Medium, Low)
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	

f. Moisture Control

1)	<input type="checkbox"/>	Sump pump present in the home.	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Sump pump working/draining properly. If not, describe: _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/>	No check-valve on sump-pump drain pipe.	<input type="checkbox"/> N/A
4)	<input type="checkbox"/>	Sump pump drain pipe either missing, broken or shorter than 6 feet long? Describe: _____	<input type="checkbox"/> N/A
5)	<input type="checkbox"/>	Sump pump without cover.	<input type="checkbox"/> N/A

	<ul style="list-style-type: none"> • Install sump pump and sump pump pit. • Replace sump pump. • Install check valve on sump pump drain pipe. • Other _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level (High, Medium, Low)
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	


2. EXCESS COLD / 3. EXCESS HEAT *Most vulnerable age group: All persons aged ≥ 65 yrs.*

1)	What is the 1 ^{ry} heating system in the home?	<input type="checkbox"/> Furnace/boiler	<input type="checkbox"/> Stove		
		<input type="checkbox"/> Space Heaters	<input type="checkbox"/> None		
2)	What is the condition of the 1 ^{ry} heating system? Describe: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Broken	<input type="checkbox"/> N/A
3)	What is the condition of the radiators? Describe. _____	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Broken	<input type="checkbox"/> N/A
4)	Indicate number and location(s) of any defective radiator(s) throughout the home. _____			<input type="checkbox"/> N/A	

5)	<input type="checkbox"/>	Obstructed forced air supply and/or return grid(s). Describe. Indicate location(s). _____	<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> K Side ____	<input type="checkbox"/> N/A
			<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway Side ____	


6)	What is the condition of the air distribution ducts? Describe. _____	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
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7)	<input type="checkbox"/>	Air distribution ducts are not air-sealed with mastic or not properly sealed. Describe. _____	<input type="checkbox"/> N/A
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	Recommend to _____	Hazard Level (High, Medium, Low)

8)	What is the 1 ^{ry} <u>cooling</u> system in the home?	<input type="checkbox"/> Central AC	<input type="checkbox"/> Ceiling fans
		<input type="checkbox"/> Window AC units	<input type="checkbox"/> None

9)	What is the condition of the 1 st cooling system? Describe.	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Broken	<input type="checkbox"/> N/A
10)	If present what are the locations of the window AC units?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	
	<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> K Side ____
	<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway Side ____


	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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12)	<input type="checkbox"/> Missing or poor levels of insulation throughout the home. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
13)	<input type="checkbox"/> No air sealing or insulation on rim-joists. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
14)	<input type="checkbox"/> Basement/crawlspace not intentionally heated. Describe. _____	<input type="checkbox"/> N/A
15)	<input type="checkbox"/> Missing or defective weather-stripping on exterior door(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
16)	<input type="checkbox"/> Missing or drafty window(s)/exterior door(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A

	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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4. ASBESTOS-LIKE MATERIALS *No age group more vulnerable than others.*

Potential Asbestos-Containing Materials Identified	Location	Is the material friable or in poor conditions?	
1) <input type="checkbox"/> Hot water/steam pipes insulated with asbestos material or covered with an asbestos blanket or tape.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A
2) <input type="checkbox"/> Insulation on the heating unit	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A
3) <input type="checkbox"/> Attic and wall insulation (<i>vermiculite</i>)	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A
4) <input type="checkbox"/> Roofing and siding shingles	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A
5) <input type="checkbox"/> Textured paint and patching compounds used on walls and ceilings (i.e., popcorn ceiling, ceiling tiles)	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A
6) <input type="checkbox"/> Walls/floors around wood-burning stoves protected with asbestos paper, millboard, or cement sheets	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A
7) <input type="checkbox"/> Asbestos cement (<i>Transite</i>)	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A
8) <input type="checkbox"/> Other (specify) _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A

	<ul style="list-style-type: none"> Request asbestos analysis to confirm presence/absence. Inform occupants of asbestos hazards in home. Other _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N Hazard Level (High, Medium, Low) _____
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5. BIOCIDES *No age group more vulnerable than others.*

1)	<input type="checkbox"/> Presence of biocides not properly stored in the home. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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6. CARBON MONOXIDE & FUEL COMBUSTION PRODUCTS *Most vulnerable age group: Persons aged ≥ 65 yrs.*

a. Fuel Combustion Products

- | | | | |
|----|--------------------------|---|------------------------------|
| 1) | <input type="checkbox"/> | Kitchen exhaust fan is missing, defective and/or not-vented to the outside. Describe. Indicate type (hood or wall mounted). _____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Combustion fuel stove is damaged or inefficient. <i>(Guide: If CO gas above 100 ppm).</i> Describe. _____ | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Flue(s) for combustion appliances does/do not have a positive slope. <i>(Guide: 1/4" per linear foot).</i> | <input type="checkbox"/> N/A |

b. Carbon Monoxide (CO) Alarms

- | | | | | | | | |
|----|--------------------------|--|--|---------------------------------------|--|--|------------------------------|
| 1) | <input type="checkbox"/> | What are the environmental CO concentrations (ppm) in the home? | Basement ___ppm | Kitchen ___ppm | 1 st /2 nd floors ___ppm | <input type="checkbox"/> N/A | |
| 2) | <input type="checkbox"/> | Are there unvented combustion appliances in the home? (Stove, space heater, etc.)? Indicate type and number. _____ | | | | | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Presence of working Carbon Monoxide (CO) Alarms in the home? | How Many? _____ | | | | <input type="checkbox"/> N/A |
| 4) | <input type="checkbox"/> | Indicate locations of CO detectors. <i>(Circle those units that are non-functional or need new batteries)</i> | | | | | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> LR Side ___ | <input type="checkbox"/> Bath Side ___ | <input type="checkbox"/> BR1 Side ___ | <input type="checkbox"/> BR3 Side ___ | <input type="checkbox"/> Hallway 1 st fl. | |
| | | <input type="checkbox"/> DR Side ___ | <input type="checkbox"/> BA Side ___ | <input type="checkbox"/> BR2 Side ___ | <input type="checkbox"/> BR4 Side ___ | <input type="checkbox"/> Hallway 2 nd fl. | |
| 5) | <input type="checkbox"/> | If battery operated, batteries in need of replacement. Indicate type of batteries: _____ | | | | | <input type="checkbox"/> N/A |
| 6) | <input type="checkbox"/> | Hard-wired CO Alarms. | | | | | <input type="checkbox"/> N/A |

	<ul style="list-style-type: none"> Exit premises and call 911 if CO concentration is ≥ 35 ppm. Install CO alarms. Indicate location(s). _____ <i>(Guide: Install at least one CO alarm per floor)</i> Replace batteries in CO alarms. Indicate location(s). _____ 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">_____ ppm CO</td> <td style="width:50%;"></td> </tr> <tr> <td>CO alarms _____</td> <td></td> </tr> <tr> <td>Batt replace _____</td> <td></td> </tr> </table>	_____ ppm CO		CO alarms _____		Batt replace _____		Hazard Level (High, Medium, Low) _____
_____ ppm CO									
CO alarms _____									
Batt replace _____									

7. LEAD *Most vulnerable age group: Persons aged ≤ 3 yrs.*

- | | | | |
|----|--------------------------|--|---|
| 1) | <input type="checkbox"/> | House built before 1978. | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Chipping, flaking, or peeling paint anywhere in the home. Describe house component(s) with chipping paint. Indicate locations. _____ | |
| 3) | <input type="checkbox"/> | Painted friction surfaces anywhere in the home. Describe house component(s). Indicate locations. _____ | |
| | | <input type="checkbox"/> LR Side ___ | <input type="checkbox"/> Bath Side ___ |
| | | <input type="checkbox"/> DR Side ___ | <input type="checkbox"/> BA Side ___ |
| | | <input type="checkbox"/> BR1 Side ___ | <input type="checkbox"/> BR3 Side ___ |
| | | <input type="checkbox"/> BR2 Side ___ | <input type="checkbox"/> BR4 Side ___ |
| | | <input type="checkbox"/> K Side ___ | <input type="checkbox"/> Hallway Side ___ |
| 4) | <input type="checkbox"/> | Dust accumulation on window wells. Indicate locations. | |
| | | <input type="checkbox"/> LR Side ___ | <input type="checkbox"/> Bath Side ___ |
| | | <input type="checkbox"/> DR Side ___ | <input type="checkbox"/> BA Side ___ |
| | | <input type="checkbox"/> BR1 Side ___ | <input type="checkbox"/> BR3 Side ___ |
| | | <input type="checkbox"/> BR2 Side ___ | <input type="checkbox"/> BR4 Side ___ |
| | | <input type="checkbox"/> K Side ___ | <input type="checkbox"/> Hallway Side ___ |

Action	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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8. RADON

Most vulnerable age group: Persons aged 60 ≤ x ≤ 64 yrs.

- | | | | |
|----|--------------------------|---|------------------------------|
| 1) | <input type="checkbox"/> | Dwelling is in a Radon active zone. | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Radon levels in the home are at or above 4 pCi/L. Indicate concentration: _____ pCi/L | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | <input type="checkbox"/> Ground floor is in disrepair, holed and/or cracked. | |
| | | <input type="checkbox"/> Vapor barrier on ground is missing or in disrepair. | |
| | | <input type="checkbox"/> High upper-level ventilation rates. | |

Action	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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9. UN-COMBUSTED FUEL

No age group more vulnerable than others.

- | | | | | | | |
|----|--------------------------|--|--------------------------------------|----------------------------------|--|------------------------------|
| 1) | <input type="checkbox"/> | Odor(s) from combustible fuel leaks in the home. Indicate location(s). | <input type="checkbox"/> Natural gas | <input type="checkbox"/> LPG | <input type="checkbox"/> Fuel oil | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Outside <input type="checkbox"/> Kitchen <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Other _____ | | | | |
| 2) | <input type="checkbox"/> | If LPG, what type of LPG (Liquid petroleum gas) is being used? | <input type="checkbox"/> Butane | <input type="checkbox"/> Propane | <input type="checkbox"/> Mixture of both | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Presence of combustible gas leaks in the home. Indicate location(s). _____ | | | | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Outside <input type="checkbox"/> Kitchen <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Other _____ | | | | |
| 4) | <input type="checkbox"/> | Leaky oil fuel tank. Indicate location of the leak(s). _____ | | | | <input type="checkbox"/> N/A |
| 5) | <input type="checkbox"/> | Un-used oil fuel tank. Indicate location. _____ | | | | <input type="checkbox"/> N/A |
| 6) | <input type="checkbox"/> | Defects to the gas installation (e.g. pressure regulators, meters, pipework, etc.). Describe. Indicate location(s). _____ | | | | <input type="checkbox"/> N/A |
| 7) | <input type="checkbox"/> | Defects to gas/fuel appliances. Describe. Indicate location(s). _____ | | | | <input type="checkbox"/> N/A |

Action	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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10. VOLATILE ORGANIC COMPOUNDS

No age group more vulnerable than others.

- | | | | | |
|----|--------------------------|--|--|------------------------------|
| 1) | <input type="checkbox"/> | Indicate presence of VOC emitting materials in the home. | <input type="checkbox"/> foam insulation (Urea formaldehyde) | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Cleaning products | | |
| | | <input type="checkbox"/> Paints, glues, solvents | | |
| | | <input type="checkbox"/> Other: _____ | | |
| 2) | <input type="checkbox"/> | Indicate location(s) for the storage of paints, glues and/or solvents in the home. | | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Outside <input type="checkbox"/> Kitchen <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Other _____ | | |
| 3) | <input type="checkbox"/> | Presence of strong odor(s) relating to the use of VOC emitting treatments in the home (e.g. Painting, new carpets, new furnishings, etc.). Describe. Indicate location(s). _____ | | <input type="checkbox"/> N/A |

4) Areas where VOC emitting products might be used with inadequate ventilation. Describe. Indicate locations). _____

N/A



Recommend to _____

Hazard Level
(High, Medium, Low)

11. CROWDING & SPACE

No age group more vulnerable than others.

1) Number of occupants in the home. # of occupants: _____

2) Inadequate location of bedroom(s). Describe. _____

N/A

3) Sanitary accommodation compartment(s) are not separated, or appropriately placed or sized. Explain. _____
Guide: Each bath or shower should be sited in a bathroom. Each toilet should be sited in a bathroom or separate compartment provided with a lockable door.

N/A

4) No door to a sanitary accommodation compartment. Indicate location. _____
Guide: Each toilet should be sited in a bathroom or separate compartment provided with a lockable door.

N/A

5) Lack of a separate, or appropriate located, or sized personal washing area. Describe. _____

N/A

6) Lack of a separate kitchen area of adequate size. Describe. _____

N/A



Recommend to _____

Hazard Level
(High, Medium, Low)

12. ENTRY BY INTRUDERS

No age group more vulnerable than others.

1) Window(s) with broken or defective latches, locks, etc. Describe. Indicate location(s). _____

N/A

Indicate location(s). Side A Side B Side C Side D

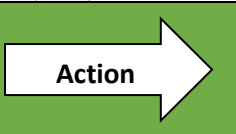
2) Exterior door(s) with broken or defective door latches, door locks, or door knobs. Describe. Indicate location(s). _____

N/A

Indicate location(s). Side A Side B Side C Side D

3) Lack of viewer(s)/peep-hole(s) to external door(s). Describe. Indicate location(s). _____

N/A



Recommend to _____

Hazard Level
(High, Medium, Low)

13. LIGHTING

No age group more vulnerable than others.

1) Poor lighting on the exterior, around the home. Describe. _____

N/A

Indicate location(s). Side A Side B Side C Side D

2) Missing or defective motion lights outside. Describe. _____

N/A

Indicate location(s). Side A Side B Side C Side D

3) Missing or broken light fixture(s). Describe. Indicate location(s): _____

N/A

LR Side Bath Side BR1 Side BR3 Side Hallway Side
 DR Side BA Side BR2 Side K Side Exterior Side

4)	<input type="checkbox"/>	Inadequate means and/or inappropriate location of artificial lighting. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A							
	<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	Hallway Side ____
	<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	K Side ____	<input type="checkbox"/>	Exterior Side ____
5)	<input type="checkbox"/>	Lack of sufficient accessible switches to control artificial light. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A							
6)	<input type="checkbox"/>	Lack of sufficient lighting on interior stairs? Indicate location(s) of stair(s): _____	<input type="checkbox"/> N/A							
7)	<input type="checkbox"/>	Lack of sufficient lighting on exterior stairs? Indicate location(s) of stair(s): _____	<input type="checkbox"/> N/A							

Action	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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14. NOISE

No age group more vulnerable than others.

1)	<input type="checkbox"/>	Disrepair of <input type="checkbox"/> window(s), <input type="checkbox"/> external and/or <input type="checkbox"/> internal doors allowing/increasing noise penetration. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A							
	<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	Hallway 1, Side ____
	<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	K Side ____	<input type="checkbox"/>	Hallway 2, Side ____
2)	<input type="checkbox"/>	Missing <input type="checkbox"/> window(s), <input type="checkbox"/> exterior door(s) and/or <input type="checkbox"/> internal door(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A							
	<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	Hallway 1, Side ____
	<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	K Side ____	<input type="checkbox"/>	Hallway 2, Side ____
3)	<input type="checkbox"/>	Noisy equipment or facilities. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A							
	<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	Hallway 1, Side ____
	<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	K Side ____	<input type="checkbox"/>	Hallway 2, Side ____

Action	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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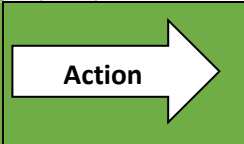
15. DOMESTIC HYGIENE, PESTS & REFUSE

No age group more vulnerable than others.

a. Domestic Hygiene

1)	<input type="checkbox"/>	Exterior wall(s) are in poor conditions (e.g. with holes, uneven, cracked, missing or damaged brickwork, etc.). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A							
2)	<input type="checkbox"/>	Ventilation exhaust outlets are not properly covered to protect against pests, moisture, etc. Describe. _____	<input type="checkbox"/> N/A							
3)	<input type="checkbox"/>	Ceilings and/or interior wall(s) are in poor conditions (e.g. with holes, uneven, cracked, etc.). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A							
	<input type="checkbox"/>	LR Side ____	<input type="checkbox"/>	Bath Side ____	<input type="checkbox"/>	BR1 Side ____	<input type="checkbox"/>	BR3 Side ____	<input type="checkbox"/>	K Side ____
	<input type="checkbox"/>	DR Side ____	<input type="checkbox"/>	BA Side ____	<input type="checkbox"/>	BR2 Side ____	<input type="checkbox"/>	BR4 Side ____	<input type="checkbox"/>	Hallway Side ____
4)	<input type="checkbox"/>	Floors are in poor conditions (e.g. deteriorated, with holes, uneven, cracked, difficult to clean, etc.). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A							

	<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> K Side ____	
	<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway Side ____	
5)	<input type="checkbox"/>	Window(s) and/or door(s) not properly installed allowing space between/around their frames and the walls. Describe. Indicate location(s). _____				<input type="checkbox"/> N/A
6)	<input type="checkbox"/>	Lack of service entry points to attic, crawlspace, plumbing valves, etc. Describe. Indicate location(s). _____				<input type="checkbox"/> N/A
7)	<input type="checkbox"/>	Design deficiencies that allow for harborage of pests. Describe. Indicate location(s). _____				<input type="checkbox"/> N/A

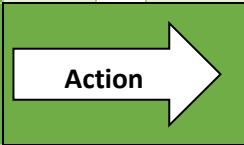


Recommend to _____

Hazard Level
 (High, Medium, Low)

b. Pests

1)	<input type="checkbox"/>	Presence of cockroaches ? Indicate level of infestation:	<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/> N/A	
2)	<input type="checkbox"/>	Describe signs of infestation observed. Indicate Location(s). _____	<input type="checkbox"/> Live roaches	<input type="checkbox"/> Frass	<input type="checkbox"/> N/A	
			<input type="checkbox"/> Body parts	<input type="checkbox"/> Other _____		
		<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway 1, Side ____
		<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> K Side ____	<input type="checkbox"/> Hallway 2, Side ____
3)	<input type="checkbox"/>	Presence of mice ? Indicate level of infestation:	<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/> N/A	
4)	<input type="checkbox"/>	Describe signs of infestation observed. Indicate location(s). _____	<input type="checkbox"/> Feces	<input type="checkbox"/> Nests	<input type="checkbox"/> N/A	
			<input type="checkbox"/> Gnawing	<input type="checkbox"/> Live/dead mice		
			<input type="checkbox"/> Rub marks	<input type="checkbox"/> Exterior Side ____		
		<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway 1, Side ____
		<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> K Side ____	<input type="checkbox"/> Hallway 2, Side ____
5)	<input type="checkbox"/>	Presence of rats ? Indicate level of infestation:	<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/> N/A	
6)	<input type="checkbox"/>	Describe signs of infestation observed. Indicate location(s). _____	<input type="checkbox"/> Feces	<input type="checkbox"/> Nests	<input type="checkbox"/> N/A	
			<input type="checkbox"/> Gnawing	<input type="checkbox"/> Live/dead mice		
			<input type="checkbox"/> Rub marks	<input type="checkbox"/> Exterior Side ____		
		<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway 1, Side ____
		<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> K Side ____	<input type="checkbox"/> Exterior, Side ____



Recommend to _____

Hazard Level
 (High, Medium, Low)

c. Clutter/Hoarding

1)	<input type="checkbox"/>	Is there hoarding in the home? Describe conditions. _____	<input type="checkbox"/> N/A			
2)	<input type="checkbox"/>	Presence of clutter in the home? Indicate location(s): _____	<input type="checkbox"/> N/A			
		<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway 1, Side ____
		<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> K Side ____	<input type="checkbox"/> Hallway 2, Side ____
3)	<input type="checkbox"/>	Clutter presents a mobility hazard within the house. Indicate location(s). _____	<input type="checkbox"/> N/A			

<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway 1, Side ____	
<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> K Side ____	<input type="checkbox"/> Hallway 2, Side ____	

4)	<input type="checkbox"/>	Presence of pests in the clutter. Describe: _____ _____	<input type="checkbox"/> N/A
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Action	<ul style="list-style-type: none"> Can the GHHI intervention proceed under these conditions? _____ Refer client to partnering NGO to address hoarding _____ Recommend clutter removal from cluttered area(s): _____ Recommend IPM for cluttered area(s): _____ Install additional CO/Smoke alarms in cluttered areas. Indicate # of units and areas. _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level <i>(High, Medium, Low)</i> _____
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d. Refuse (Garbage)

	Areas in the house	Presence of trash	Trash can present	Covered trash can
1)	Kitchen	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2)	Bathrooms	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3)	Outside	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4)	Other: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

5)	<input type="checkbox"/>	Defective internal/external refuse storage space/container(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> Outside	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bathroom #1	<input type="checkbox"/> Bathroom #2	<input type="checkbox"/> Other _____
----------------------------------	----------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

Action	<ul style="list-style-type: none"> Provide metal trash cans (2) w/ lids. How many? _____ Other _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level <i>(High, Medium, Low)</i> _____
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16. FOOD AND SAFETY No age group more vulnerable than others.

a. Cooking Facility

1)	<input type="checkbox"/>	Absence of cooking facilities, including stove. Describe. _____ _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Disrepair of cooking facilities. Describe. _____ _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/>	Absence of sufficient space for the installation of a stove and worktops. Describe. _____ _____	<input type="checkbox"/> N/A
4)	<input type="checkbox"/>	Unsanitary cooking area(s). Describe. _____ _____	<input type="checkbox"/> N/A

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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b. Food Preparation

1)	<input type="checkbox"/>	Absence of a kitchen sink, with a separate supply of cold and hot water. Describe. _____ _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Absence of adequate drain pipes for kitchen sink(s), with a separate supply of cold and hot water. Describe. _____ _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/>	Kitchen sink(s) and drain pipes in disrepair. Describe. _____ _____	<input type="checkbox"/> N/A

4)	<input type="checkbox"/>	Lack of smooth flat surfaces(worktops) making them difficult to clean and sanitize. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
5)	<input type="checkbox"/>	Lack of sufficient work-tops with adjacent power outlets. Describe. _____	<input type="checkbox"/> N/A
6)	<input type="checkbox"/>	Unsanitary preparation area(s). Describe. _____	<input type="checkbox"/> N/A

Action	Recommend to _____	Hazard Level (High, Medium, Low) _____
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c. Food Storage

1)	<input type="checkbox"/>	Lack of properly designed facilities of adequate size for food storage. Describe. _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Food storage facilities are in disrepair or affected with moisture. Explain. _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/>	Lack of appropriately space for a refrigerator and/or freezer. Describe. _____	<input type="checkbox"/> N/A
4)	<input type="checkbox"/>	Refrigerator(s) not holding at 41°F. Describe. _____	<input type="checkbox"/> N/A
5)	<input type="checkbox"/>	Freezer(s) not holding at 5°F. Indicate location(s). _____	<input type="checkbox"/> N/A
6)	<input type="checkbox"/>	Lack of sufficient power outlets in kitchen. Describe. _____	<input type="checkbox"/> N/A

Action	Recommend to _____	Hazard Level (High, Medium, Low) _____
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d. Design, Layout, State of Repair

1)	<input type="checkbox"/>	Floor is defective (e.g. uneven, porous, damp, etc.) Describe. _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Kitchen walls/ceilings are defective (e.g. uneven, porous, damp, etc.) Describe. _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/>	Poor seal between sinks, cabinets, worktops and adjacent walls. Describe. _____	<input type="checkbox"/> N/A
4)	<input type="checkbox"/>	Plumbing fixtures in food preparation areas susceptible to sewer back-ups. Describe. _____	<input type="checkbox"/> N/A
5)	<input type="checkbox"/>	Inadequate or inappropriate natural or artificial lighting to the kitchen area (e.g. food storage, preparation and/or cooking area). Describe. _____	<input type="checkbox"/> N/A
6)	<input type="checkbox"/>	Inadequate or defective means of ventilation of the kitchen area. Describe. _____	<input type="checkbox"/> N/A

Action	Recommend to _____	Hazard Level (High, Medium, Low) _____
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17. PERSONAL HYGIENE, SANITATION AND DRAINAGE*Most vulnerable age group: Persons aged ≤ 5 yrs.***a. Kitchen**

- | | | | |
|----|--------------------------|--|------------------------------|
| 1) | <input type="checkbox"/> | Lack of a sink for each household, with separate supply of cold and hot water. Describe. _____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Kitchen sink is nonfunctional or in disrepair. Describe. _____ | <input type="checkbox"/> N/A |

b. Clothes Dryer

- | | | | |
|----|--------------------------|--|------------------------------|
| 1) | <input type="checkbox"/> | Lack of or not appropriately placed in the dwelling or building. Describe. _____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Facility in disrepair. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |

Action	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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c. Bathrooms

- | | | | |
|----|--------------------------|--|------------------------------|
| 1) | <input type="checkbox"/> | Lack of personal hygiene facilities (bathrooms) in the home. Describe. _____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Personal hygiene facilities shared by more than one household. Describe. _____ | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Disrepair or defects to bathroom(s), shower(s), wash hand sink(s), toilet(s), hot/cold-water supply. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 4) | <input type="checkbox"/> | Missing or defective door to toilet room/compartment. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 5) | <input type="checkbox"/> | Inadequate lighting. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |

Action	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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d. Toilets

- | | | | |
|----|--------------------------|--|------------------------------|
| 1) | <input type="checkbox"/> | Placed in inappropriate or inconvenient locations. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Missing, broken or in disrepair (e.g. cracked, leaking, etc.). Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Without adequate water supply. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 4) | <input type="checkbox"/> | Not flushing or with defective flushing mechanism(s). Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 5) | <input type="checkbox"/> | Lack of wash hand sink(s) in bathroom, compartment or immediately adjacent room. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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e. Showers & Sinks

- | | | | |
|----|--------------------------|---|------------------------------|
| 1) | <input type="checkbox"/> | Placed in inappropriate or inconvenient locations. Describe. Indicate location(s).
_____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Missing, broken or in disrepair (e.g. cracked, leaking, etc.). Describe. Indicate location(s).
_____ | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Inadequate supply of hot and cold water (or water at a controlled temperature). Describe.
_____ | <input type="checkbox"/> N/A |

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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f. Drainage System

- | | | | |
|----|--------------------------|---|------------------------------|
| 1) | <input type="checkbox"/> | Water drainage system is defective and/or in disrepair. Describe. Indicate location(s).
_____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Bathtub sink(s) and/or toilet(s) not properly draining. Describe. Indicate location(s).
_____ | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Broken or leaky drain pipes in the home. Describe. Indicate location(s). Describe.
_____ | <input type="checkbox"/> N/A |
| 4) | <input type="checkbox"/> | Clogged drainage in toilet(s), sink(s), and or floor drain(s). Indicate location(s).
_____ | <input type="checkbox"/> N/A |
| 5) | <input type="checkbox"/> | Water backing up from toilet(s), sink(s), and or floor drain(s). Describe. Indicate location(s).
_____ | <input type="checkbox"/> N/A |
| 6) | <input type="checkbox"/> | Indications of sewage backups. Describe. Describe. Indicate location(s). _____
_____ | <input type="checkbox"/> N/A |

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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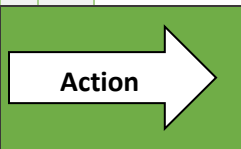
18. WATER SUPPLY FOR DOMESTIC PURPOSES

No age group more vulnerable than others.

a. Water Supply

- | | | | |
|----|--------------------------|---|------------------------------|
| 1) | <input type="checkbox"/> | Interrupted water supply to the dwelling. Explain reason: _____
_____ | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Basement <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom #1 <input type="checkbox"/> Bathroom #2 <input type="checkbox"/> Bathroom #3 | |
| 2) | <input type="checkbox"/> | Absent or intermittent water supply to fixtures within the home. Describe. Indicate location(s).
_____ | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Basement <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom #1 <input type="checkbox"/> Bathroom #2 <input type="checkbox"/> Bathroom #3 | |
| 3) | <input type="checkbox"/> | Low pressure water supply to fixtures within the home. Describe. Indicate location(s).
_____ | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Basement <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom #1 <input type="checkbox"/> Bathroom #2 <input type="checkbox"/> Bathroom #3 | |

4)	<input type="checkbox"/>	Areas of potential cross-contamination / cross-connections within the dwelling. If yes, explain. Indicate location(s): _____	<input type="checkbox"/> N/A
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	Recommend to _____	Hazard Level (High, Medium, Low)
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19. FALLS ASSOCIATED WITH BATHS, ETC.

Most vulnerable age group: Persons aged ≥ 60 yrs.

1)	<input type="checkbox"/>	Inadequate natural and/or artificial lighting in bathroom(s). Describe. _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> Bathroom, 1 st fl.	<input type="checkbox"/> Bathroom, 2 nd fl.	<input type="checkbox"/> Bathroom, 3 rd fl.	<input type="checkbox"/> Bathroom, Basement
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2)	<input type="checkbox"/>	Flooring material in bathroom is damaged or deteriorated. Describe. _____	<input type="checkbox"/> N/A
----	--------------------------	---	------------------------------

<input type="checkbox"/> Bathroom, 1 st fl.	<input type="checkbox"/> Bathroom, 2 nd fl.	<input type="checkbox"/> Bathroom, 3 rd fl.	<input type="checkbox"/> Bathroom, Basement
--	--	--	---

3)	<input type="checkbox"/>	Inadequate space immediately adjacent to and between toilet, sink, shower and/or bathtub. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
----	--------------------------	---	------------------------------

<input type="checkbox"/> Bathroom, 1 st fl.	<input type="checkbox"/> Bathroom, 2 nd fl.	<input type="checkbox"/> Bathroom, 3 rd fl.	<input type="checkbox"/> Bathroom, Basement
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4)	<input type="checkbox"/>	Unstable fitting of bathtub, shower, toilet and/or hands washing sink(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> Bathroom, 1 st fl.	<input type="checkbox"/> Bathroom, 2 nd fl.	<input type="checkbox"/> Bathroom, 3 rd fl.	<input type="checkbox"/> Bathroom, Basement
--	--	--	---

5)	<input type="checkbox"/>	Shower doors are broken, loose or in disrepair potentially causing harm (e.g. falls, injury, etc.) to occupants. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> Bathroom, 1 st fl.	<input type="checkbox"/> Bathroom, 2 nd fl.	<input type="checkbox"/> Bathroom, 3 rd fl.	<input type="checkbox"/> Bathroom, Basement
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6)	<input type="checkbox"/>	Lack of permanently affixed non-slip material(s) (e.g. non-slip mat, decals, etc.) in shower/tub. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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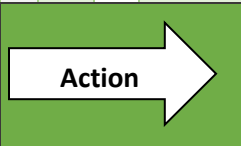
<input type="checkbox"/> Bathroom, 1 st fl.	<input type="checkbox"/> Bathroom, 2 nd fl.	<input type="checkbox"/> Bathroom, 3 rd fl.	<input type="checkbox"/> Bathroom, Basement
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7)	<input type="checkbox"/>	Lack of permanently affixed grab bar(s) in shower/tub. Describe. Indicate bathroom(s) location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> Bathroom, 1 st fl.	<input type="checkbox"/> Bathroom, 2 nd fl.	<input type="checkbox"/> Bathroom, 3 rd fl.	<input type="checkbox"/> Bathroom, Basement
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8)	<input type="checkbox"/>	Lack or inadequate source for heating in bathroom(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> Bathroom, 1 st fl.	<input type="checkbox"/> Bathroom, 2 nd fl.	<input type="checkbox"/> Bathroom, 3 rd fl.	<input type="checkbox"/> Bathroom, Basement
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	Recommend to _____	Hazard Level (High, Medium, Low)
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20. FALLS ON A LEVELED SURFACE

Most vulnerable age group: Persons aged ≥ 60 yrs.


1)	<input type="checkbox"/>	Floor not properly constructed (structural defects). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> LR Side	<input type="checkbox"/> Bath Side	<input type="checkbox"/> BR1 Side	<input type="checkbox"/> BR3 Side	<input type="checkbox"/> Hallway Side
<input type="checkbox"/> DR Side	<input type="checkbox"/> BA Side	<input type="checkbox"/> BR2 Side	<input type="checkbox"/> K Side	<input type="checkbox"/> Exterior Side

2)	<input type="checkbox"/>	Flooring material/carpet damaged or deteriorated. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> LR Side	<input type="checkbox"/> Bath Side	<input type="checkbox"/> BR1 Side	<input type="checkbox"/> BR3 Side	<input type="checkbox"/> Hallway Side
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	<input type="checkbox"/> DR Side	<input type="checkbox"/> BA Side	<input type="checkbox"/> BR2 Side	<input type="checkbox"/> K Side	<input type="checkbox"/> Exterior Side	
3)	<input type="checkbox"/> Extension cords posing a tripping hazard. Describe. Indicate location(s). _____					<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side	<input type="checkbox"/> Bath Side	<input type="checkbox"/> BR1 Side	<input type="checkbox"/> BR3 Side	<input type="checkbox"/> Hallway Side	
	<input type="checkbox"/> DR Side	<input type="checkbox"/> BA Side	<input type="checkbox"/> BR2 Side	<input type="checkbox"/> K Side	<input type="checkbox"/> Exterior Side	
4)	<input type="checkbox"/> Slippery floor(s) or poor slip resistant. Describe. Indicate location(s). _____					<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side	<input type="checkbox"/> Bath Side	<input type="checkbox"/> BR1 Side	<input type="checkbox"/> BR3 Side	<input type="checkbox"/> Hallway Side	
	<input type="checkbox"/> DR Side	<input type="checkbox"/> BA Side	<input type="checkbox"/> BR2 Side	<input type="checkbox"/> K Side	<input type="checkbox"/> Exterior Side	
5)	<input type="checkbox"/> Floor(s) with uneven surface(s) or with excessive slope. Describe. Indicate location(s). _____					<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side	<input type="checkbox"/> Bath Side	<input type="checkbox"/> BR1 Side	<input type="checkbox"/> BR3 Side	<input type="checkbox"/> Hallway Side	
	<input type="checkbox"/> DR Side	<input type="checkbox"/> BA Side	<input type="checkbox"/> BR2 Side	<input type="checkbox"/> K Side	<input type="checkbox"/> Exterior Side	
6)	<input type="checkbox"/> Poorly installed threshold(s) between different floor surfaces. Describe. Indicate location(s). _____					<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side	<input type="checkbox"/> Bath Side	<input type="checkbox"/> BR1 Side	<input type="checkbox"/> BR3 Side	<input type="checkbox"/> Hallway Side	
	<input type="checkbox"/> DR Side	<input type="checkbox"/> BA Side	<input type="checkbox"/> BR2 Side	<input type="checkbox"/> K Side	<input type="checkbox"/> Exterior Side	
7)	<input type="checkbox"/> Floor(s) with inadequate natural and/or artificial lighting. Describe. Indicate location(s). _____					<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side	<input type="checkbox"/> Bath Side	<input type="checkbox"/> BR1 Side	<input type="checkbox"/> BR3 Side	<input type="checkbox"/> Hallway Side	
	<input type="checkbox"/> DR Side	<input type="checkbox"/> BA Side	<input type="checkbox"/> BR2 Side	<input type="checkbox"/> K Side	<input type="checkbox"/> Exterior Side	


	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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21. FALLS ASSOCIATED WITH STAIRS, STEPS & RAMPS *Most vulnerable age group: Persons aged ≥ 60yrs.*

a. Stair Design

1)	<input type="checkbox"/>	Inadequate construction to any element of the stairs. Describe. Indicate location(s) below. _____	<input type="checkbox"/> Treads lengths < 10" <input type="checkbox"/> Riser heights > 7.75" <input type="checkbox"/> Nosing lengths > 1" <input type="checkbox"/> Other _____	<input type="checkbox"/> N/A
	Exterior Stairs	<input type="checkbox"/> Front	<input type="checkbox"/> Back	<input type="checkbox"/> Side _____
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors	<input type="checkbox"/> To attic	<input type="checkbox"/> To basement
2)	<input type="checkbox"/>	Staircase failure – Springy, distorted or other indications of failure of staircase structure. Describe. Indicate location(s). _____		<input type="checkbox"/> N/A
	Exterior Stairs	<input type="checkbox"/> Front	<input type="checkbox"/> Back	<input type="checkbox"/> Side _____
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors	<input type="checkbox"/> To attic	<input type="checkbox"/> To basement
3)	<input type="checkbox"/>	Inadequate floor space leading to the stairs (landing). Describe. Indicate location(s). _____		<input type="checkbox"/> N/A
	Exterior Stairs	<input type="checkbox"/> Front	<input type="checkbox"/> Back	<input type="checkbox"/> Side _____
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors	<input type="checkbox"/> To attic	<input type="checkbox"/> To basement
4)	<input type="checkbox"/>	Doors opening directly onto the stairs. Describe. Indicate location(s). _____		<input type="checkbox"/> N/A

Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	

	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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b. Surfaces on Stairs

1) Uneven surfaces on stairs. Describe. Indicate location(s). _____ N/A


Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	

2) Slippery or with poor friction quality of treads and nosing. Describe. Indicate location(s). _____ N/A

Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	

3) Runner or carpet cover is defective or in disrepair. Describe. Indicate location(s). _____ N/A

Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	

	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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c. Handrails

1) Missing handrails on stairs of more than 4 steps. Describe. Indicate location(s). _____ N/A

Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	

2) Loose handrails on stairs of more than 4 steps. Describe. Indicate location(s). _____ N/A

Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	

3) Handrails on stairs are not graspable (easy to grasp). Describe. Indicate location(s). _____ N/A


Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	

4) Existing handrails do not extend the whole length of the stairs. Describe. Indicate location(s). _____ N/A

Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	


5) Handrails are lower than 34" or taller than 38" in height. Describe. Indicate location(s). _____ N/A

Exterior Stairs	<input type="checkbox"/>	Front	<input type="checkbox"/>	Back	<input type="checkbox"/>	Side _____	
Interior Stairs	<input type="checkbox"/>	To 2 nd /3 rd floors	<input type="checkbox"/>	To attic	<input type="checkbox"/>	To basement	

	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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d. Guarding/Railing

1)	<input type="checkbox"/>	Lack of guarding (e.g. balustrade) to prevent falls off open sides of stairs. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
	Exterior Stairs	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side _____	
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors <input type="checkbox"/> To attic <input type="checkbox"/> To basement	
2)	<input type="checkbox"/>	Insecure guarding (e.g. balustrade) to staircases and/or landings. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
	Exterior Stairs	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side _____	
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors <input type="checkbox"/> To attic <input type="checkbox"/> To basement	
3)	<input type="checkbox"/>	Guarding are lower than 34" or taller than 38" in height. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
	Exterior Stairs	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side _____	
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors <input type="checkbox"/> To attic <input type="checkbox"/> To basement	
4)	<input type="checkbox"/>	Openings in stairs or guarding balustrades more than 4" apart from each other. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
	Exterior Stairs	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side _____	
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors <input type="checkbox"/> To attic <input type="checkbox"/> To basement	

	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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e. Lighting

1)	<input type="checkbox"/>	Inadequate lighting natural/artificial particularly to the top and foot of a flight. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
	Exterior Stairs	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side _____	
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors <input type="checkbox"/> To attic <input type="checkbox"/> To basement	
2)	<input type="checkbox"/>	Inadequate or inconvenient means of controlling artificial lighting at the top and/or foot of interior stairs. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
	Interior Stairs	<input type="checkbox"/> To 2 nd /3 rd floors <input type="checkbox"/> To attic <input type="checkbox"/> To basement	

	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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22. FALLS BETWEEN LEVELS

Most Vulnerable Age Group: < 5 yrs. old

a. Guarding/Railing

1)	<input type="checkbox"/>	Missing guarding/railing to balconies, roof terraces, etc. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Guarding/railing to balconies, roof terraces, etc. are loose or in disrepair. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A

- 3) Guarding/railing lower than 34" or taller than 38" in height. Describe. Indicate location(s). _____ N/A
- 4) Openings in guarding balustrades are more than 4" apart from each other. Describe. Indicate location(s). _____ N/A
- 5) Lack of guarding (e.g. balustrade) to prevent falls off open sides of stairs. Describe. Indicate location(s). _____ N/A

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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b. Windows

- 1) Window(s) missing or in disrepair (e.g. to frame, latches, hinges, sashes, etc.). Describe. Indicate location(s). _____ N/A
- 2) Window(s) too easy or too difficult to open. Describe. Indicate location(s). _____ N/A
- 3) Lack of or defective window stops, which will not allow the window to be opened more than 4" high. Describe. Indicate location(s). _____ N/A
- 4) Lack of or defective window guards, with bars or beams across them, not to be more than 4" apart. Describe. Indicate location(s). _____ N/A
- 5) Window sills are too low. Describe. Indicate location(s). _____ N/A
(Guide: Less than 24" above adjacent interior floor when window is more than 6 ft. above grade outside the window.)

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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c. Doors & Hatches

- 1) Exterior door(s) opening into structures that no longer exists. (e.g. removed stairs, remove decks or porches). Describe. Indicate location(s). _____ N/A
- 2) Pull down stairs to attic are missing or in disrepair. Describe. Indicate location(s). _____ N/A

Action	Recommend to _____ _____	Hazard Level <i>(High, Medium, Low)</i> _____
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23. ELECTRICAL HAZARDS

Most Vulnerable Age Group: < 5 yrs. old

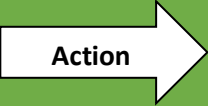
- 1) Presence of electrical power in the home. If not, explain reason: _____ N/A
- 2) Areas of the home without power. Describe. Indicate location(s): _____ N/A

<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway Side ____
<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> K Side ____	<input type="checkbox"/> Exterior Side ____

- 3) Presence of **electrical fire and/or shock** hazards. Describe and indicate location(s): _____

- Exposed wires
- Overloaded outlets
- Overloaded power-strips
- Extension cords in disrepair
- Outlets w/o cover plates


4)	<input type="checkbox"/>	Power strip do not have a UL or FM label. Indicate location(s). _____	<input type="checkbox"/> N/A
5)	<input type="checkbox"/>	Power strip(s) without toggle switch(es), breaker(s) or fuse(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
6)	<input type="checkbox"/>	Electrical installation(s) in proximity to water/damp areas. Describe. Indicate location(s): _____	<input type="checkbox"/> N/A
7)	<input type="checkbox"/>	Lack of Ground Fault Circuit Interrupters (GFCI) in bathrooms, kitchens, and other rooms or areas with water or dampness. Indicate areas requiring GFCIs. _____	<input type="checkbox"/> N/A
		<input type="checkbox"/> LR Side ___ <input type="checkbox"/> Bath Side ___ <input type="checkbox"/> BR1 Side ___ <input type="checkbox"/> BR3 Side ___ <input type="checkbox"/> Hallway Side ___ <input type="checkbox"/> DR Side ___ <input type="checkbox"/> BA Side ___ <input type="checkbox"/> BR2 Side ___ <input type="checkbox"/> K Side ___ <input type="checkbox"/> Exterior Side ___	
8)	<input type="checkbox"/>	What is the condition of the electrical service cable to the home. Describe: _____	<input type="checkbox"/> Good <input type="checkbox"/> Poor
9)	<input type="checkbox"/>	What is the condition of the electrical panel in the home. Describe: _____	<input type="checkbox"/> Good <input type="checkbox"/> Poor
10)	<input type="checkbox"/>	Indicate service size (Amperage) in the home. _____ Amp.	<input type="checkbox"/> N/A
11)	<input type="checkbox"/>	Another electrical hazard in the house? Describe and indicate location(s): _____	<input type="checkbox"/> N/A

	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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24. FIRE HAZARDS Most Vulnerable Age Group: ≥ 60 yrs.

a. Smoke Alarms

1)	<input type="checkbox"/>	Presence of working Smoke Alarms in the home. How Many? _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Indicate location of smoke alarms <i>(Circle below those units that are non-functional or need new batteries)</i>	<input type="checkbox"/> N/A
		<input type="checkbox"/> LR Side ___ <input type="checkbox"/> Bath Side ___ <input type="checkbox"/> BR1 Side ___ <input type="checkbox"/> BR3 Side ___ <input type="checkbox"/> Hallway Side ___ <input type="checkbox"/> DR Side ___ <input type="checkbox"/> BA Side ___ <input type="checkbox"/> BR2 Side ___ <input type="checkbox"/> K Side ___ <input type="checkbox"/> Exterior Side ___	
3)	<input type="checkbox"/>	If battery operated, do the batteries need to be replaced? Indicate type of battery: _____	<input type="checkbox"/> N/A
4)	<input type="checkbox"/>	Hard-wired smoke detectors throughout the home.	<input type="checkbox"/> N/A

	<ul style="list-style-type: none"> Install Smoke Alarm(s). Indicate location(s) _____ Replace batteries in CO alarms. Indicate location(s) _____ 	# _____ # _____	Hazard Level (High, Medium, Low) _____
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b. Combustibles

1)	<input type="checkbox"/>	Presence of combustible materials/substances in proximity to ignition source. Describe. _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Presence of containers filled with fuel stored inside the home. Describe. Indicate location(s) _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/>	No adequate clearance between venting flue(s) from combustion appliances and combustible material (e.g., insulation, drywall, wood, etc.). Describe. Indicate location(s) for the problem. _____	<input type="checkbox"/> N/A
4)	<input type="checkbox"/>	Venting duct for clothes dryer is clogged with lint. Indicate location of dryer. _____	<input type="checkbox"/> N/A
5)	<input type="checkbox"/>	Extension cord(s) posing a fire hazard. Describe. Indicate location(s) _____	<input type="checkbox"/> N/A

	<ul style="list-style-type: none"> Remove combustible material(s) from ignition source. Indicate location(s). _____ Create minimum clearance area between flue and combustible. <i>(Guide: Install metal flashing to seal around venting flue)</i> Remove/reroute defective, dangerous electric cords. Remove lint obstructing dryer vent duct. 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level (High, Medium, Low) _____
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c. Fuel Leaks

1)	<input type="checkbox"/>	Fuel leak from combustion-fuel stove (e.g. natural gas, liquid propane, etc.) Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Unidentified signs of natural gas leaks in the home. Describe. _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/>	Fuel leak from combustion-fuel (e.g. natural gas, liquid propane, oil, etc.) heating system. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
4)	<input type="checkbox"/>	Natural gas leak from water heater tank. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A

	<ul style="list-style-type: none"> Repair fuel leak from stove. <i>(Requires certified plumber)</i> Repair fuel leak at heating unit. <i>(Requires certified plumber)</i> Repair fuel leak at water heater. <i>(Requires certified plumber)</i> Repair gas leak. Indicate location. _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level (High, Medium, Low) _____
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d. Fire Exits

1)	<input type="checkbox"/>	Presence of acceptable fire exits in the home? <i>(Guide: At least 2 exits per room)</i>	<input type="checkbox"/> N/A				
2)	<input type="checkbox"/>	Most acceptable fire exit(s) in the home are: <table style="display: inline-table; border: none; margin-left: 10px;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;"><input type="checkbox"/> Front/back doors</td> <td style="border: 1px solid #ccc; padding: 2px;"><input type="checkbox"/> Fire ladder/stairs</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;"><input type="checkbox"/> Windows 1st Floor</td> <td style="border: 1px solid #ccc; padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Front/back doors	<input type="checkbox"/> Fire ladder/stairs	<input type="checkbox"/> Windows 1 st Floor	<input type="checkbox"/> Other _____	<input type="checkbox"/> N/A
<input type="checkbox"/> Front/back doors	<input type="checkbox"/> Fire ladder/stairs						
<input type="checkbox"/> Windows 1 st Floor	<input type="checkbox"/> Other _____						
3)	<input type="checkbox"/>	Fire exits are blocked or obstructed. Indicate location(s). _____	<input type="checkbox"/> N/A				
2)	<input type="checkbox"/>	If yes, indicate reason: <table style="display: inline-table; border: none; margin-left: 10px;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;"><input type="checkbox"/> Clutter</td> <td style="border: 1px solid #ccc; padding: 2px;"><input type="checkbox"/> Locked</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;"><input type="checkbox"/> Nailed shut</td> <td style="border: 1px solid #ccc; padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Clutter	<input type="checkbox"/> Locked	<input type="checkbox"/> Nailed shut	<input type="checkbox"/> Other _____	<input type="checkbox"/> N/A
<input type="checkbox"/> Clutter	<input type="checkbox"/> Locked						
<input type="checkbox"/> Nailed shut	<input type="checkbox"/> Other _____						
5)	<input type="checkbox"/>	Indicate which rooms do not comply with the 2 points of egress guideline.					
	<input type="checkbox"/>	LR Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	Bath Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	BR1 Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	BR3 Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	Hallway 1 st fl. Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	DR Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	BA Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	BR2 Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	BR4 Side _____	<input type="checkbox"/>				
	<input type="checkbox"/>	Hallway 2 nd fl. Side _____	<input type="checkbox"/>				

	<ul style="list-style-type: none"> Remove objects that might be blocking a fire exit in a room. Indicate location(s). _____ Other. _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level (High, Medium, Low) _____
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e. Fire Extinguishers

1)	<input type="checkbox"/>	Are there working fire extinguishers in the home?	How Many? _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Identify type & class of Fire Extinguishers in the home.		<input type="checkbox"/> N/A
	<input type="checkbox"/>	Type	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Water	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Foam	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Dry Powder	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	CO ₂	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Wet Chem.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Class	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	ABC	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	Indicate location of Fire Extinguishers <i>(Circle below those units that are non-functional or need new batteries)</i>		<input type="checkbox"/> N/A
	<input type="checkbox"/>	LR Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Bath Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	BR1 Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	BR3 Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Hallway 1 st fl. Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	DR Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	BA Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	BR2 Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	BR4 Side _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Hallway 2 nd fl. Side _____	<input type="checkbox"/>	<input type="checkbox"/>

f. Sprinklers

1)	<input type="checkbox"/>	Is there a working fire sprinkler system in the home?	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Indicate location of sprinklers <i>(Circle below those units that are non-functional or need new batteries)</i>	<input type="checkbox"/> N/A

<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway 1 st fl. Side ____
<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway 2 nd fl. Side ____

Action	<ul style="list-style-type: none"> Recommend replacing or discarding non-functional fire extinguisher(s). Indicate location(s). _____ Test/repair fire sprinkler system (need sub-contractor) Other _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
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Hazard Level
(High, Medium, Low)

25. HOT SURFACES & MATERIALS

Most Vulnerable Age Group: ≤ 5 yrs.

1) <input type="checkbox"/>	Hot Water temperature above 120° F. (Measured at different water fixtures)	<input type="checkbox"/> N/A
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2) <input type="checkbox"/>	Non-covered radiator(s) in proximity to bed(s) and sofa(s) posing a burning injury hazard. Indicate location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway 1 st fl. Side ____
<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway 2 nd fl. Side ____

3) <input type="checkbox"/>	Unprotected hot surfaces such as fixed appliances or pipework. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> Hallway 1 st fl. Side ____
<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway 2 nd fl. Side ____

Action	<ul style="list-style-type: none"> Test, adjust and retest water to ensure it is not >120° F. Install scald prevention device (mixing valve) on all shower heads and faucets. Install radiator(s) cover(s). Indicate locations: _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
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Hazard Level
(High, Medium, Low)

26. COLLISION AND ENTRAPMENT

Most Vulnerable Age Group: ≤ 5 yrs.

1) <input type="checkbox"/>	Difficulty operating doors and door catches. Describe and indicate location(s): _____	<input type="checkbox"/> N/A
-----------------------------	---	------------------------------

2) <input type="checkbox"/>	Disrepair of doors, frames and/or door hardware. Describe and indicate location(s): _____	<input type="checkbox"/> N/A
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3) <input type="checkbox"/>	Door(s) opening into out into small circulation areas, corridors, landings or staircases. Describe and indicate location(s): _____	<input type="checkbox"/> N/A
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4) <input type="checkbox"/>	Difficulty operating window(s) and window catches. Describe and indicate location(s): _____	<input type="checkbox"/> N/A
-----------------------------	---	------------------------------

5) <input type="checkbox"/>	Disrepair of window(s), frames and/or window hardware. Describe and indicate location(s): _____	<input type="checkbox"/> N/A
-----------------------------	---	------------------------------

6) <input type="checkbox"/>	Non-safety glass in a door, low window, or other vulnerable location. Describe. Indicate location(s): _____	<input type="checkbox"/> N/A
-----------------------------	---	------------------------------

7) <input type="checkbox"/>	Low headroom to door(s) (under 6 feet). Describe. Indicate location(s): _____	<input type="checkbox"/> N/A
-----------------------------	---	------------------------------


8) <input type="checkbox"/>	Low beam(s) and/or ceiling(s). (under 6 feet). Describe. Indicate location(s): _____	<input type="checkbox"/> N/A
-----------------------------	--	------------------------------

Action	Recommend to _____	Hazard Level (High, Medium, Low)

27. EXPLOSIONS

No age group more vulnerable than others.


- | | | | |
|----|--------------------------|---|------------------------------|
| 1) | <input type="checkbox"/> | Presence of explosive materials/chemicals stored in the home. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Defects to gas appliances. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Defects to gas installations. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 4) | <input type="checkbox"/> | Unauthorized gas supply. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |

	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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28. POSITION & OPERABILITY OF AMENITIES

Most Vulnerable Age Group: ≥ 60 yrs.


- | | | | |
|----|--------------------------|--|------------------------------|
| 1) | <input type="checkbox"/> | Inappropriate positioning of wash hand basin, bath, shower, bidet and/or sanitary basin. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Inadequate functional space for the use of a wash hand basin, bath, shower, bidet and/or sanitary basin. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 3) | <input type="checkbox"/> | Inappropriate positioning of a worktop and/or sink in kitchen. Describe. _____ | <input type="checkbox"/> N/A |
| 4) | <input type="checkbox"/> | Inadequate functional space for the use of cooking facilities, worktops and/or sinks. Describe. _____ | <input type="checkbox"/> N/A |
| 5) | <input type="checkbox"/> | Stiff or otherwise difficult operation of window, door, or tap handles and catches. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 6) | <input type="checkbox"/> | Electric switch/sockets – Inappropriate siting of electric switch and/or socket outlet. Describe. _____ | <input type="checkbox"/> N/A |

	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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29. STRUCTURAL COLLAPSE/FALLING ELEMENTS

No age group more vulnerable than others.

- | | | | |
|----|--------------------------|--|------------------------------|
| 1) | <input type="checkbox"/> | Presence of any structural collapse hazard(s). Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| 2) | <input type="checkbox"/> | Presence of any falling element hazard(s). Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |

	Recommend to _____ _____	Hazard Level (High, Medium, Low) _____
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30. INJURY PREVENTION

No age group more vulnerable than others.

a. Tipping Hazards


- | | | | |
|--|--------------------------|---|------------------------------|
| 1) | <input type="checkbox"/> | Entertainment center(s) > 4 ft. from floor, not secured to the wall. Describe. Indicate location(s). _____ | <input type="checkbox"/> N/A |
| <input type="checkbox"/> LR Side ____ <input type="checkbox"/> BA Side ____ <input type="checkbox"/> BR1 Side ____ <input type="checkbox"/> BR2 Side ____ <input type="checkbox"/> BR3 Side ____ | | | |

2)	<input type="checkbox"/>	Bookcase(s) not secured to the wall(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
		<input type="checkbox"/> LR Side ___ <input type="checkbox"/> BA Side ___ <input type="checkbox"/> BR1 Side ___ <input type="checkbox"/> BR2 Side ___ <input type="checkbox"/> BR3 Side ___	
3)	<input type="checkbox"/>	Wall-mounted flat screen TV(s) not secured to the wall(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
		<input type="checkbox"/> LR Side ___ <input type="checkbox"/> BA Side ___ <input type="checkbox"/> BR1 Side ___ <input type="checkbox"/> BR2 Side ___ <input type="checkbox"/> BR3 Side ___	
4)	<input type="checkbox"/>	Kitchen Stove not secured to wall or kitchen cabinets. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
		<input type="checkbox"/> LR Side ___ <input type="checkbox"/> BA Side ___ <input type="checkbox"/> BR1 Side ___ <input type="checkbox"/> BR2 Side ___ <input type="checkbox"/> BR3 Side ___	

	<input type="checkbox"/>	Secure Entertainment center(s) to wall(s). Indicate location(s). _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level (High, Medium, Low) _____
	<input type="checkbox"/>	Secure Bookcase(s) to wall(s). Indicate location(s). _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/>	Secure Flat-screen TV(s) to wall(s). Indicate location(s). _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/>	Secure Stove(s) to wall(s) or kitchen cabinet(s). Indicate location(s). _____	<input type="checkbox"/> Y <input type="checkbox"/> N	

b. Poison Storage

1)	<input type="checkbox"/>	Prescription medicines and/or over the counter medicines are <u>accessible</u> to children? Describe. _____	<input type="checkbox"/> N/A
2)	<input type="checkbox"/>	Prescription medicines and/or over the counter medicines containers observed to be without <u>childproof caps</u> . Describe. Indicate location(s) _____	<input type="checkbox"/> N/A
3)	<input type="checkbox"/>	Household products (e.g., cleaning products, pesticides, or other toxic chemicals) are <u>accessible</u> to children. Describe. _____	<input type="checkbox"/> N/A
4)	<input type="checkbox"/>	If present, chemical/medicine storage cabinet(s) in kitchen and/or bathroom are not properly secured or locked. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A

	<input type="checkbox"/>	Install <u>safety cabinet(s)</u> with locking mechanism(s). Indicate location(s). _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level (High, Medium, Low) _____
	<input type="checkbox"/>	Install <u>safety locks</u> on medicine/chemical cabinet(s) Indicate location(s). _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/>	Other. _____		

c. Other Injury Hazards

1)	<input type="checkbox"/>	Window <u>stop guard(s)</u> missing on window(s) with low sill(s) (<i>Guide: sill(s) less than 24" above adjacent interior floor when window is more than 6 ft. above gradient outside window(s)</i>). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
		<input type="checkbox"/> LR Side ___ <input type="checkbox"/> K Side ___ <input type="checkbox"/> BR1 Side ___ <input type="checkbox"/> BR3 Side ___ <input type="checkbox"/> K Side ___	
		<input type="checkbox"/> DR Side ___ <input type="checkbox"/> BA Side ___ <input type="checkbox"/> BR2 Side ___ <input type="checkbox"/> BR4 Side ___ <input type="checkbox"/> Hallway Side ___	
2)	<input type="checkbox"/>	Choking hazard(s) in the shape of unprotected <u>window blind(s)/curtain(s) cords</u> . Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
		<input type="checkbox"/> LR Side ___ <input type="checkbox"/> K Side ___ <input type="checkbox"/> BR1 Side ___ <input type="checkbox"/> BR3 Side ___ <input type="checkbox"/> K Side ___	
		<input type="checkbox"/> DR Side ___ <input type="checkbox"/> BA Side ___ <input type="checkbox"/> BR2 Side ___ <input type="checkbox"/> BR4 Side ___ <input type="checkbox"/> Hallway Side ___	

Action	<ul style="list-style-type: none"> Install window stop guard(s) on window(s) with low sill(s). Indicate location(s). _____ Remove curtain(s)/blind(s) with cords. Indicate location(s). _____ Install curtains/blinds cord protector(s) to keep cord(s) out of reach of children. Indicate location(s). _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level <i>(High, Medium, Low)</i> _____
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3)	<input type="checkbox"/>	Presence of a crib in the home. Indicate location. <i>(Guide: If infants under 1 year old)</i> _____	<input type="checkbox"/> N/A
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4)	<input type="checkbox"/>	Mattress inside crib does not fit securely. Describe. <i>(Guide: If infants under 1 year old)</i> _____	<input type="checkbox"/> N/A
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5)	<input type="checkbox"/>	The crib is not located in a safe place. Describe hazard: _____	<input type="checkbox"/> N/A
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6)	<input type="checkbox"/>	Crib is located specifically near/below a wooden window w/ lead hazards. <i>(Pre-1978 houses)</i>	<input type="checkbox"/> N/A
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7)	<input type="checkbox"/>	There are no <u>safety covers</u> for electrical outlets in the home. Indicate locations that need them.	Total # _____
		<input type="checkbox"/> LR Side __ <input type="checkbox"/> K Side ____ <input type="checkbox"/> BR1 Side ____ <input type="checkbox"/> BR3 Side ____ <input type="checkbox"/> K Side ____ <input type="checkbox"/> DR Side __ <input type="checkbox"/> BA Side ____ <input type="checkbox"/> BR2 Side ____ <input type="checkbox"/> BR4 Side ____ <input type="checkbox"/> Hallway Side ____	

8)	<input type="checkbox"/>	<u>Matches</u> and/or <u>lighters</u> accessible to children. Describe. _____	<input type="checkbox"/> N/A
----	--------------------------	---	------------------------------

Action	<ul style="list-style-type: none"> Relocate crib away from hazards. Install outlet covers. Indicate location(s). _____ Install radiator covers. Indicate location(s). _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level <i>(High, Medium, Low)</i> _____
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9)	<input type="checkbox"/>	Presence of <u>protruding nails/screws</u> on floor(s) and/or wall(s). Describe. Indicate location(s). _____	<input type="checkbox"/> N/A
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		<input type="checkbox"/> LR Side __ <input type="checkbox"/> K Side ____ <input type="checkbox"/> BR1 Side ____ <input type="checkbox"/> BR3 Side ____ <input type="checkbox"/> K Side ____ <input type="checkbox"/> DR Side __ <input type="checkbox"/> BA Side ____ <input type="checkbox"/> BR2 Side ____ <input type="checkbox"/> BR4 Side ____ <input type="checkbox"/> Hallway Side ____	
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Action	<ul style="list-style-type: none"> Remove/repair protruding nails/screws on floor(s) and/or wall(s). Indicate location(s). _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N	Hazard Level <i>(High, Medium, Low)</i> _____
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NOTES

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Building Analysis and Energy Audit

(To be conducted by a BPI Building Analyst or Energy Auditor)

1. Exterior Inspection

a. Building Characteristics

- 1) Building type: _____ # Stories: _____ Area _____ ft²
- 2) Year built: _____ # Occupants: _____ Volume: _____ ft³

b. Roof (Approximate age of the roof? _____ yrs.)

- 1) Type of roof? _____ Roof material? _____ N/A
- 2) What is the condition of the roof? Good Poor N/A
- 3) If poor, describe roof covering conditions. Indicate location(s). Missing roof sections Loose shingles Deteriorated N/A
- Side A _____ Side B _____ Side C _____ Side D _____
- 4) What is the condition of the chimney? Good Poor N/A
- 5) If poor, describe defects/hazards and their location. _____ N/A
- 6) What is the condition of the chimney flashing? Good Poor N/A
- 7) If poor, describe defects and their location. _____ N/A
- 8) Presence of any structural defects. Describe. Indicate location(s). _____ N/A

Action 

Recommend to _____

Priority Level
(High, Medium, Low)

c. Exterior Walls

- 1) Type of wall material. Brick Wood Alum. Siding Stucco N/A
 Block Board Vinyl Siding Other _____
- 2) Type of foundation. Brick Stone Cinder block Slab N/A
- 3) What is the general condition of the exterior walls? Good Poor N/A
- 4) Presence of structural cracks and/or bulges to external walls. Describe. Indicate location(s). _____ N/A
- Side A _____ Side B _____ Side C _____ Side D _____
- 5) What is the general condition of the foundation? Good Poor N/A
- 6) Presence of structural cracks and/or bulges to foundation walls? Describe. Indicate location(s). _____ N/A
- Side A _____ Side B _____ Side C _____ Side D _____

Action 

Recommend to _____

Hazard Level
(High, Medium, Low)

d. Windows

- 1) Type of windows? Single pane wood Single pane metal Glass Block N/A
 Double pane wood Double pane vinyl Other _____

2)	What is the general condition of the window?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	
3)	If poor, broken or missing describe. Indicate location(s). _____	<input type="checkbox"/> N/A			
	<input type="checkbox"/> LR Side _____	<input type="checkbox"/> Bath Side _____	<input type="checkbox"/> BR1 Side _____	<input type="checkbox"/> BR3 Side _____	<input type="checkbox"/> K Side _____
	<input type="checkbox"/> DR Side _____	<input type="checkbox"/> BA Side _____	<input type="checkbox"/> BR2 Side _____	<input type="checkbox"/> BR4 Side _____	<input type="checkbox"/> Hallway Side _____
4)	What is the general condition of the window frames?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	
5)	If poor, broken or missing describe. Indicate location(s). _____	<input type="checkbox"/> N/A			
	<input type="checkbox"/> LR Side _____	<input type="checkbox"/> Bath Side _____	<input type="checkbox"/> BR1 Side _____	<input type="checkbox"/> BR3 Side _____	<input type="checkbox"/> K Side _____
	<input type="checkbox"/> DR Side _____	<input type="checkbox"/> BA Side _____	<input type="checkbox"/> BR2 Side _____	<input type="checkbox"/> BR4 Side _____	<input type="checkbox"/> Hallway Side _____
6)	<input type="checkbox"/> Presence of condensation on windows. Describe. Indicate location(s). _____	<input type="checkbox"/> N/A			
	<input type="checkbox"/> LR Side _____	<input type="checkbox"/> Bath Side _____	<input type="checkbox"/> BR1 Side _____	<input type="checkbox"/> BR3 Side _____	<input type="checkbox"/> K Side _____
	<input type="checkbox"/> DR Side _____	<input type="checkbox"/> BA Side _____	<input type="checkbox"/> BR2 Side _____	<input type="checkbox"/> BR4 Side _____	<input type="checkbox"/> Hallway Side _____

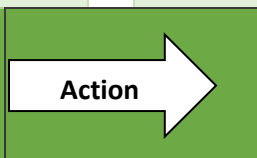


Recommend to _____

Priority Level
 (High, Medium, Low)

e. Exterior Doors

1)	What is the condition of the exterior doors?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A		
2)	Types of doors?	<input type="checkbox"/> Solid wood	<input type="checkbox"/> Hollow steel	<input type="checkbox"/> Hollow core	<input type="checkbox"/> Other _____	<input type="checkbox"/> N/A
3)	If poor or missing, describe hazards and their location. _____	<input type="checkbox"/> N/A				
	<input type="checkbox"/> Side A _____	<input type="checkbox"/> Side B _____	<input type="checkbox"/> Side C _____	<input type="checkbox"/> Side D _____		

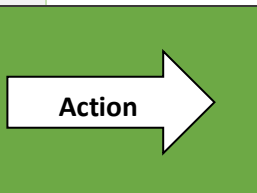


- Replace exterior door(s) on side(s) _____
- Repair door frame and/or hinges. Location(s)? _____
- Other _____

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Priority Level
 (High, Medium, Low)

	Front Door	Rear Door	Basement
4) Is weather-stripping present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Condition of weather stripping?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Poor
6) Are thresholds present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Condition of the thresholds?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Poor
8) Are door sweeps present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Condition of the door sweeps?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Poor
10) Loose door frame(s) and/or hinges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



- Install weather stripping. Location(s)? _____
- Install door sweeper. Location(s)? _____
- Install threshold. Location(s)? _____
- Other _____


<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Priority Level
 (High, Medium, Low)

f. Indoor Walls, Ceilings and Doors

1)	Type of indoor wall material.	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Plaster
		<input type="checkbox"/> Block	<input type="checkbox"/> Drywall	<input type="checkbox"/> Other _____


2)	What is the general condition of the indoor walls?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	
3)	<input type="checkbox"/> Presence of wall defects? Indicate location(s).	<input type="checkbox"/> Cracked	<input type="checkbox"/> Bulging	<input type="checkbox"/> Collapsing wall	<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> K Side ____
	<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway Side ____
4)	What is the general condition of the ceiling(s)?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	
5)	<input type="checkbox"/> Presence of ceiling defects? Indicate location(s).	<input type="checkbox"/> Cracked	<input type="checkbox"/> Bulging	<input type="checkbox"/> Other ____	<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> K Side ____
	<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway Side ____
6)	What are the conditions of the interior doors?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	
7)	If poor or missing, describe hazards and their locations: _____				<input type="checkbox"/> N/A
	<input type="checkbox"/> LR Side ____	<input type="checkbox"/> Bath Side ____	<input type="checkbox"/> BR1 Side ____	<input type="checkbox"/> BR3 Side ____	<input type="checkbox"/> K Side ____
	<input type="checkbox"/> DR Side ____	<input type="checkbox"/> BA Side ____	<input type="checkbox"/> BR2 Side ____	<input type="checkbox"/> BR4 Side ____	<input type="checkbox"/> Hallway Side ____

	Recommend to _____	Priority Level (High, Medium, Low) _____

2. Crawlspace & Basement


a. General Structure					
1)	Type of basement?	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Finished	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> N/A
		<input type="checkbox"/> Partially finished	<input type="checkbox"/> Combo (full/crawl)	<input type="checkbox"/> Combo (full/crawl)	
2)	Foundation material	<input type="checkbox"/> Block	<input type="checkbox"/> Wood	<input type="checkbox"/> Brick	<input type="checkbox"/> N/A
3)	What is the general condition of the foundation walls? Describe: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	

b. Crawlspace					
1)	Type of crawlspace?	<input type="checkbox"/> Open	<input type="checkbox"/> Enclosed	<input type="checkbox"/> N/A	
2)	Crawlspace conditions?	<input type="checkbox"/> Structural hazards	<input type="checkbox"/> Cluttered	<input type="checkbox"/> Standing water	<input type="checkbox"/> N/A
		<input type="checkbox"/> Presence of pests	<input type="checkbox"/> Fire hazards	<input type="checkbox"/> Other _____	
3)	Crawlspace heated	<input type="checkbox"/> Intentionally	<input type="checkbox"/> Unintentionally	<input type="checkbox"/> Not heated	<input type="checkbox"/> N/A
4)	Is the crawlspace vented? How? Describe: _____				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5)	Is a vapor/moisture barrier present?				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6)	If present, is the vapor/moisture barrier continuous?				<input type="checkbox"/> N/A
7)	If present, what's the condition of this moisture barrier?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	
8)	Is there an access hatch to the crawlspace?				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
9)	Does the access hatch need to be treated? Include dimensions: _____				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

	• Install new vapor barrier in crawlspace: _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
	• Install access hatch: _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
	• Treat access hatch: _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
	• Other: _____		

c. Crawlspace Insulation

- | | | | | | |
|----|---|-------------|-------------------|---|--|
| 1) | Is there insulation? | Type? _____ | Amount? _____ in. | R-value: _____ | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2) | What's the condition of the insulation? | | | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| 3) | Location of the insulation? | | | <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling | <input type="checkbox"/> N/A |
| 4) | Insulation needed? | Type? _____ | Amount? _____ in. | R-value: _____ | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |


 Action	• Air seal & insulate rim joists in crawlspace: _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
	• Add insulation to ceiling. Type? _____; _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
	• Add insulation to walls. Type? _____; _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
	• Install water pipe insulation. Ln. ft. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
	• Other: _____		

d. Basement

- | | | | | | |
|----|---|---|--|---|--|
| 1) | Basement conditions? | <input type="checkbox"/> Structural hazards | <input type="checkbox"/> Cluttered | <input type="checkbox"/> Standing water | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Presence of pests | <input type="checkbox"/> Fire hazards | <input type="checkbox"/> Other _____ | |
| 2) | Are windows present in the basement? | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3) | Type of windows? | <input type="checkbox"/> Single pane wood | <input type="checkbox"/> Double pane wood | <input type="checkbox"/> Glass block | |
| | | <input type="checkbox"/> Single pane metal | <input type="checkbox"/> Double pane vinyl | <input type="checkbox"/> Other _____ | |
| 4) | Condition of the windows? | | | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| 5) | Condition of the window frames? | | | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| 6) | If wooden, what's the condition of the paint? | | | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| 7) | Have the rim joists in the basement been air-sealed with spray foam? | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8) | Are water pipes wrapped? If not, how much insulation is needed? _____ in. ft. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

e. Basement Insulation

- | | | | | | |
|----|---|-------------|-------------------|---|--|
| 1) | Is there insulation? | Type? _____ | Amount? _____ in. | R-value: _____ | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2) | What's the condition of the insulation? | | | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| 3) | Location of the insulation? | | | <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling | <input type="checkbox"/> N/A |
| 4) | Insulation needed? | Type? _____ | Amount? _____ in. | R-value: _____ | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

 Action	• Air seal & insulate rim joists in crawlspace: _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
	• Add insulation to ceiling. Type? _____; _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
	• Add insulation to walls. Type? _____; _____ ft ²	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
	• Install water pipe insulation. Ln. ft. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
	• Other: _____		

3. Attic

a. General Structure

- | | | | | | | |
|----|---|---|---|--|---|--|
| 1) | Type of Attic? | <input type="checkbox"/> Finished | <input type="checkbox"/> Partially finished | <input type="checkbox"/> Un-finished | <input type="checkbox"/> No attic space | |
| 2) | Attic conditions? | <input type="checkbox"/> Structural hazards | <input type="checkbox"/> Clutter | <input type="checkbox"/> Standing water | | <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Presence of pests | <input type="checkbox"/> Fire hazards | <input type="checkbox"/> Other _____ | | |
| 3) | Attic Measurements | Attic Area: _____ | Collar beam: _____ | Knee walls: _____ | | <input type="checkbox"/> N/A |
| | | Attic flats: _____ | Slopes: _____ | Slopes: _____ | | |
| 4) | Is there access into the attic space? Indicate location: _____ | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5) | Type of attic access? | <input type="checkbox"/> Scuttle hole cover | <input type="checkbox"/> Pull-down stairs | <input type="checkbox"/> Knee-wall hatch | | |
| 6) | Does the access hatch need to be treated? Include dimensions of access hatch: _____ | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

Action	<ul style="list-style-type: none"> • Repair/replace access into attic. Describe: _____ • Open new access hatch: _____ ft² • Treat/insulate access hatch: _____ ft² • Remove debris/clutter from attic. • Build attic decking for storage. _____ ft² • Other: _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
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b. Electrical Hazards

1)	Is knob and tube wiring present? If yes, describe _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2)	Presence of recess-lights? How many? _____ Condition? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3)	Any exposed wiring? Describe. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4)	Are the recessed-lights covered and air sealed? Describe. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Action	<ul style="list-style-type: none"> • Request quote for Knob & Tube removal. • Request quote to address electrical hazards in attic. • Cover/air seal recessed-lights. How many? _____ • Other _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
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c. Attic Insulation

1)	Is there insulation?	Type? _____	Amount? _____ in.	R-value: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2)	What's the condition of the insulation? _____ <input type="checkbox"/> Good <input type="checkbox"/> Poor				<input type="checkbox"/> N/A
3)	Location of the insulation? <input type="checkbox"/> Floor <input type="checkbox"/> Ceiling <input type="checkbox"/> Knee-walls <input type="checkbox"/> Other _____				
4)	Insulation needed?	Type? _____	Amount? _____ in.	R-value: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Action	<ul style="list-style-type: none"> • Air-seal attic plate. • Apply cellulose insulation to floor (R-49) _____ in. • Insulate knee-walls to R-19. _____ ft² • Insulate attic slopes and collar beam. • Install water pipe insulation. Ln. ft. _____ • Other: _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
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4. Heating System

a. System Type and Fuel

1)	Primary system type:	Heating system fuel source?
	<input type="checkbox"/> Forced air furnace	<input type="checkbox"/> Gravity furnace
	<input type="checkbox"/> Boiler	<input type="checkbox"/> Natural Gas
	<input type="checkbox"/> Heat pump	<input type="checkbox"/> Electricity
	<input type="checkbox"/> Fixed Elect Resist	<input type="checkbox"/> Oil
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wood
		<input type="checkbox"/> Coal
		<input type="checkbox"/> Kerosene
		<input type="checkbox"/> Propane
		<input type="checkbox"/> Other

b. Primary System Characteristics

1)	1 st System Location: _____	6)	System age? _____
2)	Manufacturer: _____	7)	Model # _____
3)	System size: _____	8)	Last service date: _____
4)	Output (Btu/hr.): _____	9)	Input (Btu/hr.): _____

5) Efficiency: _____	10) Set point Temp: _____	
c. Conditions of Primary Heating System		
1) System located in a ___ space	<input type="checkbox"/> Heated	<input type="checkbox"/> Not heated
	<input type="checkbox"/> Unintentional heated	
2) Condition of heating system?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor	<input type="checkbox"/> Broken
	<input type="checkbox"/> None	
3) If broken, for how long has not been working? _____		
4) If broken, how is house heated? _____		
5) Condition of burners?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor	<input type="checkbox"/> Broken
	<input type="checkbox"/> None	
6) Type of thermostat?	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Programmable
7) Thermostat location? _____		
8) Is a secondary heating system present? Describe type. Indicate location. _____		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
9) 2 nd System Location: _____	14) System age? _____	<input type="checkbox"/> N/A
10) Manufacturer: _____	15) Model # _____	<input type="checkbox"/> N/A
11) System size: _____	16) Last service date: _____	<input type="checkbox"/> N/A
12) Output (Btu/hr.): _____	17) Input (Btu/hr.): _____	<input type="checkbox"/> N/A
13) Efficiency: _____	18) Set point Temp: _____	<input type="checkbox"/> N/A
Action	<ul style="list-style-type: none"> If gas leak(s), report to Utility Co. for repairs. Provide clean & tune to furnace/boiler. Repair/Replace primary furnace/boiler in home. Replace thermostat. Location? _____ Other. _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		Priority Level (High, Medium, Low) _____
d. Flues and Chimneys		
1) Is the flue properly designed? If not, indicate problem: _____		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2) <input type="checkbox"/> Improper pipe type	<input type="checkbox"/> Not 1/4" rise per ft.	<input type="checkbox"/> Not proper clearance
		<input type="checkbox"/> Not connected to chimney
3) <input type="checkbox"/> Corroded/with holes	<input type="checkbox"/> Excessive elbows	<input type="checkbox"/> Sections not connected
4) Flue Characteristics: Type: _____		Size: _____ inches
		Run: _____ feet
5) Is flue sealed at the chimney?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6) Does the chimney show signs of deterioration?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7) Does the chimney appear to be blocked?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8) Does the chimney need a cap?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Action	<ul style="list-style-type: none"> Seal flue to chimney. Replace combustion gases flue. Indicate length: _____ Install chimney cap. Replace chimney liner. Other. _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		Priority Level (High, Medium, Low) _____
e. Forced Air		
1) Does the chimney share the flue and supply ducts?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2) Does it have an air return duct?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3) Is the furnace's blower clean?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

- 4) Does the fan make noises? Y N N/A
- 5) Condition of the air filter? Missing Clean Dirty Needs replacement
- 6) Current air filter rating: _____ MERV Filter size: _____ Y N N/A
- 7) Location of air filter? Between return and furnace Before air return duct.
- 8) Is filter easily accessible? Y N N/A
- 9) Does the filter need a cover? Y N N/A

Action	Recommend to _____ _____	Priority Level (High, Medium, Low) _____
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g. Boiler

- 1) Does it have a pressure relief valve? Y N N/A
- 2) Is the pressure relief in good condition? Y N N/A
- 3) Does the unit make noises upon startup? Y N N/A

Action	Recommend to _____ _____	Priority Level (High, Medium, Low) _____
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h. Space Heaters

- 1) Is a space heater(s) present? How many? _____ Wattage? _____ Y N N/A
- 2) If yes, what type of space heater? Natural gas Electric Other _____
- 3) If natural gas, are the space heaters vented to the outside? Y N N/A
- 4) Indicate locations for space heaters: _____

Action	Recommend to _____ _____	Priority Level (High, Medium, Low) _____
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5. Distribution System

- 1) What is the type of distribution system? Radiator hot water Radiator steam
 Circulator Forced air vents
 Gravity system Other: _____
- 2) Condition of the distribution system Good Poor
- 3) If poor, describe defects. _____
- 4) Are there any ducts/pipes inside unconditioned spaces? Y N N/A
- 5) If yes, do they need to be insulated? How many feet? _____ Y N N/A
- 6) Are air ducts properly sealed with mastic? Y N N/A
- 7) Are air ducts insulated? Condition of insulation? Good Poor R-value: _____ Y N N/A
- 8) Insulation needed? Type? _____ Amount? _____ in. R-value: _____ Y N N/A

Action	<ul style="list-style-type: none"> Clean distribution ducts Apply mastic to air ducts. Ln. ft. _____ Insulate air ducts to R-8. Ln. ft. _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
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• Other: _____ Y N N/A

- 9) If boiler, does visible steam/water escape from the piping? If yes, indicate location. _____ Y N N/A
- 10) If boiler, are the steam distribution pipes insulated? How many feet? _____ Y N N/A
- 11) If boiler, are pipes wrapped? Y N N/A
- 12) If boiler, do radiators heat completely? Y N N/A
- 13) If not, indicate locations of problem radiators (by room) Y N N/A
 - LR Side _____ Bath Side _____ BR1 Side _____ BR3 Side _____ K Side _____
 - DR Side _____ BA Side _____ BR2 Side _____ BR4 Side _____ Hallway Side _____
- 14) If boiler, is asbestos present in the system? Y N N/A
- 15) If yes, where? In the distribution In the unit
- 16) What is the condition of the asbestos? Poor/disturbed Intact/good shape

	<ul style="list-style-type: none"> Repair radiators. Test for presence of asbestos. Repair leaky distribution pipes. Location? _____ Other _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

6. Cooling System

- 1) Type of cooling system? Central air Window units None
- a. Central Air Conditioner**
- 1) Model #: _____ Efficiency: _____
- 2) System age? _____ years Output: _____ Set point: _____
- 3) Is the refrigerant line insulated? Y N N/A
- b. Window AC Units**
- 1) If window units are used, indicate locations:
 - LR Side _____ Bath Side _____ BR1 Side _____ BR3 Side _____ K Side _____
 - DR Side _____ BA Side _____ BR2 Side _____ BR4 Side _____ Hallway Side _____
- 2) Are window units angled down to drain out condensation? Y N N/A
- 3) Are window units treated (insulated)? Y N N/A
- 4) How many window units need to be treated (insulated)? _____

	<ul style="list-style-type: none"> Provide service to central air Install programmable thermostat Insulate window units: # _____ Insulate refrigerant line: _____ in. ft. 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

7. Domestic Water Heater

- 1) Location of the water heater: _____
- 2) Condition of water heater Good Poor
- 3) If poor, describe defects: _____
- 4) Type of fuel: Natural Gas Electric
- 5) Make: _____ BTU/kW Input: _____ Age of Water _____

6)	Model: _____	Hot water heater size: _____ gallons	Heater? ____
7)	Serial # _____	Type of System: _____	
8)	Measured hot water temp. _____ °F	New temp. setting: _____ °F	
9)	Any gas leaks? If yes, indicate location: _____		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10)	Any water leaks? If yes, indicate location: _____		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
11)	Is the flue properly designed or connected to the chimney? If not describe problem: _____		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
12)	<input type="checkbox"/> Improper pipe type	<input type="checkbox"/> Not ¼" rise per ft.	<input type="checkbox"/> Not proper clearance
13)	<input type="checkbox"/> Corroded/with holes	<input type="checkbox"/> Excessive elbows	<input type="checkbox"/> Sections not connected
14)	Flue Characteristics: Type: _____	Size: _____ inches	Run: _____ feet
15)	Is there evidence of flame roll out?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
16)	Is a drop tube present?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
17)	Is a pressure relief valve present?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
18)	What is the condition of the pressure relief valve?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
19)	What is the material of the water pipes?	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Copper <input type="checkbox"/> PVC
20)	Is an insulation blanket present?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
21)	Is pipe insulation present?	<input type="checkbox"/> For hot water line?	<input type="checkbox"/> For cold water line?

Action	<ul style="list-style-type: none"> • Replace water heater tank (_____ gallons) • Repair flue. • Install insulation blanket. • Install a drop tube. • Install a pressure relief valve. • Install pipe insulation, length: _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Priority Level (High, Medium, Low) _____
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8. Water Conservation

1)	Does bathroom need low flow <u>toilet</u> ? Which bathroom? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2)	Does bathroom need low flow <u>shower heads</u> ? Which bathroom? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3)	Does bathroom need low flow <u>aerators</u> ? Which bathroom? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4)	Does the kitchen sink need a <u>low flow aerator</u> ? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Action	Recommend to _____ _____	Priority Level (High, Medium, Low) _____
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9. Appliances

a. Stove			
1)	Location(s)? _____	Make of the stove? _____	
2)	Type of the stove?	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric
3)	Condition of the stove?	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
4)	Type of fuel?	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane <input type="checkbox"/> Electric
5)	Model number? _____	Serial Number? _____	
6)	Is the stove vented to outside?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7)	Type of exhaust fan?	<input type="checkbox"/> Range hood	<input type="checkbox"/> Wall mounted



- Replace damaged stove. Indicate dimensions: _____
- Provide Clean & Tune to stove.
- Install range hood vented to the outside.
- Install wall-mounted exhaust fan in kitchen wall _____
- Other. _____

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Priority Level
(High, Medium, Low)

b. Refrigerator

1) Location(s)? _____	Make of refrigerator? _____	
2) Type of fridge? <input type="checkbox"/> Side by Side <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer		
3) Energy Star appliance?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4) Condition of the refrigerator?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
5) Condition of gaskets in refrigerator's door?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
6) Model number? _____	Serial Number? _____	
7) Temperatures: Fridge: _____ °F Freezer: _____ °F		
8) Dimensions of 1 st refrigerator Cubic ft. _____ Height (in) _____ Width (in) _____ Depth (in) _____		
9) 2ry refrigerator(s)? How many? # _____	Indicate location(s): _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10) 2ry freezer(s)? How many? # _____	Indicate location(s): _____	



- Replace broken refrigerator. Indicate dimensions: _____
- Replace gaskets on refrigerator door.
- Other. _____

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Priority Level
(High, Medium, Low)

c. Washing Machine

1) Location(s)? _____	Make of the Washing Machine? _____	
2) Type of washing machine? <input type="checkbox"/> Front loader <input type="checkbox"/> Top loader		
3) Energy Star appliance?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4) Condition of the washing machine?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
5) Model number? _____	Serial Number? _____	



Recommend to _____

Priority Level
(High, Medium, Low)

d. Clothes Dryer

1) Location(s)? _____	Make of the Washing Machine? _____	
2) Energy Star appliance?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3) Type of Clothes Dryer? <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric		
4) Condition of the washing machine?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
5) Model number? _____	Serial Number? _____	
6) Is the dryer vented to the outside?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7) Type of duct work? _____	Length/run of the duct work? _____	



- Vent dryer to the outside.
- Replace venting duct with 4" dia. smooth metal duct-work.
- If duct-work is too long, does it need a buster?
- Repair gas leak at clothes dryer.
- Replace damaged clothes dryer. Dimensions: _____
- Other. _____

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Priority Level
(High, Medium, Low)

10. Combustible Systems Diagnostics

a. CAZ Worst Case Test

		Baseline Pa (Pascals)	All exhaust fans on	CAZ Worst Case
1)	Pre-Wx			
2)	Post-Wx			

b. Spillage, Draft and Carbon Monoxide Testing Results

		Spillage (Enter PASS or FAIL below)				Draft Test				Carbon Monoxide Stand Alone Test (Units in PPM)
		Stand Alone Test		Combined Test		Stand Alone Test		Combined Test		
1)	Pre-Wx	Worst Case	Normal	Worst Case	Normal	Worst Case	Normal	Worst Case	Normal	
	Water Heater	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass					___ ppm <input type="checkbox"/> Pass
	Heating	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass					___ ppm <input type="checkbox"/> Pass
2)	Post-Wx	Worst Case	Normal	Worst Case	Normal	Worst Case	Normal	Worst Case	Normal	
	Water Heater	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass					___ ppm <input type="checkbox"/> Pass
	Heating	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass					___ ppm <input type="checkbox"/> Pass

c. Spillage, Draft and Carbon Monoxide Testing Results

1)	Pre-Wx	Stack Temp.	CO ₂ %	% Effic.	Ex. Air %	O ₂ %	CO ppm Flue Gases	CO (AF) Flue Gases	Ambient Temp.	CO ppm Living Area	Draft
	Water Heater										
	Heating										
2)	Post-Wx	Stack Temp.	CO ₂ %	% Effic.	Ex. Air %	O ₂ %	CO ppm Flue Gases	CO (AF) Flue Gases	Ambient Temp.	CO ppm Living Area	Draft
	Water Heater										
	Heating										

11. Gas Stove Burner/Oven Assessment

		Oven (pre- air dilution)	Burner #1	Burner #2	Burner #3	Burner #4
1)	Pre-Wx (CO ppm)					
2)	Post-Wx (CO ppm)					

12. Air Infiltration Reduction

a. Duct Diagnostics (Pressure Pan Readings)

Room	Pre - Wx	Post - Wx	Comments

b. Duct Diagnostics (Duct Blaster Readings)

Room	Pre - Wx	Post - Wx	Comments

c. Blower Door / Pre-Test

1)	Pre-Test		_____ CFM ₅₀
2)	Ring Used _____	Tester: _____	Date: _____
3)	Pre-Test		_____ CFM ₅₀
4)	Reduction target:		_____ CFM ₅₀
5)	Difference:		_____ CFM ₅₀

d. Calculations to determine BAS (*Building Airflow Standard = amount of ventilation the house should have*)

1)	House volume		_____ ft. ³
2)	Calculate Building Airflow = (0.35) (house volume)/60 =		_____
3)	Calculate People Airflow = (# bedrooms + 1) (15) =		_____
4)	Between b & c, which is larger? (This is the BAS)		_____
5)	Multiply BAS x 0.7 =		_____
6)	Enter the blower door reading from section above		_____ CFM ₅₀
7)	Divide by N (N = _____)		_____
8)	Is mechanical Ventilation recommended / required per BAS scale?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

e. Calculate air changes per hour

1)	Blower door reading =		_____ CFM ₅₀
2)	House volume =		_____ ft ³
3)	ACH ₅₀ = (CFM ₅₀) (60)/ (house volume) =		_____ ACH ₅₀
4)	ACH _{NAT} = (ACH ₅₀)/N =		_____ ACH _{NAT}

f. Blower Door / Post-Test

1)	Pre-Test		_____ CFM ₅₀
2)	Ring Used _____		Tester: _____

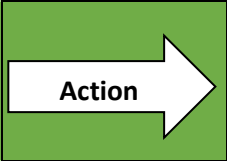
13. Lighting Assessment

	Room	# Light bulbs present	Type of fixture(s)	Wattage
1)	Kitchen			
2)	Living Room			
3)	Dining Room			
4)	Bedroom 1			
5)	Bedroom 2			

6)	Bedroom 3			
7)	Hall 1			
8)	Hall 2			
9)	Main bathroom			
10)	Bathroom 2			
11)	Bathroom 3			
12)	Basement			
13)	Crawlspace			
14)	Porch/exterior			
15)	Other _____			

Replace light bulbs (# _____) with CFL bulbs

Fixture code: wm – wall mount, oh – overhead, tb – table, f - floor, deco – decorative, n/a - other



Recommend to _____

Priority Level
 (High, Medium, Low)

NOTES

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GHHI ENVIRONMENTAL ASSESSOR'S ACKNOWLEDGEMENT

Signature _____ **Date** _____

**I am the GHHI Environmental Assessor at this home and I confirm that Environmental Health & Safety Assessment was conducted in this home.*