DRAFT
HUD Healthy Homes
Complementary Inspection Form

Site: _____
Date: _____

Category	**(circle)**	**Notes**
Environmental Tobacco Smoke	Evidence No evidence	
Pets	Evidence No Evidence	
Mice Evidence **Rats** Evidence **Roaches** Evidence	No Evidence No Evidence No Evidence	
Ceiling fans	Yes / No	
AC filter	Yes / No / NA	
Window guards	Yes / No	NA (No child < age 10) NA (1st floor apt)
Smoke Detectors	Yes / No	
Radiator covers	Yes / No	NA (no radiators) / NA (No child < age 10)
Clothes Dryer **If yes, vented outdoors?** **Type**	Yes / No Yes / No Gas Electric	
Cooking stove	Gas Electric	

Safety Issues: _____
_____
_____
_____
_____
_____
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