OFFICE OF ENVIRONMENTAL HEALTH ASTHMA INSPECTION & DATA MONITORING SHEETS

_____ _____ _____
Inspector (first, last) Date: Time:

SITE INFORMATION

_____ - _____ _____ _____, _____ _____ - ____ _____
St #1 - St#2 Street St. Ext. District Zip Code Apt. #

_____ Does the owner live at this address? (circle): 1. Yes 2. No
Floor # Are you the owner? (Circle): 1. Yes 2. No

____ ____ _____ 1. wood 2. brick 3, concrete 4. metal _____
# of Living units # of business units # of Floor Building Construction Material (circle) Bldg. Age

BUILDING SYSTEMS INFORMATION

Heating System Type (circle): 0. Unknown 1. hot water 2. forced hot air 3. nonmechanical hot air 4. steam 5. cooking stove 6. space heater 7. wood or coal stove 8. apt. only univent

Heating System Age:_____

Heat Type (circle): 0. Unknown 1. electric 2. remote steam/hot water loop 3. gas 4. oil/kerosene 5. coal or wood burning 6. No heat source

Hot Water System (circle): 0. unknown 1. electric 2. off building heating system 3. gas 4. Oil

Boiler insulation is?(circle): 0. unknown 1. none 2. rubber 3. fiberglass 4. Asbestos 5.N/A

Pipe insulation is? (circle): 0. unknown 1. none 2. rubber 3. fiberglass 4. Asbestos 5.N/A

Insulation condition (circle): 0. unknown 1. intact 2. damaged covering 3. structurally damaged 4. N/A

Condition of heating system pipes? (circle): 0. unknown 1. dry 2. Moist 3. Dripping 4. N/A

Condition of heating system ducts? (circle): 0. unknown 1. dry 2. Moist 3. Dripping 4. N/A

Unit walls insulated with? (circle): 0. unknown 1. fiberglass 2. cellulose 3. Urea Formaldehyde 4. None

Clothes Dryer (circle): 1. Electric 2. Gas Vented outdoors? 1. Yes 2.No

Cooking Stove Type (circle): 1. Electric 2. Gas (Pilot or Electric ignition?)

Hood over stove? (circle): 1. Yes 2.No Exhausted Outdoors? 1. Yes 2.No

Comments:_____
_____
_____
_____
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