

HUD Healthy Homes Program Guidance Manual

Housing-Related Health and Safety Hazard Assessment

Table 4.1 Priority List of Better Homes for Asthma (adapted from Seattle/King County Health Department)¹⁸

High priority items are indicated with an [A] and lower-priority items with [B] or [C].

Description
Vent clothes dryer to exterior using rigid metal ducting, not flexible plastic. [A]
Repair plumbing leaks [A]
Correct mold problems [A]
Clean evaporator pan under refrigerator [A]
Install range hoods that vent to exterior [A for gas; B for electric]
Repair dry floor drain traps if sewer gases detected [A]
Assure that at least one window in each room can open [A]
Remove basement, bath and kitchen wall to wall carpet [A]
Install smoke and carbon monoxide alarms [A]
Repair deteriorated bath and tub caulk [B or C]
Install pleated filter in forced-air heating system. [A]
In the crawl space, seal /cover soil with poly. [A]
Seal crawl space from house air. [A]
Assure adequate runoff from downspout away from house. [A: wet walls; B: other]
Caulk windows. [A]
Caulk wood siding vertical seams. [A]
Caulk door seams. [A]
Repair roof and chimney flashing if damaged or evidence of interior leaking is observed. [A]
Check furnace chimney draft and, if inadequate, check cleanout opening. [A]
Redirect flow from gutters to functioning downspout. [B]
Check return and supply ducts (only if in garage, crawl space, or attic) for leaks. [B]
Remove debris from the crawlspace, make rodent-proof. [B]
Wood-earth contact—assure 6 inch minimum gap. [C]
Repair or replace leaky chimney flue. [A]
Seal basement concrete if moisture probe indicates high moisture content. [C]

Heathy Homes: Assessment and Interventions
Exercise 8: Prioritizing Hazards

A. For each room you assessed, try to list at least three hazards you identified.

Kitchen

1. _____
2. _____
3. _____
4. _____
5. _____

Living area (if more than one, please specify)

1. _____
2. _____
3. _____
4. _____
5. _____

Sleeping area (if more than one, please specify)

1. _____
2. _____
3. _____
4. _____
5. _____

Bathroom (if more than one, please specify)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Basement

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Exterior

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Part C:

Top five for Entire House?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Sample Specifications – Bathroom

FAN/LIGHT FIXTURE-ENERGY STAR

\$450/EA

Install an ENERGY STAR Qualified and Home Ventilation Institute Certified ceiling mounted Fan/Light fixture, rated at a min. 80 CFM operating at 1 Sone or less, with an integral damper, and vented to the exterior. Switch fan & light using a single switch with a time delay for the fan such as the AirCycler Smart Exhaust Bathroom Fan Light Timer Switch # 11129s (color to coordinate with existing)

<https://www.aircyclers.com/pages/smartexhaust> or equip the fan with a switch controlled by a humidistat sensor. Install galvanized metal duct or aluminum duct of the same diameter as the fan outlet and vent to the exterior ideally through a wall or gable end using a metal hooded vent of like diameter and with damper. All duct seams shall be sealed with duct mastic. Insulate the ductwork with vinyl or foil faced R 8 minimum duct insulation. Repair any damage to the ceiling installation and air seal fan/light assembly to the ceiling with low VOC caulk.

GFCI RECEPTACLE

\$145/EA

Install a new ivory GFCI receptacle and required distribution with an appropriate box. Receptacle and cover plate to match existing. GFCI shall be tamper-resistant and conforming with UL 943 standard including the required self-test (auto-monitoring) function. Patch any tear out.

BATHTUB/SHOWER-5' FIBERGLASS-COMplete-W/ GRAB BARS

\$2,250/EA

Install a 5', 4 piece, Sterling Accord®, fiberglass tub and shower unit 60" x 30" x 72"
Product #: 71240125 (right hand drain) or 71240115 (left hand drain)

(www.sterlingplumbing.com). Include a seat and ADA compliant grab bars; lever operated pop up drain and overflow; PVC waste; single lever shower diverter; shower rod; Delta Monitor Model 1343 tub/shower faucet (www.deltafaucet.com) and a shower head with a maximum 2.0 GPM flow rate. Install faucet controls toward the outside of the tub for easier access. Exterior wall sections behind the tub shower unit and any plumbing penetrations must be completely air-sealed prior to installation. Per Sterling installation instructions set basin area in 1" to 2" bed of mortar.

COMMODE--REPLACE--1.28 GPF

\$375/EA

Install a maximum 1.28 GPF white WaterSense® Certified, vitreous china commode with a minimum bowl height of 16.5 inches, tested through the latest edition of the "Maximum Performance" (MaP) testing project (<http://www.map-testing.com>) that has shown to score 800 or better on the MaP Flush Performance test, such as the American Standard FloWise Compact Cadet 3 EL 2568.128. Include a manufacturer's approved plastic or pressed wood white seat, supply pipe, shut-off valve, and wax seal.

Community Action for Healthy Housing

There are a lot of things that a resident can do to make their home healthy. They can wipe down shower stalls, get rid of clutter, keep food in sealed containers, use exhaust fans, make sure that smoke alarms work, and have their children tested for lead poisoning.

But what if a landlord refuses to fix a leak or clean up mold? What if a homeowner can't afford to seal up a crack or repair a window themselves? Here are some tools for action that may help with these problems.

If the resident is a renter, the first thing they should do is **check their lease!** Usually, their lease will say that the landlord has to keep the property in good condition.



Not sure what good condition means? **Contact** your local department of housing, a building code official, or your local health department to **find out how a landlord in your community is required to maintain their property.**



If the resident lives in Section 8 or other public housing, HUD requires that the property meet certain standards called the Housing Quality Standards.



Contact your landlord and/or local public housing authority to **find out the requirements the landlord must follow to maintain a property for Section 8 or other public housing residents.**



If you are working with a homeowner who needs money for repairs, you may be able to get the money (as a grant or loan) from a weatherization or minor repair program.



Many weatherization or minor repair programs are run by a local **Community Action Agency**. Look in the phone book for one in your community. If you can't find one, **contact** your local Department of Housing. If your community has a local **healthy homes program** or **lead hazard control program**, they might be able to help also.

[ADD ADDITIONAL LOCAL RESOURCES
HERE]

[ADD ADDITIONAL LOCAL
RESOURCES HERE]

Module 3 – Action Plans
Exercise 10: Create an Action Plan

A. Your trainer will either assign your group a hazard from the list of top five hazards identified in “Exercise 8: Prioritizing Hazards.” For your hazard:

- **Write 3 - 5 basic action steps that can be taken to remedy the hazard.**
- **For each, apply the HEED rule. Indicate if you think the Health impact, the Effectiveness/efficiency, the Expense, and the Difficulty of implementing each step is high (10), low (1), or somewhere in between.**
- **Also, for each try to identify who might be responsible for the step, both in terms of doing the work and paying for it. Include all potential resources, including your agency, the family, the landlord, community organizations, etc. What resources are available? Will professionals be needed?**

1. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

2. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

3. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

4. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

5. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

B. Next, identify two key messages you believe should be conveyed to the resident regarding this issue. Think carefully about how you might word the message, taking into consideration any information you have about the resident and his/her circumstances.

1. _____

2. _____

Pediatric Environmental Home Assessment Form

NURSING CARE PLAN

After completing the assessment, use this as a guide for patient education and recommending corrective action.

General Housing Characteristics		
CONCERN	NURSE TO DO	FAMILY TO DO
Age of home	<ul style="list-style-type: none"> <input type="checkbox"/> If built before 1978, educate as follows: <ul style="list-style-type: none"> o Home is likely to have lead paint. o Lead hazards can be harmful to young children's health and development. o If family has a child less than six years old then it is important to test for lead hazards. <input type="checkbox"/> Get more information about lead testing at www.epa.gov/lead/ and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> If your child is less than six years old, contact the childhood lead poisoning prevention program (CLPPP) at your state and local departments of health. <input type="checkbox"/> Consider getting a lead paint inspection or risk assessment to determine whether there are lead hazards in your home. <input type="checkbox"/> If there are hazards, repair them based on state and local regulations and requirements. Consult with state CLPPP.
Heating source - Other: Kerosene heaters, space heaters, fireplaces, wood stoves	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel family about the dangers of such heating sources in terms of fire safety and indoor air quality. <input type="checkbox"/> Get more information about indoor air quality and combustion sources in the home at http://www.epa.gov/iaq/combust.html and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Make sure kerosene heaters are vented to the outdoors or not used. <input type="checkbox"/> Make sure space heaters are at least 3 feet from anything flammable. <input type="checkbox"/> When necessary, use only 12 or 14 gauge extension cords (the lower the better). <input type="checkbox"/> Ensure that there is a good seal on fireplace screen or woodstove doors.
Filters	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel family to do proper filter maintenance. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Change filters quarterly. <input type="checkbox"/> Use filters which are rated MERV 10.
Indoor Pollutants		
CONCERN	NURSE TO DO	FAMILY TO DO
Vaporizers/Humidifiers	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel the family about the importance of proper vaporizer/humidifier maintenance and impact of mold growth on patient health. <input type="checkbox"/> Get more information about humidifier maintenance at http://www.epa.gov/iaq/pubs/humidif.html and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Change the water daily with clean cold water. <input type="checkbox"/> Use distilled or demineralized water. <input type="checkbox"/> Clean humidifier every 3 days. Follow manufacturer's instructions. <input type="checkbox"/> Change filter regularly. Follow manufacturer's instructions. Change more often if dirty. <input type="checkbox"/> Keep surrounding area dry. <input type="checkbox"/> Drain and clean humidifier before storing. <input type="checkbox"/> Only run humidifier a few hours a day to avoid mold growth.
Mold/Musty odor	<ul style="list-style-type: none"> <input type="checkbox"/> Educate family about the importance of keeping things dry and the impact of mold on family health. <input type="checkbox"/> Get more information at http://www.epa.gov/mold/moldguide.html and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Any mold or musty odor must be investigated for a source of water. Examine plumbing, roofing, or other possible leaks. <input type="checkbox"/> If homeowner, then make necessary repairs. <input type="checkbox"/> If renter, then talk with your landlord about needed repairs. Consider calling the local board of health for possible code violations.

Indoor Pollutants (continued)		
CONCERN	NURSE TO DO	FAMILY TO DO
Pets	<input type="checkbox"/> If patient is allergic to pets, educate as follows: <ul style="list-style-type: none"> ○ Pets should not be allowed in bedrooms. ○ If possible, pets should be given away. ○ If pets cannot be given away, wash and groom pet to reduce allergens. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> If symptomatic, get allergen testing to determine if you are allergic to pets.
Infestations (mice, rats, cockroaches)	<input type="checkbox"/> Educate family about pest management and behavior change. <input type="checkbox"/> Get more information and order print materials at www.epa.gov/pesticides/catalogue and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Eliminate water and food sources. Seal garbage and all foodstuffs. Look for water leaks. <input type="checkbox"/> Call local board of health for inspection <input type="checkbox"/> AVOID "bombs" of pesticides. <input type="checkbox"/> Hire, or talk to your landlord about hiring, an exterminator for "Integrated Pest Management" which does NOT include spraying pesticides.
Lead paint hazards	<input type="checkbox"/> See "Age of Home" above. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> See "Age of Home" above.
Radon	<input type="checkbox"/> Educate family about impact of radon on health. <input type="checkbox"/> Get more information about radon and radon testing at www.epa.gov/radon/ and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Consider purchasing a radon home test kit. <input type="checkbox"/> Consult with your state and local departments of health about radon.
Asbestos	<input type="checkbox"/> Educate family about impact of asbestos on health. <input type="checkbox"/> Get more information about asbestos testing at www.epa.gov/asbestos/ and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Do not disturb any surfaces which might contain asbestos. <input type="checkbox"/> Consult with your state and local departments of health about asbestos.
Smoke alarm/CO alarm	<input type="checkbox"/> If no smoke alarms, educate about risks and local laws regarding the presence of smoke alarms. <input type="checkbox"/> Counsel family to : <ul style="list-style-type: none"> ○ Install smoke alarms in home on every level and in every sleeping area. ○ Test them once a month. ○ Replace the batteries at least twice a year. ○ Replace alarms every 10 years. <input type="checkbox"/> If combustion appliances but no CO alarms, educate about risks and local laws regarding the presence of CO alarms. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> If no smoke alarms, then: <ul style="list-style-type: none"> ○ Purchase smoke alarms. Ensure that there is an operational smoke alarm on every floor of the home and in every sleeping area. ○ Call local board of health for local smoke alarm requirements. Some states have laws regarding presence of smoke alarms. <input type="checkbox"/> If combustion appliances but no CO alarms, then: <ul style="list-style-type: none"> ○ Make sure to purchase CO alarms which log peak levels. Ensure that there is an operational CO alarm on every floor of the home. ○ Call local board of health for local CO alarm requirements. Some states now have laws regarding presence of CO alarms.
Tobacco Smoke Exposure	<input type="checkbox"/> Educate about risks of environmental tobacco smoke (ETS) to children. <input type="checkbox"/> Get more information about ETS at http://www.epa.gov/smokefree/index.html and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Choose not to smoke in your home and car and do not allow family and visitors to do so. Infants and toddlers are especially vulnerable to the health risks from secondhand smoke. <input type="checkbox"/> Do not allow childcare providers or others who work in your home to smoke. <input type="checkbox"/> Until you can quit, choose to smoke outside. Moving to another room or opening a window is not enough to protect your children. <input type="checkbox"/> Get help to stop smoking. Refer to EPA Smokefree Home pledge website www.epa.gov/smokefree and contact local smoking cessation services.

Home Environment		
CONCERN	NURSE TO DO	FAMILY TO DO
Other Irritants (scents, potpourri)	<input type="checkbox"/> If air fresheners present, educate as follows: <ul style="list-style-type: none"> ○ Many air fresheners have volatile organic compounds (VOC) which trigger asthma. Avoid these products whenever possible. <input type="checkbox"/> Get more information about VOCs at http://www.epa.gov/iaq/voc.html and provide to family. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Remove air fresheners from home.
Cleaning	<input type="checkbox"/> Educate about benefits of wet mopping. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Avoid dry mopping or sweeping which makes dust airborne and may trigger an asthma exacerbation. Use wet mopping instead
Drinking Water Source – Public water supply	<input type="checkbox"/> Get more information about water testing at www.epa.gov/safewater/labs <input type="checkbox"/> Check to make sure septic system is not close to well. <input type="checkbox"/> Review items in “Family To Do” column with family	<input type="checkbox"/> Test water for lead. Contact local or state department of health for water testing information. <input type="checkbox"/> Find out if the public water supplier has notified consumers of any violations of health-based standards in the last year.

Home Environment (continued)

CONCERN	NURSE TO DO	FAMILY TO DO
<p>Drinking Water Source – Household well water</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ask these additional questions: <ul style="list-style-type: none"> ○ Is the wellhead protected and well constructed according to state or other requirements/specification? ○ Is water tested annually for bacteria and, if pregnant woman or infants in household, nitrates, and okay? ○ Is water tested annually, contaminants detected and alternate source used (appropriate filter or bottled water)? ○ Is water tested annually, contaminants detected, but alternate source not used? ○ Has the water been tested within the last year? ○ Are there noticeable changes in water taste, odor, color or clarity? (In this case, especially if pregnant woman or infant is in the household, recommend testing more than once a year). ○ Has there been a chemical or fuel spill leak near water supply? (If yes, recommend testing for chemical contaminants, such as volatile organic compounds). <input type="checkbox"/> Get more information about water testing at www.epa.gov/safewater/labs <input type="checkbox"/> Review items in “Family To Do” column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Test water for lead. Contact local or state department of health for water testing information.
<p>Mold</p>	<ul style="list-style-type: none"> <input type="checkbox"/> See “Mold and Musty Odor” recommendations above. <input type="checkbox"/> Make sure fans in bathroom and kitchen vent to the outside, not just in to walls. The goal is to take moisture out of home. <input type="checkbox"/> Review items in “Family To Do” column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> See “Mold and Musty Odor” recommendations above.
<p>Damage</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Educate about mold risks as they relate to damage. <input type="checkbox"/> If family owns home, then counsel to change behaviors. <input type="checkbox"/> If family rents home, then counsel them to talk with their landlord. <input type="checkbox"/> Review items in “Family To Do” column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> If homeowner, then make necessary repairs. <input type="checkbox"/> If renter, then talk with your landlord about needed repairs. Consider calling the local board of health for possible code violations.

Sleeping Area		
CONCERN	NURSE TO DO	FAMILY TO DO
Mattress covers	<input type="checkbox"/> If patient is allergic to dust mites, educate as follows: <ul style="list-style-type: none"> ○ Use allergen impermeable mattress covers with zippers on beds and pillows. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> If symptomatic, get allergen testing to determine if you are allergic to dust mites.
Carpet	<input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Clean wall to wall carpet with vacuum weekly. <input type="checkbox"/> Shake area rugs outside weekly. <input type="checkbox"/> If carpet is more than 8 years old, consider replacing it with smooth wipeable flooring to reduce dust exposure. (8 year number came from Megan Sandel. Need to determine if that is number used by others too.)
Dust catchers	<input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Reduce dust with less clutter. <input type="checkbox"/> Seal clutter in bags or boxes.
Windows	<input type="checkbox"/> If patient is allergic to dust mites, review items in “Family To Do” column with family.	<input type="checkbox"/> If symptomatic, get allergen testing to determine if you are allergic to dust. <input type="checkbox"/> Use window treatments that are wipeable. <input type="checkbox"/> Avoid curtains and drapes to reduce excessive dust exposure.
Home Safety		
General Safety		
CONCERN	NURSE TO DO	FAMILY TO DO
Renovation/remodeling	<input type="checkbox"/> See “Age of Home” above. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> See “Age of Home” above. <input type="checkbox"/> If the home was built pre-1978 and there is a child less than six years old: <ul style="list-style-type: none"> ○ get a lead paint inspection or risk assessment. ○ repair any lead hazards based on state and local regulations and requirements. Consult with state CLPPP. <input type="checkbox"/> If the home was built pre-1978 and there is no child less than six years old: <ul style="list-style-type: none"> ○ consult with the CLPPP at your state and local departments of health about lead-safe renovation. ○ Change behaviors, such as modifying dust generating techniques and containing the work area.
Stairs, walls, railings, porches, lighting	<input type="checkbox"/> If family owns home, then counsel to change behaviors, such as making minor repairs to fix loose railings. <input type="checkbox"/> If family rents home, then counsel them to talk with their landlord. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> If homeowner, then make necessary repairs. <input type="checkbox"/> If renter, then talk with your landlord about needed repairs. Consider calling the local board of health for possible code violations.
Poison control	<input type="checkbox"/> Provide national poison control number 1-800-222-1222 to family. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Post the national poison control number 1-800-222-1222 near telephone.

General Safety (continued)		
CONCERN	NURSE TO DO	FAMILY TO DO
Family fire escape plan	<input type="checkbox"/> Counsel to change behaviors, such as develop a family safety plan. <input type="checkbox"/> Get more fire safety information at http://www.usa.safekids.org/content_documents/fire_checklist.pdf <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Develop a family safety plan. <input type="checkbox"/> Need to know two ways out of the house. <input type="checkbox"/> Need to have a place to meet after you are outside the house. <input type="checkbox"/> Teach children the family safety plan for escaping your home in a fire and practice it
Electrical appliance	<input type="checkbox"/> Counsel to change behavior. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Do not use electrical appliances near water.
Matches and lighters	<input type="checkbox"/> Counsel to change behavior. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Do not store matches and lighters where children can reach them.
Exterior environment	<input type="checkbox"/> If abundant trash and debris, counsel family about waste management. <input type="checkbox"/> If waste containment is the problem, counsel family to talk with landlord. <input type="checkbox"/> See "Infestations" above. <input type="checkbox"/> If the home was built pre-1978, contact the childhood lead poisoning prevention program (CLPPP) at your state and local departments of health for information about chipping, peeling paint. See "Age of Home" above. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> See "Infestations" above. <input type="checkbox"/> See "Age of Home" above.
Young Children		
CONCERN	NURSE TO DO	FAMILY TO DO
Hot liquids/cleaning supplies/medicines	<input type="checkbox"/> Counsel to change behaviors. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Do not have hot liquids, cleaning supplies, or medicines within a child's reach.
Lead testing for children less than 6 years old	<input type="checkbox"/> If the home was built pre-1978, counsel the family to have the child's blood tested for lead. <input type="checkbox"/> See "Age of Home" above. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Contact the childhood lead poisoning prevention program (CLPPP) at your state and local departments of health about lead testing resources. <input type="checkbox"/> See "Age of Home" above.
Child watched by an adult while in tub	<input type="checkbox"/> Counsel to change behavior. <input type="checkbox"/> Educate family about importance of not leaving children unattended in the tub. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Do not leave children unattended in the tub.
Hot water temperature	<input type="checkbox"/> Educate family about dangers of scalding. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Set hot water temperature to <120 F
Toddler gates	<input type="checkbox"/> Counsel family to install non-accordion toddler gates at the top and bottom of stairways. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Contact local injury prevention program to determine whether there are toddler gate resources available. <input type="checkbox"/> Install non-accordion toddler gates at the top and bottom of stairways.

Young Children		
CONCERN	NURSE TO DO	FAMILY TO DO
Crib mattress	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel family that crib mattress should fit snugly next to the crib so that there is no gap. <input type="checkbox"/> If two adult fingers can be placed between the mattress and the crib, then counsel the family to immediately replace the mattress. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Put your baby to sleep in a crib with a firm, flat mattress and no soft bedding underneath. <input type="checkbox"/> Ensure that your crib mattress fits snugly next to the crib so that there is no gap.
Window guards	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel family about window safety. <input type="checkbox"/> Contact local injury prevention program to determine whether there are window guard resources available. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Contact local injury prevention program to determine whether there are window guard resources available. <input type="checkbox"/> Install window guards.
Window blind cords	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel family to keep window blind cords out of children's reach and to purchase childproofing items for cord safety. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Keep window blind cords out of children's reach <input type="checkbox"/> Purchase childproofing items for cord safety.

Sample Specifications – Bathroom

FAN/LIGHT FIXTURE-ENERGY STAR

\$450/EA

Install an ENERGY STAR Qualified and Home Ventilation Institute Certified ceiling mounted Fan/Light fixture, rated at a min. 80 CFM operating at 1 Sone or less, with an integral damper, and vented to the exterior. Switch fan & light using a single switch with a time delay for the fan such as the AirCycler Smart Exhaust Bathroom Fan Light Timer Switch # 11129s (color to coordinate with existing)

<https://www.aircyclers.com/pages/smartexhaust> or equip the fan with a switch controlled by a humidistat sensor. Install galvanized metal duct or aluminum duct of the same diameter as the fan outlet and vent to the exterior ideally through a wall or gable end using a metal hooded vent of like diameter and with damper. All duct seams shall be sealed with duct mastic. Insulate the ductwork with vinyl or foil faced R 8 minimum duct insulation. Repair any damage to the ceiling installation and air seal fan/light assembly to the ceiling with low VOC caulk.

GFCI RECEPTACLE

\$145/EA

Install a new ivory GFCI receptacle and required distribution with an appropriate box. Receptacle and cover plate to match existing. GFCI shall be tamper-resistant and conforming with UL 943 standard including the required self-test (auto-monitoring) function. Patch any tear out.

BATHTUB/SHOWER-5' FIBERGLASS-COMplete-W/ GRAB BARS

\$2,250/EA

Install a 5', 4 piece, Sterling Accord®, fiberglass tub and shower unit 60" x 30" x 72" Product #: 71240125 (right hand drain) or 71240115 (left hand drain) (www.sterlingplumbing.com). Include a seat and ADA compliant grab bars; lever operated pop up drain and overflow; PVC waste; single lever shower diverter; shower rod; Delta Monitor Model 1343 tub/shower faucet (www.deltafaucet.com) and a shower head with a maximum 2.0 GPM flow rate. Install faucet controls toward the outside of the tub for easier access. Exterior wall sections behind the tub shower unit and any plumbing penetrations must be completely air-sealed prior to installation. Per Sterling installation instructions set basin area in 1" to 2" bed of mortar.

COMMODE--REPLACE--1.28 GPF

\$375/EA

Install a maximum 1.28 GPF white WaterSense® Certified, vitreous china commode with a minimum bowl height of 16.5 inches, tested through the latest edition of the "Maximum Performance" (MaP) testing project (<http://www.map-testing.com>) that has shown to score 800 or better on the MaP Flush Performance test, such as the American Standard FloWise Compact Cadet 3 EL 2568.128. Include a manufacturer's approved plastic or pressed wood white seat, supply pipe, shut-off valve, and wax seal.

Module 3 – Action Plans
Exercise 10: Create an Action Plan

A. Your trainer will either assign your group a hazard from the list of top five hazards identified in “Exercise 8: Prioritizing Hazards.” For your hazard:

- **Write 3 - 5 basic action steps that can be taken to remedy the hazard.**
- **For each, apply the HEED rule. Indicate if you think the Health impact, the Effectiveness/efficiency, the Expense, and the Difficulty of implementing each step is high (10), low (1), or somewhere in between.**
- **Also, for each try to identify who might be responsible for the step, both in terms of doing the work and paying for it. Include all potential resources, including your agency, the family, the landlord, community organizations, etc. What resources are available? Will professionals be needed?**

1. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

2. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

3. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

4. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

5. _____

Cost _____ Health Impact _____ Effectiveness/Efficiency _____ Difficulty _____

Responsibilities: _____

B. Next, identify two key messages you believe should be conveyed to the resident regarding this issue. Think carefully about how you might word the message, taking into consideration any information you have about the resident and his/her circumstances.

1. _____

2. _____

Heathy Homes: Assessment and Interventions
Exercise 8: Prioritizing Hazards

A. For each room you assessed, try to list at least three hazards you identified.

Kitchen

1. _____
2. _____
3. _____
4. _____
5. _____

Living area (if more than one, please specify)

1. _____
2. _____
3. _____
4. _____
5. _____

Sleeping area (if more than one, please specify)

1. _____
2. _____
3. _____
4. _____
5. _____

Bathroom (if more than one, please specify)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Basement

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Exterior

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Part C:

Top five for Entire House?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Community Action for Healthy Housing

There are a lot of things that a resident can do to make their home healthy. They can wipe down shower stalls, get rid of clutter, keep food in sealed containers, use exhaust fans, make sure that smoke alarms work, and have their children tested for lead poisoning.

But what if a landlord refuses to fix a leak or clean up mold? What if a homeowner can't afford to seal up a crack or repair a window themselves? Here are some tools for action that may help with these problems.

If the resident is a renter, the first thing they should do is **check their lease!** Usually, their lease will say that the landlord has to keep the property in good condition.



Not sure what good condition means? **Contact** your local department of housing, a building code official, or your local health department to **find out how a landlord in your community is required to maintain their property.**



If the resident lives in Section 8 or other public housing, HUD requires that the property meet certain standards called the Housing Quality Standards.



Contact your landlord and/or local public housing authority to **find out the requirements the landlord must follow to maintain a property for Section 8 or other public housing residents.**



If you are working with a homeowner who needs money for repairs, you may be able to get the money (as a grant or loan) from a weatherization or minor repair program.



Many weatherization or minor repair programs are run by a local **Community Action Agency**. Look in the phone book for one in your community. If you can't find one, **contact** your local Department of Housing. If your community has a local **healthy homes program** or **lead hazard control program**, they might be able to help also.

[ADD ADDITIONAL LOCAL RESOURCES
HERE]

[ADD ADDITIONAL LOCAL
RESOURCES HERE]

HUD Healthy Homes Program Guidance Manual

Housing-Related Health and Safety Hazard Assessment

Table 4.1 Priority List of Better Homes for Asthma (adapted from Seattle/King County Health Department)¹⁸

High priority items are indicated with an [A] and lower-priority items with [B] or [C].

Description
Vent clothes dryer to exterior using rigid metal ducting, not flexible plastic. [A]
Repair plumbing leaks [A]
Correct mold problems [A]
Clean evaporator pan under refrigerator [A]
Install range hoods that vent to exterior [A for gas; B for electric]
Repair dry floor drain traps if sewer gases detected [A]
Assure that at least one window in each room can open [A]
Remove basement, bath and kitchen wall to wall carpet [A]
Install smoke and carbon monoxide alarms [A]
Repair deteriorated bath and tub caulk [B or C]
Install pleated filter in forced-air heating system. [A]
In the crawl space, seal /cover soil with poly. [A]
Seal crawl space from house air. [A]
Assure adequate runoff from downspout away from house. [A: wet walls; B: other]
Caulk windows. [A]
Caulk wood siding vertical seams. [A]
Caulk door seams. [A]
Repair roof and chimney flashing if damaged or evidence of interior leaking is observed. [A]
Check furnace chimney draft and, if inadequate, check cleanout opening. [A]
Redirect flow from gutters to functioning downspout. [B]
Check return and supply ducts (only if in garage, crawl space, or attic) for leaks. [B]
Remove debris from the crawlspace, make rodent-proof. [B]
Wood-earth contact—assure 6 inch minimum gap. [C]
Repair or replace leaky chimney flue. [A]
Seal basement concrete if moisture probe indicates high moisture content. [C]

Module 4 - Interventions

Exercise 11: Your Contracting Process

Consider your how your organization deals with construction work and contractors. To extent you're familiar with that process, answer the following questions.

1. What work is currently completed by contractors?

2. Does your organization issue specifications? If so, who writes them?

3. Are you involved in the bid process? How? What is the process?

4. How do you currently advertise construction work?

5. How do you qualify contractors? How do you decide/award jobs?

6. How do you monitor or oversee the work?

Figure 6.1 Elements of a Logic Model

- **Resources or inputs** can be financial, human, organizational, system-oriented or community-based—the factors needed to support program activities.
- **Activities** include services such as education, home visits, environmental assessment and home intervention.
- **Outputs** are counts of activities related to recruitment/intake, education, completed housing interventions and case management.
- **Outcomes and impact** are changes in short, intermediate and long term measures, such as health or housing conditions.

Figure 6.2 A Proposed Logic Model Related to Healthy Homes

Program Focus	Inputs	Activities	Outputs	Short Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
Asthma Healthy Homes Pilot	Health Department Staff	Educate families about environmental triggers in the home	Number of home visits completed	Increased use of mattress and pillow covers, IPM supplies after one month	Reduction in counts of pests in units after three months	Reduction in mold and moisture conditions observed at 12-month visual assessment
	Home Visiting Programs	Conduct visual assessments	Number of referrals to partner organizations		Reduction in the reported number of symptom days after 3 months	
	Home Inspectors	Provide supplies for dust control and pest management	Counts of supplies delivered	Improvement in family Knowledge, Information, and Behavior (KIB) scores in one month	Reduction in the number of asthma triggers	Families show long term improvement on KIB scores
	Community Organizations	Interventions including integrated pest management (IPM), moisture control, lead hazard reduction, etc.	Number of visual assessments for pests, mold, and moisture completed			
	Advocacy Organizations	Refer families to smoking cessation programs	Number of homes receiving specific interventions such as IPM	Increased number of units enrolled in housing rehab programs	Health insurers reimburse or pay for home visits and low cost environmental interventions	
	Rental Property Owners	Refer families to housing rehab services to address issues beyond program scope	Number of housing inspections for housing code violations			Property owners adopt preventive policies
	Pest Management Professionals	Refer housing units to code enforcement				
	Contractors					
	Elected Officials					
	Clinicians					
	Health Insurers					
	Foundations					
	Funding					
Equipment						
Supplies						

Common Program Outputs

Figure 6.6 Common Program Outputs

- Program Outreach and Community Education
 - ▶ Number and type of presentations
 - Audience (health care personnel, parents, contractors, educators, community, rental property owners, tenants, owner-occupants). Audiences can be divided into public and professional.
 - Number of individuals reached
 - ▶ Number of health fairs
 - Number of interactions (participants, names recorded on sign in sheets, requests for follow up information)
 - Pieces of literature distributed
 - ▶ Number of housing units reached through door-to-door canvassing
 - ▶ Number of media events
 - Paid vs. unpaid
- Program Referrals
 - ▶ Number of referrals from medical providers
 - ▶ Number of referrals from community-based organizations
 - ▶ Number of requests for information and enrollment associated with different media placements
 - ▶ Number of referrals by healthy housing programs to other housing programs
 - ▶ Number of referrals by healthy housing programs to other health or social service programs
- Families/Individuals Recruited
 - ▶ Demographics of participants and nonparticipants
 - ▶ Level of housing risk in units of participants and non-participants
- Case Management/Care Coordination and Education
 - ▶ Number of children tested for lead exposure
 - ▶ Number of home visits
 - ▶ Number of families receiving educational intervention
 - ▶ Number of referrals provided to families for supportive health and social services
 - ▶ Number of referrals to other services completed and not completed
 - ▶ Number of families receiving cleaning supplies
- Home Assessment
 - ▶ Number of questionnaires administered
 - ▶ Number of homes with assessments conducted
 - ▶ Number of homes with environmental samples collected
 - ▶ Number of environmental samples collected
- Housing Unit Remediation
 - ▶ Number receiving enhanced ventilation and moisture control interventions
 - ▶ Number receiving integrated pest management
 - ▶ Number receiving lead hazard reduction
 - ▶ Number of fire alarms and carbon monoxide detectors installed
- Work Force Development Activities
 - ▶ Number of contractors recruited
 - ▶ Number of contractors recruited from the target population and area
 - ▶ Number of individuals trained

Use of a control group provides a stronger basis for analyzing program effects. Control groups are groups of housing units or individuals that are comparable in terms of location, condition, residential characteristics or demographics but do not receive program services or interventions. Randomized control trials, in which participants are randomly selected and assigned to a treatment or control group, are the “gold standard” for experimental research designs.

Use of control groups and randomized designs is generally confined to research and is rarely used for evaluating programs. Ethical issues associated with the use of control groups in housing intervention research are reviewed in a publication by the NAS/IOM.

Health and Well-Being Outcomes

Health outcomes commonly tracked by healthy homes programs are listed in Figure 6.7.

Module 4 - Interventions
Exercise 11: Your Contracting Process

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6. How do you monitor or oversee the work?

Heathy Homes: Assessment and Interventions

Exercise 1: Introductions

Part 1: What's Your Program?

Working as individuals (or with a partner from your agency), complete this worksheet.
Be ready to share your responses with the group.

What's your current Healthy Homes program? What is your program mission?

What population/occupants do you serve?

How was this population chosen?

What are your sources of funding?

What are your sources of labor?

Part 2: We Have a Dream

If resources were available, how would you expand and define your ideal Healthy Homes program? Use this worksheet to capture your initial ideas. We'll revisit this later in the course.

Describe your dream Healthy Homes program. What is your dream mission?

What specific work would you accomplish?

Who would you serve?

What funding sources would you use?

What sources of labor would you use?

Heathy Homes Assessment and Interventions Self-Assessment

MODULE: Introduction

How many of the 8 Principles of Healthy Homes can you list?

1. Keep It _____
2. Keep It _____
3. Keep It _____
4. Keep It _____
5. Keep It _____
6. Keep It _____
7. Keep It _____
8. Keep It _____

List at least five hazards commonly found in a home and the potential health impact(s) associated with each

HAZARD	HEALTH IMPACT

Name the 2 conditions needed for air movement

1. _____
2. _____

Choose one:

In a mixed humid climate during summer, in which direction will heat flow?

1. Inside to outside
2. Outside to inside
3. There will be no heat flow

Insert exercise sheet: Making the Connections

MODULE 1: Conduct a Resident Interview

List at least five issues that should be discussed during the resident interview

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Identify three key decisions that need to be made once it is determined that a home assessment is appropriate

1. _____
2. _____
3. _____

Identify at least two “social service” needs that may be discovered during an interview

1. _____
2. _____
3. _____
4. _____

MODULE 2: Conduct a Home Assessment

Briefly explain the difference between a deficiency-based and solutions-based assessment checklist

Name the 2 key characteristics of an assessment checklist

1. _____
2. _____

List the four steps to approaching a home assessment

1. _____
2. _____
3. _____
4. _____

Name the three most problematic pests

1. _____
2. _____
3. _____

Name the three mechanical systems that are key to keeping it climate-controlled

1. _____
2. _____
3. _____

MODULE 3: Develop an Action Plan

Name at least two types of specialized input you may request before finalizing a scope of work

1. _____
2. _____
3. _____
4. _____

Name four ways program design can affect prioritization

1. _____
2. _____
3. _____

Name at least one potential program partner

1. _____
2. _____
3. _____

Name three potential program funding sources

1. _____
2. _____
3. _____
4. _____

MODULE 4: Implement Interventions

Name five steps in the bid process

1. _____
2. _____
3. _____
4. _____
5. _____

Name four reasons to complete an in-house cost estimate

1. _____
2. _____
3. _____
4. _____

List five suggested requirements for accepting contractor bids

1. _____
2. _____
3. _____
4. _____
5. _____

Name five sources of Program Evaluation Data

1. _____
2. _____
3. _____
4. _____
5. _____

MODULE 5: EDUCATE RESIDENTS

Name the most important factors in inspiring trust and credibility

1. _____
2. _____

Name the final step in the assessment process, before closing out a client

1. _____

Healthy Homes Assessments and Interventions



Make the Connections Exercise

Health Impacts	Housing Hazards	Corrective Action	Resources

Heathy Homes: Assessment and Interventions

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Who would you serve?

What funding sources would you use?

What sources of labor would you use?

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4. Keep It _____
5. Keep It _____
6. Keep It _____
7. Keep It _____
8. Keep It _____

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HAZARD	HEALTH IMPACT

Name the 2 conditions needed for air movement

1. _____
2. _____

Choose one:

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1. Inside to outside
2. Outside to inside
3. There will be no heat flow

Insert exercise sheet: Making the Connections

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2. _____
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6. _____
7. _____
8. _____
9. _____
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2. _____
3. _____
4. _____

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1. _____
2. _____
3. _____

Name at least one potential program partner

1. _____
2. _____
3. _____

Name three potential program funding sources

1. _____
2. _____
3. _____
4. _____

MODULE 4: Implement Interventions

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1. _____
2. _____
3. _____
4. _____
5. _____

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1. _____
2. _____
3. _____
4. _____

List five suggested requirements for accepting contractor bids

1. _____
2. _____
3. _____
4. _____
5. _____

Name five sources of Program Evaluation Data

1. _____
2. _____
3. _____
4. _____
5. _____

MODULE 5: EDUCATE RESIDENTS

Name the most important factors in inspiring trust and credibility

1. _____
2. _____

Name the final step in the assessment process, before closing out a client

1. _____



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2020 Topics and Objectives – Objectives A–Z



Select a topic area from the list below to get started.

Each topic area includes an overview, objectives and data,* and evidence-based resources.

A

[Access to Health Services](#)

[Adolescent Health](#) *New*

[Arthritis, Osteoporosis, and Chronic Back Conditions](#)

B

[Blood Disorders and Blood Safety](#) *New*

C

[Cancer](#)

[Chronic Kidney Disease](#)

D

[Dementias, Including Alzheimer's Disease](#) *New*

[Diabetes](#)

[Disability and Health](#)

E

[Early and Middle Childhood](#) *New*

[Educational and Community-Based Programs](#)

G

[Genomics](#) *New*

[Global Health](#) *New*

H

[Health Communication and Health Information Technology](#)

[Health-Related Quality of Life & Well-Being](#) *New*

[Healthcare-Associated Infections](#) *New*

[Hearing and Other Sensory or Communication Disorders](#)

[Heart Disease and Stroke](#)

[HIV](#)

I

[Immunization and Infectious Diseases](#)

[Injury and Violence Prevention](#)

L

[Lesbian, Gay, Bisexual, and Transgender Health](#) *New*

N

[Nutrition and Weight Status](#)

O

[Occupational Safety and Health](#)

[Older Adults](#) *New*

[Oral Health](#)

P

[Physical Activity](#)

[Preparedness](#) *New*

[Public Health Infrastructure](#)

R

[Respiratory Diseases](#)

S

[Sexually Transmitted Diseases](#)

[Sleep Health](#) *New*

[Social Determinants of Health](#) *New*

[Substance Abuse](#)

[Environmental Health](#)

F

[Family Planning](#)

[Food Safety](#)

M

[Maternal, Infant, and Child Health](#)

[Medical Product Safety](#)

[Mental Health and Mental Disorders](#)

T

[Tobacco Use](#)

V

[Vision](#)

Topic areas marked "new" were not included in Healthy People 2010.

Whenever possible, objectives and data include a link to the related information in [Healthy People 2010](#).

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Exercise 3: Assess Interview & Assessment Tools

Form Name	Pros	Cons
Pediatric Environmental Home Assessment		
Home Environmental Assessment List (HEAL)		
Children's Mercy Hospital Safe & Healthy Home Environmental Assessment		

Insert Interview tools

Pediatric Environmental Home Assessment

HEAL form

Children's mercy?

Pediatric Environmental Home Assessment

DRAFT 5/12/06

RESIDENT REPORTED INFORMATION

Bolded responses indicate areas of greater concern.

General Housing Characteristics

Type of Ownership	<input type="checkbox"/> Own house	<input type="checkbox"/> Market rate rental hsg.	<input type="checkbox"/> Subsidized rental hsg.	<input type="checkbox"/> Shelter	
Age of Home	<input type="checkbox"/> Pre-1950	<input type="checkbox"/> 1950-1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know	
Structural Foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace		
Floors Lived In (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd or higher	
Heating	Fuel Used	<input type="checkbox"/> Natural gas / LPG	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
	Sources in Home	<input type="checkbox"/> Radiators	<input type="checkbox"/> Forced warm air	<input type="checkbox"/> Space heater or oven	<input type="checkbox"/> Other: _____
	Filters Changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> No filters
	Control	<input type="checkbox"/> Easy to control heat	<input type="checkbox"/> Hard to control heat		
Cooling	<input type="checkbox"/> Windows	<input type="checkbox"/> Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None	
Ventilation (check all that apply)	<input type="checkbox"/> Open windows	<input type="checkbox"/> Kitchen/bathroom fans	<input type="checkbox"/> Central ventilation	<input type="checkbox"/> HEPA air filter	

NOTES:

Indoor Pollutants

Mold and Moisture	<input type="checkbox"/> Use dehumidifier <input type="checkbox"/> No damage	<input type="checkbox"/> Use vaporizer or humidifier	<input type="checkbox"/> Musty odor evident	<input type="checkbox"/> Visible water / mold damage	
Pets	Presence	<input type="checkbox"/> No pets	<input type="checkbox"/> Cat # _____	<input type="checkbox"/> Dog # _____	<input type="checkbox"/> Other: _____
	Management	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in patient's bedroom	<input type="checkbox"/> Full access in home	<input type="checkbox"/> Sleeping location: _____
Pests	Cockroaches	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Mice	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Rats	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Bedbugs	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> bedroom <input type="checkbox"/> other
Lead-based Paint	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Loose, peeling, or chipping, paint	
Asbestos	<input type="checkbox"/> Tested – None present	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Damaged or friable material	
Radon	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Failed test but not mitigated	
Health and Safety Alarms	<input type="checkbox"/> Smoke alarm working and well placed	<input type="checkbox"/> CO alarm working and one on each floor	<input type="checkbox"/> CO alarm does not log peak level	<input type="checkbox"/> No smoke or CO alarm	
Environmental Tobacco Smoke	<input type="checkbox"/> No smoking allowed	<input type="checkbox"/> Smoking allowed outdoors	<input type="checkbox"/> Smoking allowed indoors <input type="checkbox"/> bedroom <input type="checkbox"/> playroom	<input type="checkbox"/> Total # smokers in household: _____ <input type="checkbox"/> Mother smokes	
Other Irritants	<input type="checkbox"/> None	<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Potpourri, incense, candles	<input type="checkbox"/> Other strong odors: _____	
Type of Cleaning	<input type="checkbox"/> Standard Vacuum (non HEPA)	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> Sweep or dry mop	

NOTES:

NURSE OBSERVED INFORMATION

Bolded responses indicate areas of greater concern.

Home Environment					
Drinking Water Source		<input type="checkbox"/> Public water system	<input type="checkbox"/> Household Well	<input type="checkbox"/> Shared Well	
Kitchen	Cleanliness	<input type="checkbox"/> No soiling	<input type="checkbox"/> Trash or garbage sealed	<input type="checkbox"/> Trash or garbage not sealed	<input type="checkbox"/> Wall/ceiling/floor damage
	Ventilation	<input type="checkbox"/> Functioning stove exhaust fan/vent	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Broken stove exhaust fan/vent	<input type="checkbox"/> No stove exhaust fan/vent
Bathroom		<input type="checkbox"/> Functioning exhaust fan/vent/window	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Basement		<input type="checkbox"/> None/No Access	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Living Room		<input type="checkbox"/> No soiling	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Laundry area		<input type="checkbox"/> None	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Dryer not vented outside	<input type="checkbox"/> Hang clothes to dry

Sleep Environment					
Patient's sleep area	<input type="checkbox"/> Own room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Other		
# Beds	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2	
Allergen impermeable encasings on beds	<input type="checkbox"/> On mattress and boxspring (zippered)	<input type="checkbox"/> On mattress only (zippered)	<input type="checkbox"/> On mattress (not zippered)	<input type="checkbox"/> No mattress covers	
Pillows	<input type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/ down		
Bedding	<input type="checkbox"/> Washable	<input type="checkbox"/> Wool/not washable	<input type="checkbox"/> Feather/ down		
Flooring	<input type="checkbox"/> Hardwood/Tile/Linoleum	<input type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> Wall-to-wall carpet	
Dust/mold catchers	<input type="checkbox"/> Stuffed animals/washable toys	<input type="checkbox"/> Non-washable toys	<input type="checkbox"/> Plants	<input type="checkbox"/> Other _____	
Window	<input type="checkbox"/> Washable shades/curtains	<input type="checkbox"/> Washable blinds	<input type="checkbox"/> Curtains/ drapes	<input type="checkbox"/> No window/ poor ventilation	
Other irritants	<input type="checkbox"/> Abundant cosmetics and fragrances				

NOTES:

NOTES:

Home Safety <i>* can indicate housing code violations</i>					
<i>General</i>					
Active renovation or remodeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
*Stairs, protective walls, railings, porches	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
*Hallway lighting	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate			
Poison control number	<input type="checkbox"/> Posted by phone	<input type="checkbox"/> Not posted by phone			
**Family fire escape plan	<input type="checkbox"/> Developed and have copy available	<input type="checkbox"/> None			
Electrical appliances (radio, hair dryer, space heater)	<input type="checkbox"/> Not used near water	<input type="checkbox"/> Used near water			
Matches and lighters stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach			
Exterior environment	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Abundant trash and debris	<input type="checkbox"/> Chipping, peeling paint	<input type="checkbox"/> Broken window(s)	

NOTES:

NURSE OBSERVED INFORMATION (continued)

Home Safety <i>* can indicate housing code violations</i>			
Young Children Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coffee, hot liquids, and foods	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Cleaning supplies stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Medicine and vitamins stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Child (less than six years old) been tested for lead poisoning	<input type="checkbox"/> Within past 6 months Result: _____	<input type="checkbox"/> Within past year or more. When? _____ Result: _____	<input type="checkbox"/> No
Child watched by an adult while in the tub	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> No
*Home's hot water temperature	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input type="checkbox"/> Don't know
Non-accordion toddler gates used	<input type="checkbox"/> At top of stairs	<input type="checkbox"/> At bottom of stairs	<input type="checkbox"/> No
Crib mattress	<input type="checkbox"/> Fits well	<input type="checkbox"/> Loose	
Window guards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Window blind cords	<input type="checkbox"/> Split cord	<input type="checkbox"/> Looped cord	

NOTES:

Funded by The U.S. Environmental Protection Agency



and developed by



National Center for Healthy Housing

10227 Wincopin Circle, Suite 200 • Columbia, MD 21044 • Tel. (410) 992-0712
www.centerforhealthyhousing.org

With thanks to

N • E • E • T • F

The National Environmental Education & Training Foundation

We credit its *Environmental Management of Pediatric Asthma: Guidelines for Health Care Providers*
and model Pediatric Environmental History Form

and



The Center for Healthy Homes and Neighborhoods at Boston University

We credit its model Pediatric Asthma-Allergy Home Assessment form

MASTER □ HOME

ENVIRONMENTALIST

Directions for the **Do-it-yourself Home Environmental Assessment List (HEAL)**

This do-it-yourself home environmental assessment will help you identify ways to make your home environment healthy. The Assessment is made up of two parts: the Survey and the Action plan. To perform a **HEAL** on your home, follow the directions below.

Set aside a time when the residents of your home can do the assessment together. Then:

1. Complete the Survey (pp 2-6):

- Walk through your home and make observations.
- Read the labels on your household products.
- Answer the Survey questions.

(NOTE: Survey answers are grouped under three categories of concern. While the survey cannot absolutely determine high or low risk, these are what the categories mean:
“Higher Concern” strongly suggests that action(s) should be taken to lower the home health risk.
“Medium Concern” suggests a careful look at action(s) that could be helpful to your health.
“Lower Concern” implies that the need for action is low.)

2. Complete the Action Plan (pp 7-9):

- Go line by line through the Survey (pp 2-6) and wherever an answer falls in the “higher concern” category, not the numbers listed in the column on the right. Then go to the Action Plan (pp 7-9) and check the boxes that have the corresponding numbers.
- Prioritize each checked item on the Action Plan based on:
 - Your willingness to implement it.
 - Its significance to the residents of your household.
 - Its significance to your overall home issues. If many concerns are in one category, for example “Moisture Problems,” you may wish to focus your efforts there.
 - The advice of experts (if appropriate). For any actions where major home alterations are involved, it’s prudent to consult with professionals before making final decisions.
- Commit to taking three actions within the next six weeks.
Chose: (1) At least one that requires behavior change (creating a new habit).
(2) At least one that can be finished quickly and with little expense or effort.
- Record these three actions in the space provided at the end of the Action Plan and again on the mail-back form that you should have received with this HEAL. Send the second copy back to the CAFK office. If you have any questions, please call 253 798-2954.

**Clean Air for Kids Partnership
253 798-2954**

The Clean Air for Kids Program is a partnership comprised of the American Lung Association of Washington, Master Home Environmentalist Program, Tacoma Public Schools, University of Washington - Seattle and Tacoma, Puyallup Tribal Health Authority, Washington State Department of Health, Mary Bridge Children’s Hospital and Mental Health Center and Tacoma-Pierce County Health Department.

The Survey

BUILDING

When was the building constructed?

Has there been remodeling or paint removal in the last two years

Are you or your landlord planning to remodel or repaint within the next 12 months?

Has a next door neighbor removed external paint?

What daytime indoor temperature do you maintain during heating season?

NEARBY ENVIRONMENT

How far is your home from the following:
- factory, gas station, dry cleaners, auto body shop
- airport, railway station, bus station

How many blocks is your home from a busy street or highway?

Are there unpaved roads, shoulders, or driveways adjacent to the home?

During the heating season, how often do you smell smoke from neighboring woodstoves or fireplaces?

DUST AND LEAD CONTROL

Is any paint peeling or flaking inside or outside the home?

If yes, is the paint lead-based?

What percentage of the living space is carpeted?

If any rooms are carpeted (Circle all that apply)

How do you control tack-in of dust or dirt?

Does every door have a doormat?

What types of doormats do you have?

What kind of vacuum cleaner do you use?

How often do you check the belt and/or bag?

Level of Concern:			Action Steps
Lower	Medium	Higher	
After 1978	1978-1951	before 1951	14
no	?	yes	14
no	?	yes	15
no	scraping	sanding	14
60-68	55-60 68-75	below 55 over 75	7 8
<u>none</u>	<u>1 mile</u>	<u>4 blocks</u>	11 14
4+	1-4	less than 1	14
no	yes		14
0-5/yr	1-2/ml	2+/wk	12
no	?	yes	16
no	?	yes	13,17,20,23, 27
0-25%	26-75%	76-100%	18,20
area rugs	level loop	shag/plush	18,19,20
remove shoes	doormat/ hall rug	I don=t	14
yes	no	none do	14
commercial	rubber/ plastic	rope	14
powerhead/ upright	canister	none	20
monthly	1-2/yr	rarely	21

The Survey

How often do you:

- < vacuum home
- < dust
- < scrub bathrooms
- < shake rugs/doormats
- < wash beddings/sheets with hot water
- < air out home/open windows

How do you clean area rugs

If you work with toxics on the job, do you wash work clothes separately?

How many times per day do you wash hands with soap & warm water?

If anyone in the home has allergies, do you have plastic covers on their pillows and/or mattresses?

Are bedroom windows open at night when sleeping?

What is your major heat source?

If you have a furnace, when was the ductwork last cleaned?

How often do you change the furnace filters?

Does furnace have an outside combustion air supply?

MOISTURE PROBLEMS

Do you clean the refrigerator coils and/or drip pan?

Are there any water leaks or damp areas in kitchen or bath?

Is there carpeting in the kitchen or bathroom?

Do you use fan or open bathroom window during and after showering or bathing?

Is fan vented to the outside?

Are there signs of mold growth in corners/windows?

Has there been any sewage backup into the building or the surface of the ground in the last 5 years?

Was the material removed and the area disinfected?

Is the basement damp (musty odor; water or mildew;

Level of Concern:			Action Steps
Lower	Medium	Higher	
4+/mo	1-3/mo	<1/mo	23
			23
			23
			23
			23
			23
			29
send out	vacuum surface	vacuum w/ canister	24
N/A	yes	no	26
>6	4-5	0-3	27
yes		no	28
yes	no		29
electric	gas/oil	woodstove	
0-1/yr	1-4/yr	4+yrs	32
once/yr	1-2/yr	2/yr+	33
yes-N/A	?	no	34
often	sometimes	rarely	35,36
no		yes	37
no		yes	39
yes	sometimes	no	40
yes		no-N/A	41
rarely	sometimes	often	9,38,40,43,54
no	?	yes	
yes	?	no	45
no	some	yes	46,44,48,51

The Survey

discolored walls, damp carpets or furniture?)

If there is a crawl space, is it ventilated?

If there is a crawl space, is soil covered with plastic?

If you have a dryer, is it vented to the outside?

Is your home well insulated and without drafts (weather-stripped doors and windows, double paned windows)?

Do windows fog up during the heating season?

Can you open a window in each room?

Does the home have a musty odor or is there visible mildew?

Does the home have any drainage problems?

Has there been any water damage to the building or contents in the last 5 years?

If yes, was the damaged material removed?

INDOOR AIR

Is this a mobile home or trailer?

Is there any known particleboard in the floor, built-in cabinets or furniture?

Does your building have asbestos (furnace insulation, popcorn ceiling, siding, sheet vinyl flooring)?

If yes, is the asbestos in good condition (i.e., not damaged, loose, or flaking)?

Is this home in an area where radon is common?

If yes or ?, has radon level been measured?

If yes, was the level above 4 pico Curies/liter air?

If you have a garage, is it attached to the home?

How long do you let car idle in garage before driving off?

What kind of kitchen stove do you use?

Do you sometimes smell fuel from furnace or stove?

Do you use a stove fan when cooking?

Is fan vented to the outside?

Is there an unvented kerosene or gas heater?

Do you use a wood stove during cold weather?

Level of Concern:			Action Steps
Lower	Medium	Higher	
yes		no	50
yes	?	no	49
N/A-yes	?	no	52
no	somewhat	yes	53,54
rarely	sometimes	often	9,53,54
yes		no	53
no		yes	7,9,54,44,56
no	?	yes	55
no	?	yes	
yes	?	no	56
no	yes		
no	minimal	yes	57,58,59
no	?	yes	60 if?
yes	?	no	63 if no 61 or 62 if yes
no	?	yes	64
yes		no	64
no		yes	65
N/A-no	yes		66,68
0-15 sec	15-30 sec	>30 sec	67
electric	gas/propane		
no	?	yes	69
yes	sometimes	no	71
yes		no-N/A	72
no	?	yes	73
rarely	1/wk	daily	

The Survey

Do you smell smoke indoors when the stove/fireplace insert is in use?

HAZARDOUS HOUSEHOLD PRODUCTS

How often do you use the following products?

Oil -based paint, stain, varnish, thinner, stripper

Spray-on adhesives, paints or lubricants

Rubber or contact cement, plastic glue, or epoxy

Permanent markers or whiteboard markers

Ammonia or chlorine-based cleaners

Auto products (degreaser, carburetor cleaner)

Solder (for electrical or stained glass work)

Photo chemicals

If yes, what precautions do you usually take to avoid inhaling these products?

Nothing special

Use them outside or wear a respirator

Open a window

Open at least 2 windows or use fan

How often do you use any of the following products?

Drain cleaner, oven cleaner or toilet cleaner with the work DANGER on the label?

Do you wear gloves when using them?

Do you wear goggles or glasses?

Are any flammable products stored near fire or heat?

Are any hazardous products within reach of children?

Are there any damaged, rusting or open containers?

Are there any banned or restricted products?

(Banned products include DDT, penta, chlordane, carbon tetrachloride. Call _____ for a more complete list if you are unsure.)

How often do you or a commercial service apply pesticides (insecticides, weed killers, rat poison) inside or outside the home? (Traps do not count.)

Level of Concern:			Action Steps
Lower	Medium	Higher	
never	sometimes	usually	74
never	1/mo-1yr	1/d-1/w	
			75
			75
			75
			75
			75
			85
			88,89
			88,89
			76
		<input type="checkbox"/>	76
	<input type="checkbox"/>		76
		<input type="checkbox"/>	76
	<input type="checkbox"/>		76
never	1/mo-1yr	1/d-1/wk	75
<u>never</u> <input type="checkbox"/>	<u>1/mo-1/yr</u> <input type="checkbox"/>	<u>1/d-1/w</u> <input type="checkbox"/>	75
<u>always</u>	<u>sometimes</u>	<u>never</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77
<u>no</u>		<u>yes</u>	
<input type="checkbox"/>		<input type="checkbox"/>	79
<input type="checkbox"/>		<input type="checkbox"/>	80
<input type="checkbox"/>		<input type="checkbox"/>	81
<input type="checkbox"/>		<input type="checkbox"/>	82
never	<1/yr	1+/yr	83,84

The Survey

If you use pesticides, which of the following safety precautions do you wear?

gloves

long sleeved shirt and pants

hat

goggles or glasses

dust mask (powders) or respirator (SOLVENTS)

How do you dispose of leftover pesticides?

Use up or take to a household hazardous waste collection site

Put them in the trash?

Pour them down the drain

Keep them

	Level of Concern:			Action Steps
	Lower	Medium	Higher	
	<u>always</u>	<u>sometimes</u>	<u>never</u>	
gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77
long sleeved shirt and pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78
hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78
goggles or glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77
dust mask (powders) or respirator (SOLVENTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82
How do you dispose of leftover pesticides?				
Use up or take to a household hazardous waste collection site	<input type="checkbox"/>			
Put them in the trash?			<input type="checkbox"/>	81
Pour them down the drain			<input type="checkbox"/>	81
Keep them			<input type="checkbox"/>	81

YOUR HOME ACTION PLAN

(Check the boxes below corresponding to the numbers listed under Action Steps in the Survey.)

A **RESIDENTS**

- 1 Pay special attention to managing dust and other indoor pollutants if you have a large household, small children, pregnant women, older people present or if there is chronic illness.
- 2 Smoking is inconsistent with clean air and good health. Top smoking or restrict it to outside the home.
 - Seek medical advise regarding chronic or frequent illnesses. Identify specific allergies.
- 4 Keep pets, pet beds, and associated spaces clean. Flea comb cats or dogs.
- 5 Vacuum areas frequented by pets, reduce pet access to some parts of home.
- 6 Seek additional information on least-toxic control of fleas. Call Washington Toxics Coalition _____

B **BUILDING**

- 7 Raise indoor temperatures to 60-68 F to reduce moisture.
- 8 Lower indoor temperatures to 60-68 F to save energy.
- 9 Lower humidity levels to 50-60%.
- 10 Raise humidity levels to 50-60%.

C **NEARBY ENVIRONMENT**

- 11 Identify potential source of pollution and ensure that it is in full compliance with air pollution laws.
- 12 Identify source of smoke and ask for correction. Help neighbors learn about health risks from wood smoke, and persuade them to control it.

D **DUST AND LEAD CONTROL**

- 13 Seek expert advise on reducing lead levels in the home.
- 14 Reduce track-in of dust and lead. Take off shoes or install high quality door mats at all entrances.
- 15 Before remodeling, learn safety procedures for limiting exposure to lead and dust.
- 16 Have paint tested for lead if home is pre-1978, and especially if there are children present.
- 17 Repair or remove damaged lead-based paint. Call the Health Department at 800-287-6429.
- 18 If anyone in household has allergies or asthma, consider removing carpeting.
- 19 When choosing new carpeting, select level loop carpets (tight weave) rather than plush or shag. Consider not gluing carpet down. Choose carpet with cloth backing rather than rubber.

- 20 Vacuum with an upright or powerhead vacuum.
- 21 Check bag and/or belt more often to help make sure vacuum cleaner is working properly.
- 22 Consider wearing a dust mask when vacuuming.
- 23 Increase frequency of vacuuming or cleaning.
- 24 Vacuum area rugs with a power head vacuum or send out for cleaning.
- 25 Pay special attention to vacuuming upholstered furniture and consider removing very old coth covered furniture.

- 26 Wash work clothes separately.
- 27 Wash hands more frequently.
- 28 Consider covering pillows and/or mattresses with plastic.
- 29 Open windows more frequently and keep bedroom window open at night whenever possible, provided it is safe to do so.

YOUR HOME ACTION PLAN

- 30 Have furnace checked for proper operation.
- 31 Call the gas company immediately to check possible leak.
- 32 Have furnace ductwork cleaned regularly (about every 5 years).
- 33 Change furnace filters at least twice a year.
- 34 Have an outside combustion air supply installed for furnace.

E **MOISTURE PROBLEMS**

- 35 Clean drip pan at least every three months.
- 36 Clean refrigerator coils at least every six months.
- 37 Repair water leaks and remove or repair any damaged material.
- 38 Reduce kitchen humidity by covering pots, running ventilating fan, or opening windows.
- 39 Consider removing kitchen or bathroom carpeting.

- 40 Use fan or open windows to reduce bathroom moisture.
- 41 Bathroom fan should be vented to the outside and preferably have a timer.
- 42 Repair water leaks in bathroom.
- 43 Clean up mold with chlorine bleach solution (1 cup per gallon of water)>
- 44 Remove carpeting if possible.

- 45 Clean and disinfect areas contaminated by sewage backup.
- 46 Check drainage, downspouts, and foundation dampproofing.
- 47 Remove basement carpeting .
- 48 Use a dehumidifier in basement.
- 49 Cover crawlspace floor with 6 mil polyethylene, anchor with sand, gravel or bricks.
- 50 Ventilate crawlspace.
- 51 Consult with a specialist on correcting a basement moisture problem.
- 52 Vent clothes dryer to outside.
- 53 Ventilate home by opening windows whenever weather permits. Repair or Replace windows that cannot be opened.
- 54 Minimize water producing activities: take shorter showers, keep lids on pots, use exhaust fans.
- 55 Correct specific drainage problems. Check downspouts, foundation, slope, etc.
- 56 Remove water damaged materials.

F **INDOOR AIR**

- 57 Have air tested for formaldehyde levels. Call 253-798-7674.
- 58 Seal sources of formaldehyde that cannot be removed. Use a polyurethane or acrylic sealer.
- 59 Remove sources of formaldehyde if levels are very high and/or sources cannot be sealed.

- 60 Test material for asbestos.
- 61 Leave asbestos in place.
- 62 Cover/isolate asbestos
- 63 Inquire about asbestos removal. Go to: pscaa.org or call 800 552-3565
- 64 Have home tested for radon.
- 65 Consult Radon Hotline (800-323-9727) for information on reducing radon levels.
- 66 Clean garage floor, remove hazardous products to shed.

YOUR HOME ACTION PLAN

- 67 avoid idling car in garage. Drive off immediately after starting.
- 68 Install door mat between garage and home.
- 69 Call the gas company about possible gas leak in stove.
- 70 Install stove fan.
- 71 Use stove fan when cooking.
- 72 Vent stove fan to outside.
- 73 Avoid using unvented kerosene or gas heater inside the home.
- 74 Have fireplace/stove checked.

G HAZARDOUS HOUSEHOLD PRODUCTS

- 75 Use less hazardous products if possible. Call Washington Toxics Coalition (206-632-1545) for suggestions.
- 76 Use hazardous solvent-based products outdoors or open two windows and use a fan.
- 77 Wear gloves and goggles when using corrosive products or pesticides.
- 78 Wear appropriate protective gear when applying pesticides: long sleeved shirt and long pants, a non-permeable hat, and a dust mask for powders or a respirator for solvents.
- 79 Move flammable materials away from source of ignition.
- 80 Move hazardous products to area protected from children.
- 81 Call Health Department at 800-287-6429 about removal of hazardous products.
- 82 Call Health Department 800-287-6429 about removal of banned products.
Pesticides that are still legal to use may be used up as directed. If you do not want to use these products, take them to a household hazardous waste collection site. Call the Hazards Line _____ for more information.
- 83 Reduce or eliminate use of indoor pesticides by employing non-chemical controls or using less-hazardous products. Call Washington Toxics Coalition
- 84 Avoid calendar applications of pesticides. Treat specific problems only when necessary and use non-chemical controls or less-hazardous chemicals if possible.
- 85 Consider performing activity outdoors.
- 86 Consider performing activity in garage.
- 87 Consider performing activity in room separate from home.
- 88 Consider installing ventilation system in room where activity is done.
- 89 Learn more about the risks and investigate safety equipment for engaging in this activity.
- 90 Do not put pesticides down the drain or in the trash. Call 800-287-6429.

HOME ACTION PLAN SUMMARY:

To improve the health of my/our home, I/we will take these actions in the next six weeks:

- 1.
- 2.
- 3.

Signed: _____

Hello!

YOUR HOME ACTION PLAN

After you complete the Do-it-Yourself Home Environmental Assessment List, please list below the three (3) healthy actions you plan to implement in your home to improve indoor air quality.

Action Plan Summary:

To improve the health of my/our home, I/we will implement the following healthy actions within the next six weeks:

1. _____
2. _____
3. _____

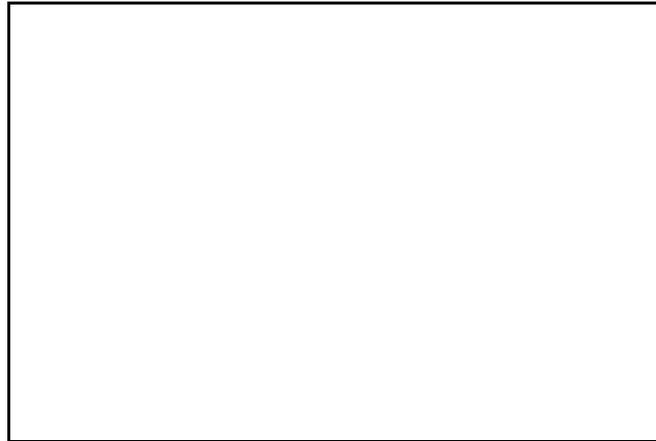
Signature: _____

Today's Date: _____

**Mail this form to: Clean Air for Kids
3629 South D Street, MS 319
Tacoma, WA 98418**

Thank you!
Amanda Odom
Clean Air for Kids Partnership
Master Home Environmentalist Program
(253) 798-2954

Comments/Questions/Supplies needed:



Safe & Healthy Home Environmental Assessment

EHA ID #: _____

Contact: _____

Site Address: _____

Contact Phone: _____

Date of Site Visit: _____

_____ Date

_____ Date

Understanding Your Safe & Healthy Home Report

This report represents the results of a safe and healthy home assessment recently performed at your home. The report includes a general evaluation of the building and the mechanical components in the building along with an assessment of the appliances in your home. Another section of the assessment provides a room by room evaluation of common healthy home issues that can affect the indoor air and environment quality of a home. This assessment shows what issues, if any, were observed and what you should consider changing about your home to improve indoor environmental quality and make your home the healthiest it can be.

This report may include a list of extreme risk and high risk hazards identified during the assessment. Extreme Risk hazards are those hazards that represent an immediate threat to health and safety and need to be addressed as soon as possible. High Risk hazards are those hazards that may result in health problems or contribute to health symptoms and need to be addressed as can be reasonably done. Your assessment professional can help you identify the issues identified in your home during the home assessment and what specific actions can be taken to resolve the issue identified. In order to make your home the healthiest it can be, we recommend you take these actions quickly to reduce or eliminate the issues identified.

It is possible that many issues were identified during your home assessment. The Safe and Healthy Home Program will try to help you address many of the issues identified and can provide you with the names of community organizations that may have funding that you can apply for to help cover the cost of repairing some of the healthy home issues identified in this report. If you have any questions regarding this home assessment report, or about the Safe and Healthy Home Program, or want help working with community organizations to get help with healthy home issues, please contact us at anytime at 816-960-8918.

How to Read the Home Assessment Scores in this Report

For the building, mechanical and appliance pages, each component is assessed separately with a series of statements about the condition of that component. For the room assessments, each room is evaluated using 5 healthy home categories. Each item that is part of a component or room category is rated and scored by the assessment professional. If an item looks "OK-Good" or normal, it receives a score of 100 points, if an item is a "Concern", it receives a score of 50 points, if an item is rated as "Take Action", it received 0 points. The assessment score for each component or room category is then an average score of these different items assessed. For example, the air flow and circulation score for the living room is an average score based on 5 different assessment parts.

The assessment score for each component or room category is then given its safe and healthy home assessment rating based on the following guidelines:

85 - 100 points -OK- Good

If an item looks "OK-Good" or normal, it received an average score for all the items assessed of 85 points or higher.

70 - 85 points -Concern

If an item is a "Concern", it received an average score between 70 to 85 points and means there were enough concerns about a particular home component or room, that it should be changed to help improve the indoor environment of the home.

< 70 points -Take Action

If an item is rated as "Take Action", it received an average score of 70 points or lower. These components or rooms had enough problems with them that we believe they need to be changed as soon as possible to improve your home's indoor environmental health.

Finally, at the bottom of each room page is the Home Assessment Room Score which is the average score for all 5 of the healthy home categories used to assess a specific room. The higher your room assessment score is the "healthier" the room is. The goal of this assessment is to help you make these scores as high as possible.

2.0 Building Assessment:

EHA ID #: _____

Date of Site Visit: _____

Roof	Type: _____	OK-Good	Concern	Take Action	Not Applic.	HH Score	Comments	*Note moisture meter readings	# of Health/Safety Hazards	Chronic	Acute
Surface intact											
Any occupant reported/visible leaks											
Any evidence of water damage											
Drip edge condition											
Flashing condition											
Chimney flashing condition											
Ventilation present											
		100	50	0		Score: _____			# Identified: _____		
Exterior Siding	Type: _____	OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized w/ no visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Guttering		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Properly attached and sealed											
Any flaking paint											
Any leaking/Moisture retention											
Downspouts condition											
Splash block/tile condition											
		100	50	0		Score: _____			# Identified: _____		
Foundation	Type: _____	OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Any visible cracks											
Any reported/visible leaks											
Weatherized w/ no visible gaps											
Any flaking paint on wall surface											
Crawlspace open to living space?											
		100	50	0		Score: _____			# Identified: _____		
Exterior Doors	Total #: _____	Type(s): _____								Chronic	Acute
		OK	C	TA	NA		Comments	*Note moisture meter readings			
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized / No visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Exterior Windows	Total #: _____	Type(s): _____								Chronic	Acute
		OK	C	TA	NA		Comments	*Note moisture meter readings			
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized / No visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Stairs/Steps		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Surface condition											
Any flaking paint											
Outside stairs condition											
Handrails Present (>3 steps)											
		100	50	0		Score: _____			# Identified: _____		
Electrical Service		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
open service panels?											
Main panel covered/attached properly											
Any exposed wiring?											
		100	50	0		Score: _____			# Identified: _____		
Total Hazards Identified:										_____	_____

2.0 Mechanical Assessment:

EHA ID #: _____

Date of Site Visit: _____

of Health/Safety Hazards

Heating System Type: _____	OK	C	TA	NA	Comments	Chronic	Acute
Main box intact							
Exhaust properly attached & sealed							
Exhaust system works (neg. flow)							
Any dust covered components							
Returns properly attached and sealed							
Supplies properly attached and sealed							
Any suspect material							
Filter properly seated and sealed							
Correct filter size							
Pleated filter in use(min. MERV=8)							
Filter condition							
Filter changed quarterly (min)							
Furnace Filter Size _____ X _____	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

System Humidifier	OK	C	TA	NA	Comments	Chronic	Acute
Properly attached & sealed							
Any reported/visible leaks							
Any suspect mold visible							
Water supply line connected correctly							
Evaporator Condition							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

Central Air	OK	C	TA	NA	Comments	Chronic	Acute
Any reported/visible leaks							
Condition of coolant line							
Condensate hose extends into drain							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

Water Heater Type: _____	OK	C	TA	NA	Comments	Chronic	Acute
Any reported/visible leaks							
Condition of pressure relief valve							
Water temp setting <u>Low</u> <u>Med.</u>							
Steel or brass gas line							
Exhaust attached properly							
Exhaust system works (neg. flow)							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

	Supply				Waste				Chronic	Acute	
	OK	C	TA	NA	OK	C	TA	NA			
Home Plumbing											
Main											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Kitchen Sink											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Tub/Shower											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Toilet											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Sink											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____	# Identified: <input type="text"/>	<input type="text"/>	
Plumbing Supply Score:	_____				Plumbing Waste Score:	_____					

Total Hazards Identified:

3.0 EHA Room Survey: Child's Bedroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Note airflow readings	100	50	0		Score:		# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score:		# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/> total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/> total sq. ft.								
	100	50	0		Score:		# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
0 <1 >1								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/> total sq. ft.								
	100	50	0		Score:		# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score:		# Identified:	

Home Assessment Room Score:

Total Hazards Identified:

3.0 EHA Room Survey: Master Bedroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Anyte airflow readings	100	50	0		Score: _____		# Identified: _____	_____

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score: _____		# Identified: _____	_____

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
0 <10 >10								
Area affected: _____ total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
0 <10 >10								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
0 <1 >1								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score: _____		# Identified: _____	_____

Home Assessment Room Score: _____

Total Hazards Identified: _____

3.0 EHA Room Survey: Family/Living Room

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Anyte airflow readings	100	50	0		Score: _____		# Identified: _____	_____

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score: _____		# Identified: _____	_____

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10								
Area affected: _____ total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <1 <input type="text"/> >1								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score: _____		# Identified: _____	_____

Home Assessment Room Score: _____ Total Hazards Identified: _____

3.0 EHA Room Survey: Kitchen

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent open								
Supply vent unobstructed								
If return vent present - working								
Return vent(s) unobstructed								
Exhaust fan present/operational								
Exhaust fan used during cooking								
Room under (-) pressure*								
*Note airflow readings	100	50	0	Score:			# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any visible dust								
Any carpeting/upholstery present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Bulk food in containers								
Trash stored in container w/ lid								
Any cracks/gaps around cabinets								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0	Score:			# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10								
Area affected: <input type="text"/> total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:	100	50	0					
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10								
Area affected: <input type="text"/> total sq. ft.								
	100	50	0	Score:			# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Chemicals stored in orig. container								
Food stored away from chemicals								
Any flaking paint on any surface								
Flaking Paint Ranking:	100	50	0					
Area affected: <input type="text"/> 0 <input type="text"/> <1 <input type="text"/> >1								
Area affected: <input type="text"/> total sq. ft.								
	100	50	0	Score:			# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Fire extinguisher present & working								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Chemicals stored in childproof cab.								
GFCI near water sources								
Measured Water Temp. (deg. F) _____								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Cabinet locks on doors								
Any blind/curtain cords w/in reach								
Medicines stored in locked cabinets								
	100	50	0	Score:			# Identified:	

Home Assessment Room Score: Total Hazards Identified:

3.0 EHA Room Survey: Bathroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent open								
Supply vent unobstructed								
If return vent present - working								
Return vent(s) unobstructed								
Exhaust fan present								
Exhaust fan used during/after showers								
Room under (-) pressure*								
*Note airflow readings	100	50	0	Score:			# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any visible dust								
Any carpeting/upholstery present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Trash stored in container w/ lid								
Any cracks/gaps around cabinets								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0	Score:			# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:							MM Read	
0 <10 >10								
Area affected:								
total sq. ft.								
Any reported/visible window leaks								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:	100	50	0					
0 <10 >10								
Area affected:								
total sq. ft.								
Score:	100	50	0				# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemicals								
Chemicals stored in orig. container								
Any flaking paint on any surface								
Flaking Paint Ranking:	100	50	0					
0 <1 >1								
Area affected:								
total sq. ft.								
Score:	100	50	0				# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Fire extinguisher present & working								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Chemicals stored in childproof cab.								
GFCI near water sources								
Measured Water Temp. (deg. F)								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Cabinet locks on doors								
Any blind/curtain cords w/in reach								
Medicines stored in locked cabinets								
	100	50	0	Score:			# Identified:	

Home Assessment Room Score: _____ Total Hazards Identified: _____

3.0 EHA Room Survey: Basement

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Working supply vent									
Supply vent open									
Supply vent unobstructed									
Any return vent(s) present									
Any crawlspace open to room									
Room under (-) pressure									
*Note airflow readings	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any visible dust									
Any carpeting/upholstery present									
Any cloth window coverings									
Any furry/feathered pets in room									
Any reported/visible evid. of rodents									
Any reported/visible evid. of insects									
Any clutter									
Bulk food in containers									
Trash stored in container w/ lid									
Any trash/debris on surfaces									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any damp smell									
Any visible moisture stains									
If present, visible moisture ranking:							MM Read	<input type="text"/>	
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10							*Note any moisture meter readings		
total sq. ft.									
Any reported/visible window leaks									
Any visible cracks in floor & walls									
Any seepage / standing water									
Floor drain functioning properly									
Any mold smell									
Any suspect visible mold									
Visible mold ranking:	100	50	0						
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10									
total sq. ft.									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any smoking allowed in room									
Any chemical odors									
Any air fresheners									
Any candles or incense									
Chemicals stored in orig. container									
Food stored away from chemicals									
Any flaking paint on any surface									
Flaking Paint Ranking:	100	50	0						
Area affected: <input type="text"/> 0 <input type="text"/> <1 <input type="text"/> >1									
total sq. ft.									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Smoke detector in /near room									
CO detector near room									
Chemicals stored in childproof cab.									
GFCI near water sources									
Any overloaded/small gauge ext. cords									
Any open junction box/outlets									
If windows present-operational									
Any slip/trip/fall hazards									
Handrails on stairs									
Stair lighting Present/Operational									
Small Children (<7 yrs old):									
Receptacle plug covers									
Cabinet locks on doors									
Any blind/curtain cords w/in reach									
Medicines stored in locked cabinets									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Home Assessment Room Score: Total Hazards Identified:

6.0 Environmental Measurements:

EHA# _____

Date of Site Visit: _____

Exhaust Vents

Kitchen Exhaust 1

Bath Exhaust 1

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Kitchen Exhaust 2

Bath Exhaust 2

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Gas Appliance Testing

OK C TA NA Comments Chronic Acute

No reported/observed gas leak

Measurement Performed?

Yes No Measurement Type: _____

!!! If no gas is detected, it is now safe to perform combustion appliance testing !!!

Home Heating System 1: Natural Gas LP Gas

Home Heating System 2: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Gas Water Heater 1: Natural Gas LP Gas

Gas Water Heater 2: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Gas Stove: Natural Gas LP Gas

Gas Dryer: Natural Gas LP Gas

Combustion Appliance Zone (CAZ) Test
Pass Fail
Method CO _____ ppm Other _____

Combustion Appliance Zone (CAZ) Test
Pass Fail
Method CO _____ ppm Other _____

Measured Pressure: _____ pascals

Pass Fail CO _____ ppm

Measured Pressure: _____ pascals

Pass Fail CO _____ ppm

3.0 House/Floor/Room Plan Drawings

EHA ID #: _____

Date: _____

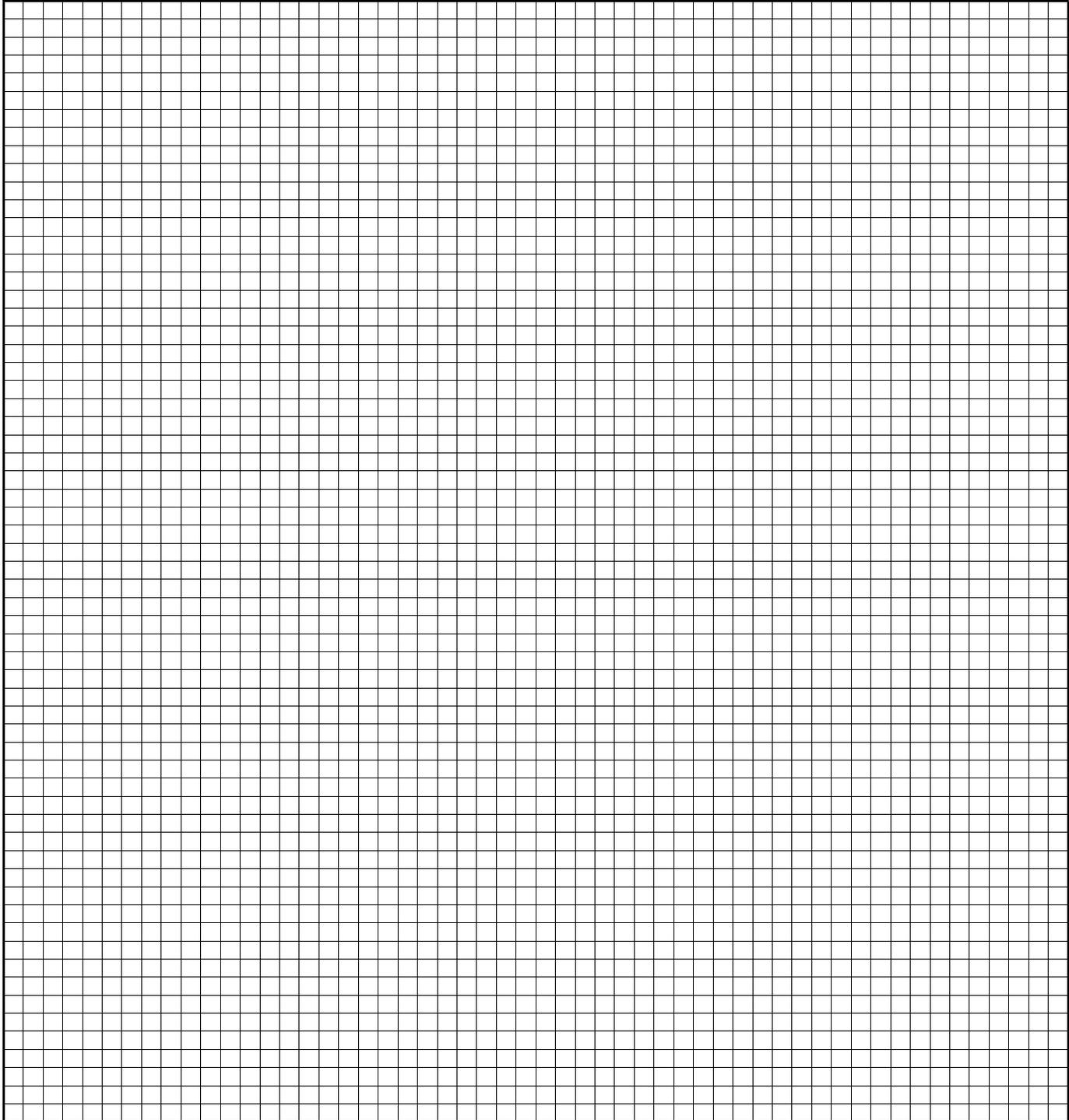
Items to be included on floor plan drawing:

- * Smoke tube applicable doorways
- * Measure and note ft² and ft³ for each room assessed
- * Note locations for supply, return, and exhaust vents
- * Note room contents (tables, couches, dressers, etc.)
- * Note locations of moisture sources (sinks, toilets, W/D, etc.)
- * Note locations of "issues"

Issues Key

F -	Fragranced products
C -	Chemical products
MS -	Moisture stain
SM -	Suspect mold
FP -	Flaking paint
SH -	Safety hazard

Compass Direction: _____



	Door 1	Door 2	Door 3	Door 4	Door 5	Door 6	Door 7	Door 8	Door 9	Door 10
Pressure Readings/	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Smoke Tube	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Measurements	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

4.0 Field Notes and Calculations

EHA ID #: _____ Date: _____

Home Assessor Name(s): _____

Module 1 - Resident Interview
Exercise 4: Virtual Resident Interview

This worksheet is to be used in conjunction with the Pediatric Environmental Home Assessment (PEHA). For each section, make notes on how the interview and assessment were conducted. Note specific hazards identified on the PEHA form.

1. Welcome and Introductions (video)

2. Basement and Exterior (text and images)

3. Kitchen (video and images)

4. Living Room (video and images)

5. Neighborhood (images)

6. Bedroom and Bathroom (video and images)

7. Medication Review and Wrap-up (video and images)

BASEMENT

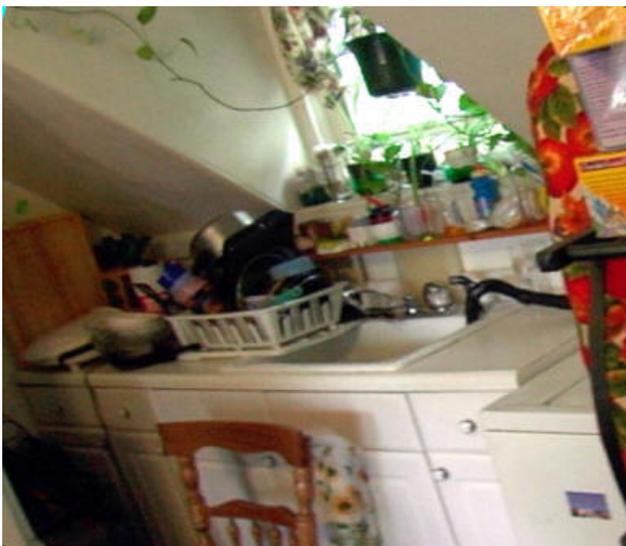




EXTERIOR



KITCHEN









LIVING ROOM





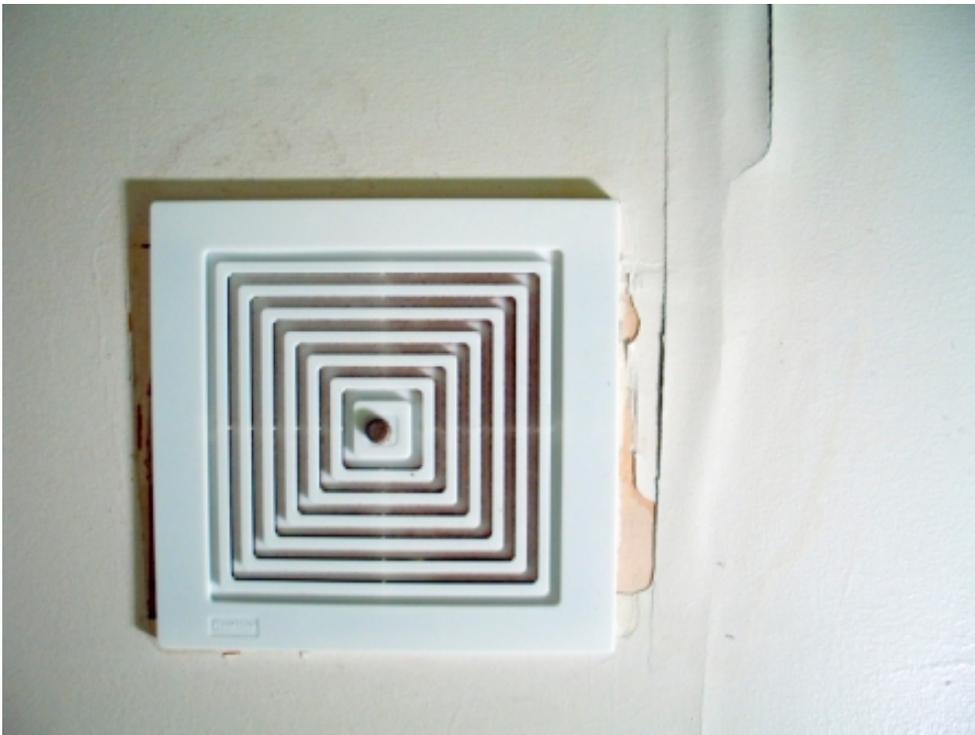
BEDROOM





BATHROOM





Pediatric Environmental Home Assessment

DRAFT 5/12/06

RESIDENT REPORTED INFORMATION

Bolded responses indicate areas of greater concern.

General Housing Characteristics

Type of Ownership	<input type="checkbox"/> Own house	<input type="checkbox"/> Market rate rental hsg.	<input type="checkbox"/> Subsidized rental hsg.	<input type="checkbox"/> Shelter	
Age of Home	<input type="checkbox"/> Pre-1950	<input type="checkbox"/> 1950-1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know	
Structural Foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace		
Floors Lived In (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd or higher	
Heating	Fuel Used	<input type="checkbox"/> Natural gas / LPG	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
	Sources in Home	<input type="checkbox"/> Radiators	<input type="checkbox"/> Forced warm air	<input type="checkbox"/> Space heater or oven	<input type="checkbox"/> Other: _____
	Filters Changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> No filters
	Control	<input type="checkbox"/> Easy to control heat	<input type="checkbox"/> Hard to control heat		
Cooling	<input type="checkbox"/> Windows	<input type="checkbox"/> Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None	
Ventilation (check all that apply)	<input type="checkbox"/> Open windows	<input type="checkbox"/> Kitchen/bathroom fans	<input type="checkbox"/> Central ventilation	<input type="checkbox"/> HEPA air filter	

NOTES:

Indoor Pollutants

Mold and Moisture	<input type="checkbox"/> Use dehumidifier <input type="checkbox"/> No damage	<input type="checkbox"/> Use vaporizer or humidifier	<input type="checkbox"/> Musty odor evident	<input type="checkbox"/> Visible water / mold damage	
Pets	Presence	<input type="checkbox"/> No pets	<input type="checkbox"/> Cat # _____	<input type="checkbox"/> Dog # _____	<input type="checkbox"/> Other: _____
	Management	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in patient's bedroom	<input type="checkbox"/> Full access in home	<input type="checkbox"/> Sleeping location: _____
Pests	Cockroaches	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Mice	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Rats	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Bedbugs	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> bedroom <input type="checkbox"/> other
Lead-based Paint	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Loose, peeling, or chipping, paint	
Asbestos	<input type="checkbox"/> Tested – None present	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Damaged or friable material	
Radon	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Failed test but not mitigated	
Health and Safety Alarms	<input type="checkbox"/> Smoke alarm working and well placed	<input type="checkbox"/> CO alarm working and one on each floor	<input type="checkbox"/> CO alarm does not log peak level	<input type="checkbox"/> No smoke or CO alarm	
Environmental Tobacco Smoke	<input type="checkbox"/> No smoking allowed	<input type="checkbox"/> Smoking allowed outdoors	<input type="checkbox"/> Smoking allowed indoors <input type="checkbox"/> bedroom <input type="checkbox"/> playroom	<input type="checkbox"/> Total # smokers in household: _____ <input type="checkbox"/> Mother smokes	
Other Irritants	<input type="checkbox"/> None	<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Potpourri, incense, candles	<input type="checkbox"/> Other strong odors: _____	
Type of Cleaning	<input type="checkbox"/> Standard Vacuum (non HEPA)	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> Sweep or dry mop	

NOTES:

NURSE OBSERVED INFORMATION

Bolded responses indicate areas of greater concern.

Home Environment					
Drinking Water Source		<input type="checkbox"/> Public water system	<input type="checkbox"/> Household Well	<input type="checkbox"/> Shared Well	
Kitchen	Cleanliness	<input type="checkbox"/> No soiling	<input type="checkbox"/> Trash or garbage sealed	<input type="checkbox"/> Trash or garbage not sealed	<input type="checkbox"/> Wall/ceiling/floor damage
	Ventilation	<input type="checkbox"/> Functioning stove exhaust fan/vent	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Broken stove exhaust fan/vent	<input type="checkbox"/> No stove exhaust fan/vent
Bathroom		<input type="checkbox"/> Functioning exhaust fan/vent/window	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Basement		<input type="checkbox"/> None/No Access	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Living Room		<input type="checkbox"/> No soiling	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Laundry area		<input type="checkbox"/> None	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Dryer not vented outside	<input type="checkbox"/> Hang clothes to dry

Sleep Environment					
Patient's sleep area	<input type="checkbox"/> Own room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Other		
# Beds	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2	
Allergen impermeable encasings on beds	<input type="checkbox"/> On mattress and boxspring (zippered)	<input type="checkbox"/> On mattress only (zippered)	<input type="checkbox"/> On mattress (not zippered)	<input type="checkbox"/> No mattress covers	
Pillows	<input type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/ down		
Bedding	<input type="checkbox"/> Washable	<input type="checkbox"/> Wool/not washable	<input type="checkbox"/> Feather/ down		
Flooring	<input type="checkbox"/> Hardwood/Tile/Linoleum	<input type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> Wall-to-wall carpet	
Dust/mold catchers	<input type="checkbox"/> Stuffed animals/washable toys	<input type="checkbox"/> Non-washable toys	<input type="checkbox"/> Plants	<input type="checkbox"/> Other _____	
Window	<input type="checkbox"/> Washable shades/curtains	<input type="checkbox"/> Washable blinds	<input type="checkbox"/> Curtains/ drapes	<input type="checkbox"/> No window/ poor ventilation	
Other irritants	<input type="checkbox"/> Abundant cosmetics and fragrances				

NOTES:

NOTES:

Home Safety <i>* can indicate housing code violations</i>					
<i>General</i>					
Active renovation or remodeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
*Stairs, protective walls, railings, porches	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
*Hallway lighting	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate			
Poison control number	<input type="checkbox"/> Posted by phone	<input type="checkbox"/> Not posted by phone			
**Family fire escape plan	<input type="checkbox"/> Developed and have copy available	<input type="checkbox"/> None			
Electrical appliances (radio, hair dryer, space heater)	<input type="checkbox"/> Not used near water	<input type="checkbox"/> Used near water			
Matches and lighters stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach			
Exterior environment	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Abundant trash and debris	<input type="checkbox"/> Chipping, peeling paint	<input type="checkbox"/> Broken window(s)	

NOTES:

NURSE OBSERVED INFORMATION (continued)

Home Safety <i>* can indicate housing code violations</i>			
Young Children Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coffee, hot liquids, and foods	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Cleaning supplies stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Medicine and vitamins stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Child (less than six years old) been tested for lead poisoning	<input type="checkbox"/> Within past 6 months Result: _____	<input type="checkbox"/> Within past year or more. When? _____ Result: _____	<input type="checkbox"/> No
Child watched by an adult while in the tub	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> No
*Home's hot water temperature	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input type="checkbox"/> Don't know
Non-accordion toddler gates used	<input type="checkbox"/> At top of stairs	<input type="checkbox"/> At bottom of stairs	<input type="checkbox"/> No
Crib mattress	<input type="checkbox"/> Fits well	<input type="checkbox"/> Loose	
Window guards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Window blind cords	<input type="checkbox"/> Split cord	<input type="checkbox"/> Looped cord	

NOTES:

Funded by The U.S. Environmental Protection Agency



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National Center for Healthy Housing

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With thanks to

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The National Environmental Education & Training Foundation

We credit its *Environmental Management of Pediatric Asthma: Guidelines for Health Care Providers*
and model Pediatric Environmental History Form

and



The Center for Healthy Homes and Neighborhoods at Boston University

We credit its model Pediatric Asthma-Allergy Home Assessment form

Pediatric Environmental Home Assessment

HOME VISIT EXERCISE ANSWER SHEET

RESIDENT REPORTED INFORMATION

Bolded responses indicate areas of greater concern.

General Housing Characteristics

Type of ownership	<input type="checkbox"/> Own house	<input type="checkbox"/> Market rate rental hsg.	X Subsidized rental hsg.	<input type="checkbox"/> Shelter
Age of home	<input type="checkbox"/> Pre-1950	X 1950 -1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know
Structural foundation	X Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Don't know
Floors lived in (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	X 2 nd	<input type="checkbox"/> 3 rd or higher
Heating	Fuel used	<input type="checkbox"/> Natural gas / LPG	X Oil	<input type="checkbox"/> Electric
	Sources in home	X Radiators	<input type="checkbox"/> Forced hot air vents	<input type="checkbox"/> Space heater or oven
	Filters changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	X Don't know
	Control	<input type="checkbox"/> Easy to control heat	X Hard to control heat	
Cooling	<input type="checkbox"/> Windows	X Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None
Ventilation (check all that apply)	X Opens windows	<input type="checkbox"/> Kitchen & bathroom fans	<input type="checkbox"/> Central ventilation	

NOTES: PARENT REPORTS BIGGEST CONCERNS ARE DUST AND MICE

Indoor Pollutants

Mold and moisture	<input type="checkbox"/> Uses dehumidifier <input type="checkbox"/> No damage	X Uses vaporizer or humidifier	<input type="checkbox"/> Musty odor evident	X Visible water / mold damage
Pet	Presence	X No pets	<input type="checkbox"/> Cat # _____	<input type="checkbox"/> Dog # _____
	Management	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in patient's bedroom	<input type="checkbox"/> Full access in home
Pests	Cockroaches	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	X Evidence seen
	Mice	<input type="checkbox"/> None	X Family reports	X Evidence seen
	Rats	X None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen
	Bedbugs	X None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen
Lead paint hazards	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested/Don't know	X Loose, peeling, or chipping, paint
Asbestos	<input type="checkbox"/> Tested – None present	<input type="checkbox"/> Tested, failed, and mitigated	X Not tested/Don't know	X Damaged material
Radon	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	X Not tested/Don't know	<input type="checkbox"/> Failed test but not mitigated
Health and Safety Alarms	X Smoke alarm working and well placed	<input type="checkbox"/> CO alarm working and one on each floor	<input type="checkbox"/> CO alarm does not log peak level	<input type="checkbox"/> No smoke alarm X No CO alarm
Tobacco smoke exposure **SEE NOTES	X No smoking allowed	<input type="checkbox"/> Smoking only allowed outdoors	<input type="checkbox"/> Smoking allowed indoors <input type="checkbox"/> bedroom <input type="checkbox"/> playroom	<input type="checkbox"/> Total # smokers in household: _____ <input type="checkbox"/> Mother smokes
Other irritants	X None	<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Potpourri, incense, candles	<input type="checkbox"/> Other strong odors: _____
Type of cleaning	<input type="checkbox"/> Standard Vacuum (non HEPA)	X HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> Sweep or dry mop

NOTES: HOUSEHOLD IS NON-SMOKING BUT EXPOSED TO SMOKE FROM APT. BELOW; NEED TO RE-SEAL FOR MICE;

**HAS SMOKE ALARM BUT NOT CO ALARM. MAY HAVE LEAD PAINT AND REPAIRS TO IT APPEAR TO HAVE FAILED
NURSE OBSERVED INFORMATION**

Bolded responses indicate areas of greater concern.

Home Environment					
Drinking Water Source		<input checked="" type="checkbox"/> Public water system	<input type="checkbox"/> Household Well		
Kitchen	Cleanliness	<input type="checkbox"/> No soiling	<input type="checkbox"/> Trash or garbage sealed	<input checked="" type="checkbox"/> Trash or garbage not sealed	<input type="checkbox"/> Wall/ceiling/floor damage
	Ventilation	<input type="checkbox"/> Functioning stove exhaust fan/vent	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Broken stove exhaust fan/vent	<input checked="" type="checkbox"/> No stove exhaust fan/vent
Bathroom		<input checked="" type="checkbox"/> Functioning exhaust fan/vent/window	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Basement		<input type="checkbox"/> None/No Access	<input type="checkbox"/> Mold growth present	<input checked="" type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Living Room		<input checked="" type="checkbox"/> No soiling	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Laundry area		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Dryer not vented	<input type="checkbox"/> Hang clothes to dry

Sleep Environment					
Patient's sleep area	<input checked="" type="checkbox"/> Own room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Other		
# Beds	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2	
Allergen impermeable encasings on beds	<input type="checkbox"/> On mattress and boxspring (zippered)	<input checked="" type="checkbox"/> On mattress only (zippered)	<input type="checkbox"/> On mattress (not zippered)	<input type="checkbox"/> No mattress covers	
Pillows	<input checked="" type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/ down		
Bedding	<input checked="" type="checkbox"/> Washable	<input type="checkbox"/> Wool/not washable	<input type="checkbox"/> Feather/ down		
Flooring	<input checked="" type="checkbox"/> Hardwood/Tile/Linoleum	<input checked="" type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> Wall-to-wall carpet	
Dust/mold catchers	<input checked="" type="checkbox"/> Stuffed animals/washable toys <input checked="" type="checkbox"/> No clutter	<input type="checkbox"/> Non-washable toys	<input type="checkbox"/> Plants	<input type="checkbox"/> Other _____	
Window	<input checked="" type="checkbox"/> Washable shades/curtains	<input checked="" type="checkbox"/> Washable blinds	<input type="checkbox"/> Curtains/ drapes	<input type="checkbox"/> No window/poor ventilation	
Other irritants	<input type="checkbox"/> Abundant cosmetics and fragrances				

Home Safety * can indicate housing code violations				
<i>General</i>				
Active renovation or remodeling	<input checked="" type="checkbox"/> Yes IN NEIGHBORHOOD	<input type="checkbox"/> No		
*Stairs, protective walls, railings, porches	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
*Hallway lighting	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate		
Poison control number	<input type="checkbox"/> Posted by phone	<input checked="" type="checkbox"/> Not posted by phone		
**Family fire escape plan	<input type="checkbox"/> Developed and have copy available	<input checked="" type="checkbox"/> None		
Electrical appliances (radio, hair dryer, space heater)	<input type="checkbox"/> Not used near water	<input checked="" type="checkbox"/> Used near water BATHROOM		
Matches and lighters stored	<input checked="" type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach		
Exterior environment	<input type="checkbox"/> Well maintained	<input checked="" type="checkbox"/> Abundant trash and debris	<input type="checkbox"/> Chipping, peeling paint	<input type="checkbox"/> Broken window(s)

NURSE OBSERVED INFORMATION (continued)

Home Safety * can indicate housing code violations				
<i>Young Children Present</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Coffee, hot liquids, and foods	<input type="checkbox"/> Out of child's reach	<input checked="" type="checkbox"/> Within child's reach		
Cleaning supplies stored	<input type="checkbox"/> Out of child's reach	<input checked="" type="checkbox"/> Within child's reach		
Medicine and vitamins stored	<input type="checkbox"/> Out of child's reach	<input checked="" type="checkbox"/> Within child's reach		
Child (less than six years old) been tested for lead poisoning	<input type="checkbox"/> Within past 6 months Result: _____	<input checked="" type="checkbox"/> Within past year or more. When? <1 year Result: <10	<input type="checkbox"/> No	
Child watched by an adult while in the tub	<input type="checkbox"/> Always	<input checked="" type="checkbox"/> Most of the time	<input type="checkbox"/> No	
*Home's hot water temperature	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input checked="" type="checkbox"/> Don't know	
Non-accordion toddler gates used	<input type="checkbox"/> At top of stairs	<input type="checkbox"/> At bottom of stairs	<input type="checkbox"/> No	
Crib mattress	<input type="checkbox"/> Fits well	<input type="checkbox"/> Loose	<input checked="" type="checkbox"/> NA	
Window guards	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Window blind cords	<input type="checkbox"/> Split cord	<input checked="" type="checkbox"/> Looped cord		

NOTES: LOTS OF DUST FROM NEIGHBORHOOD CONSTRUCTION; HAS WINDOWS CLOSED AND A/C ON BUT STILL A PROBLEM; LOTS OF EXPOSED DIRT OUTSIDE DUE TO CONSTRUCTION; CABINET WITH CLEANING SUPPLIES IS NOT LOCKED AND IS AT CHILD LEVEL

Funded by The U.S. Environmental Protection Agency



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and



The Center for Healthy Homes and Neighborhoods at Boston University

We credit its model Pediatric Asthma-Allergy Home Assessment form

Module 1 - Resident Interview
Exercise 4: Virtual Resident Interview

This worksheet is to be used in conjunction with the Pediatric Environmental Home Assessment (PEHA). For each section, make notes on how the interview and assessment were conducted. Note specific hazards identified on the PEHA form.

1. Welcome and Introductions (video)

2. Basement and Exterior (text and images)

3. Kitchen (video and images)

4. Living Room (video and images)

5. Neighborhood (images)

6. Bedroom and Bathroom (video and images)

7. Medication Review and Wrap-up (video and images)

BASEMENT

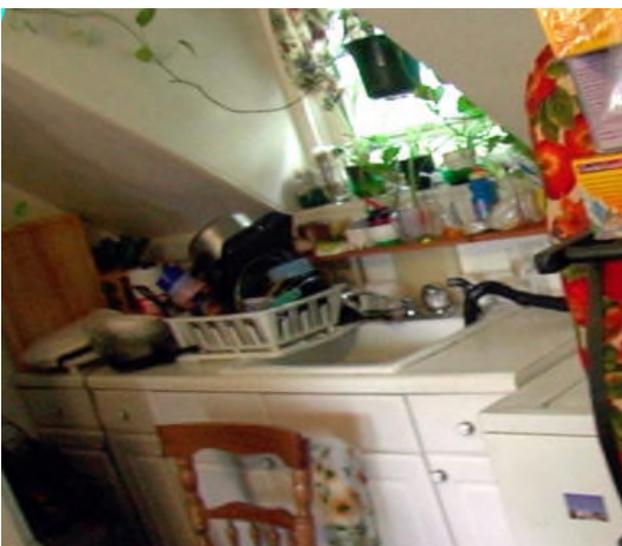
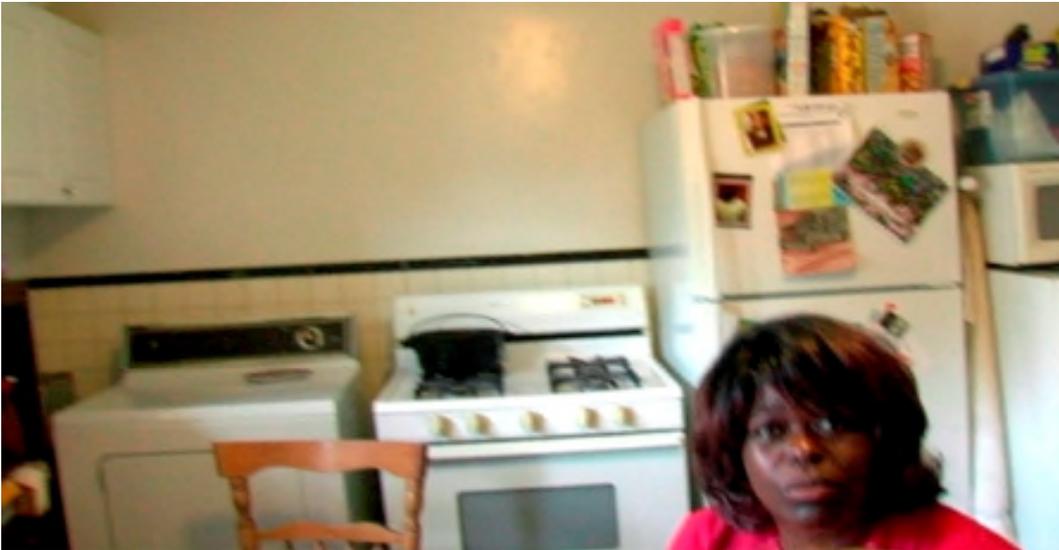




EXTERIOR



KITCHEN









LIVING ROOM





BEDROOM





BATHROOM





**Module 2 – Home Assessment
Exercise 5: Identify Hazards**

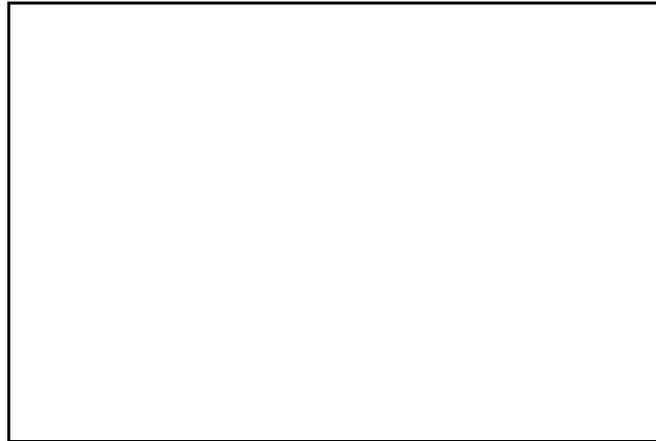
Photo	Deficiency	Solution	Notes
1			
2			
3			
4			

Photo	Deficiency	Solution	Notes
5			
6			
7			
8			

Photo	Deficiency	Solution	Notes
9			
10			
11			
12			

Photo	Deficiency	Solution	Notes
13			
14			
15			
16			

Photo	Deficiency	Solution	Notes
17			
18			



Safe & Healthy Home Environmental Assessment

EHA ID #: _____

Contact: _____

Site Address: _____

Contact Phone: _____

Date of Site Visit: _____

_____ Date

_____ Date

Understanding Your Safe & Healthy Home Report

This report represents the results of a safe and healthy home assessment recently performed at your home. The report includes a general evaluation of the building and the mechanical components in the building along with an assessment of the appliances in your home. Another section of the assessment provides a room by room evaluation of common healthy home issues that can affect the indoor air and environment quality of a home. This assessment shows what issues, if any, were observed and what you should consider changing about your home to improve indoor environmental quality and make your home the healthiest it can be.

This report may include a list of extreme risk and high risk hazards identified during the assessment. Extreme Risk hazards are those hazards that represent an immediate threat to health and safety and need to be addressed as soon as possible. High Risk hazards are those hazards that may result in health problems or contribute to health symptoms and need to be addressed as can be reasonably done. Your assessment professional can help you identify the issues identified in your home during the home assessment and what specific actions can be taken to resolve the issue identified. In order to make your home the healthiest it can be, we recommend you take these actions quickly to reduce or eliminate the issues identified.

It is possible that many issues were identified during your home assessment. The Safe and Healthy Home Program will try to help you address many of the issues identified and can provide you with the names of community organizations that may have funding that you can apply for to help cover the cost of repairing some of the healthy home issues identified in this report. If you have any questions regarding this home assessment report, or about the Safe and Healthy Home Program, or want help working with community organizations to get help with healthy home issues, please contact us at anytime at 816-960-8918.

How to Read the Home Assessment Scores in this Report

For the building, mechanical and appliance pages, each component is assessed separately with a series of statements about the condition of that component. For the room assessments, each room is evaluated using 5 healthy home categories. Each item that is part of a component or room category is rated and scored by the assessment professional. If an item looks "OK-Good" or normal, it receives a score of 100 points, if an item is a "Concern", it receives a score of 50 points, if an item is rated as "Take Action", it received 0 points. The assessment score for each component or room category is then an average score of these different items assessed. For example, the air flow and circulation score for the living room is an average score based on 5 different assessment parts.

The assessment score for each component or room category is then given its safe and healthy home assessment rating based on the following guidelines:

85 - 100 points -OK- Good

If an item looks "OK-Good" or normal, it received an average score for all the items assessed of 85 points or higher.

70 - 85 points -Concern

If an item is a "Concern", it received an average score between 70 to 85 points and means there were enough concerns about a particular home component or room, that it should be changed to help improve the indoor environment of the home.

< 70 points -Take Action

If an item is rated as "Take Action", it received an average score of 70 points or lower. These components or rooms had enough problems with them that we believe they need to be changed as soon as possible to improve your home's indoor environmental health.

Finally, at the bottom of each room page is the Home Assessment Room Score which is the average score for all 5 of the healthy home categories used to assess a specific room. The higher your room assessment score is the "healthier" the room is. The goal of this assessment is to help you make these scores as high as possible.

2.0 Building Assessment:

EHA ID #: _____

Date of Site Visit: _____

Roof	Type: _____	OK-Good	Concern	Take Action	Not Applicable	HH Score	Comments	*Note moisture meter readings	# of Health/Safety Hazards	Chronic	Acute
Surface intact											
Any occupant reported/visible leaks											
Any evidence of water damage											
Drip edge condition											
Flashing condition											
Chimney flashing condition											
Ventilation present											
		100	50	0		Score: _____			# Identified: _____		
Exterior Siding	Type: _____	OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized w/ no visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Guttering		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Properly attached and sealed											
Any flaking paint											
Any leaking/Moisture retention											
Downspouts condition											
Splash block/tile condition											
		100	50	0		Score: _____			# Identified: _____		
Foundation	Type: _____	OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Any visible cracks											
Any reported/visible leaks											
Weatherized w/ no visible gaps											
Any flaking paint on wall surface											
Crawlspace open to living space?											
		100	50	0		Score: _____			# Identified: _____		
Exterior Doors	Total #: _____	Type(s): _____								Chronic	Acute
		OK	C	TA	NA		Comments	*Note moisture meter readings			
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized / No visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Exterior Windows	Total #: _____	Type(s): _____								Chronic	Acute
		OK	C	TA	NA		Comments	*Note moisture meter readings			
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized / No visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Stairs/Steps		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Surface condition											
Any flaking paint											
Outside stairs condition											
Handrails Present (>3 steps)											
		100	50	0		Score: _____			# Identified: _____		
Electrical Service		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
open service panels?											
Main panel covered/attached properly											
Any exposed wiring?											
		100	50	0		Score: _____			# Identified: _____		
Total Hazards Identified:									_____	_____	

2.0 Mechanical Assessment:

EHA ID #: _____

Date of Site Visit: _____

of Health/Safety Hazards

Heating System Type: _____	OK	C	TA	NA	Comments	Chronic	Acute
Main box intact							
Exhaust properly attached & sealed							
Exhaust system works (neg. flow)							
Any dust covered components							
Returns properly attached and sealed							
Supplies properly attached and sealed							
Any suspect material							
Filter properly seated and sealed							
Correct filter size							
Pleated filter in use(min. MERV=8)							
Filter condition							
Filter changed quarterly (min)							
Furnace Filter Size _____ X _____	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

System Humidifier	OK	C	TA	NA	Comments	Chronic	Acute
Properly attached & sealed							
Any reported/visible leaks							
Any suspect mold visible							
Water supply line connected correctly							
Evaporator Condition							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

Central Air	OK	C	TA	NA	Comments	Chronic	Acute
Any reported/visible leaks							
Condition of coolant line							
Condensate hose extends into drain							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

Water Heater Type: _____	OK	C	TA	NA	Comments	Chronic	Acute
Any reported/visible leaks							
Condition of pressure relief valve							
Water temp setting <u>Low</u> <u>Med.</u>							
Steel or brass gas line							
Exhaust attached properly							
Exhaust system works (neg. flow)							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

	Supply				Waste				Chronic	Acute	
	OK	C	TA	NA	OK	C	TA	NA			
Home Plumbing											
Main											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Kitchen Sink											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Tub/Shower											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Toilet											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Sink											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____	# Identified: <input type="text"/>	<input type="text"/>	
Plumbing Supply Score:	_____				Plumbing Waste Score:	_____					

Total Hazards Identified:

3.0 EHA Room Survey: Child's Bedroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Note airflow readings	100	50	0		Score:		# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score:		# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/> total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/> total sq. ft.								
	100	50	0		Score:		# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
0 <1 >1								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/> total sq. ft.								
	100	50	0		Score:		# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score:		# Identified:	

Home Assessment Room Score:

Total Hazards Identified:

3.0 EHA Room Survey: Master Bedroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Anyte airflow readings	100	50	0		Score: _____		# Identified: _____	_____

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score: _____		# Identified: _____	_____

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
0 <10 >10								
Area affected: _____ total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
0 <10 >10								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
0 <1 >1								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score: _____		# Identified: _____	_____

Home Assessment Room Score: _____

Total Hazards Identified: _____

3.0 EHA Room Survey: Family/Living Room

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Anyte airflow readings	100	50	0		Score:		# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score:		# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10								
Area affected: _____ total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10								
Area affected: _____ total sq. ft.								
	100	50	0		Score:		# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <1 <input type="text"/> >1								
Area affected: _____ total sq. ft.								
	100	50	0		Score:		# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score:		# Identified:	

Home Assessment Room Score: Total Hazards Identified: Chronic Acute

3.0 EHA Room Survey: Kitchen

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent open								
Supply vent unobstructed								
If return vent present - working								
Return vent(s) unobstructed								
Exhaust fan present/operational								
Exhaust fan used during cooking								
Room under (-) pressure*								
*Note airflow readings	100	50	0	Score:			# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any visible dust								
Any carpeting/upholstery present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Bulk food in containers								
Trash stored in container w/ lid								
Any cracks/gaps around cabinets								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0	Score:			# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:							MM Read	
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>							*Note any moisture meter readings	
total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:	100	50	0					
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
	100	50	0	Score:			# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Chemicals stored in orig. container								
Food stored away from chemicals								
Any flaking paint on any surface								
Flaking Paint Ranking:	100	50	0					
0 <1 >1								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
	100	50	0	Score:			# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Fire extinguisher present & working								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Chemicals stored in childproof cab.								
GFCI near water sources								
Measured Water Temp. (deg. F) _____								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Cabinet locks on doors								
Any blind/curtain cords w/in reach								
Medicines stored in locked cabinets								
	100	50	0	Score:			# Identified:	

Home Assessment Room Score: Total Hazards Identified:

3.0 EHA Room Survey: Bathroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent open								
Supply vent unobstructed								
If return vent present - working								
Return vent(s) unobstructed								
Exhaust fan present								
Exhaust fan used during/after showers								
Room under (-) pressure*								
*Note airflow readings	100	50	0	Score:			# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any visible dust								
Any carpeting/upholstery present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Trash stored in container w/ lid								
Any cracks/gaps around cabinets								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0	Score:			# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:							MM Read	
0 <10 >10								
Area affected:								
total sq. ft.								
Any reported/visible window leaks								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:	100	50	0					
0 <10 >10								
Area affected:								
total sq. ft.								
Score:	100	50	0				# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemicals								
Chemicals stored in orig. container								
Any flaking paint on any surface								
Flaking Paint Ranking:	100	50	0					
0 <1 >1								
Area affected:								
total sq. ft.								
Score:	100	50	0				# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Fire extinguisher present & working								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Chemicals stored in childproof cab.								
GFCI near water sources								
Measured Water Temp. (deg. F)								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Cabinet locks on doors								
Any blind/curtain cords w/in reach								
Medicines stored in locked cabinets								
	100	50	0	Score:			# Identified:	

Home Assessment Room Score: _____

Total Hazards Identified: _____

3.0 EHA Room Survey: Basement

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Working supply vent									
Supply vent open									
Supply vent unobstructed									
Any return vent(s) present									
Any crawlspace open to room									
Room under (-) pressure									
*Note airflow readings	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any visible dust									
Any carpeting/upholstery present									
Any cloth window coverings									
Any furry/feathered pets in room									
Any reported/visible evid. of rodents									
Any reported/visible evid. of insects									
Any clutter									
Bulk food in containers									
Trash stored in container w/ lid									
Any trash/debris on surfaces									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any damp smell									
Any visible moisture stains									
If present, visible moisture ranking:							MM Read	<input type="text"/>	
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10							*Note any moisture meter readings		
total sq. ft.									
Any reported/visible window leaks									
Any visible cracks in floor & walls									
Any seepage / standing water									
Floor drain functioning properly									
Any mold smell									
Any suspect visible mold									
Visible mold ranking:	100	50	0						
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10									
total sq. ft.									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any smoking allowed in room									
Any chemical odors									
Any air fresheners									
Any candles or incense									
Chemicals stored in orig. container									
Food stored away from chemicals									
Any flaking paint on any surface									
Flaking Paint Ranking:	100	50	0						
Area affected: <input type="text"/> 0 <input type="text"/> <1 <input type="text"/> >1									
total sq. ft.									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Smoke detector in /near room									
CO detector near room									
Chemicals stored in childproof cab.									
GFCI near water sources									
Any overloaded/small gauge ext. cords									
Any open junction box/outlets									
If windows present-operational									
Any slip/trip/fall hazards									
Handrails on stairs									
Stair lighting Present/Operational									
Small Children (<7 yrs old):									
Receptacle plug covers									
Cabinet locks on doors									
Any blind/curtain cords w/in reach									
Medicines stored in locked cabinets									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Home Assessment Room Score: Total Hazards Identified:

6.0 Environmental Measurements:

EHA# _____

Date of Site Visit: _____

Exhaust Vents

Kitchen Exhaust 1

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Bath Exhaust 1

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Kitchen Exhaust 2

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Bath Exhaust 2

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Gas Appliance Testing

OK C TA NA Comments Chronic Acute

No reported/observed gas leak

Measurement Performed?

Yes No Measurement Type: _____

!!! If no gas is detected, it is now safe to perform combustion appliance testing !!!

Home Heating System 1: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Home Heating System 2: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Gas Water Heater 1: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Gas Water Heater 2: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Gas Stove: Natural Gas LP Gas

Combustion Appliance Zone (CAZ) Test
Pass Fail
Method CO _____ ppm Other _____
CAZ- Worst-case Depressurization Test
Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Gas Dryer: Natural Gas LP Gas

Combustion Appliance Zone (CAZ) Test
Pass Fail
Method CO _____ ppm Other _____
CAZ- Worst-case Depressurization Test
Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

3.0 House/Floor/Room Plan Drawings

EHA ID #: _____

Date: _____

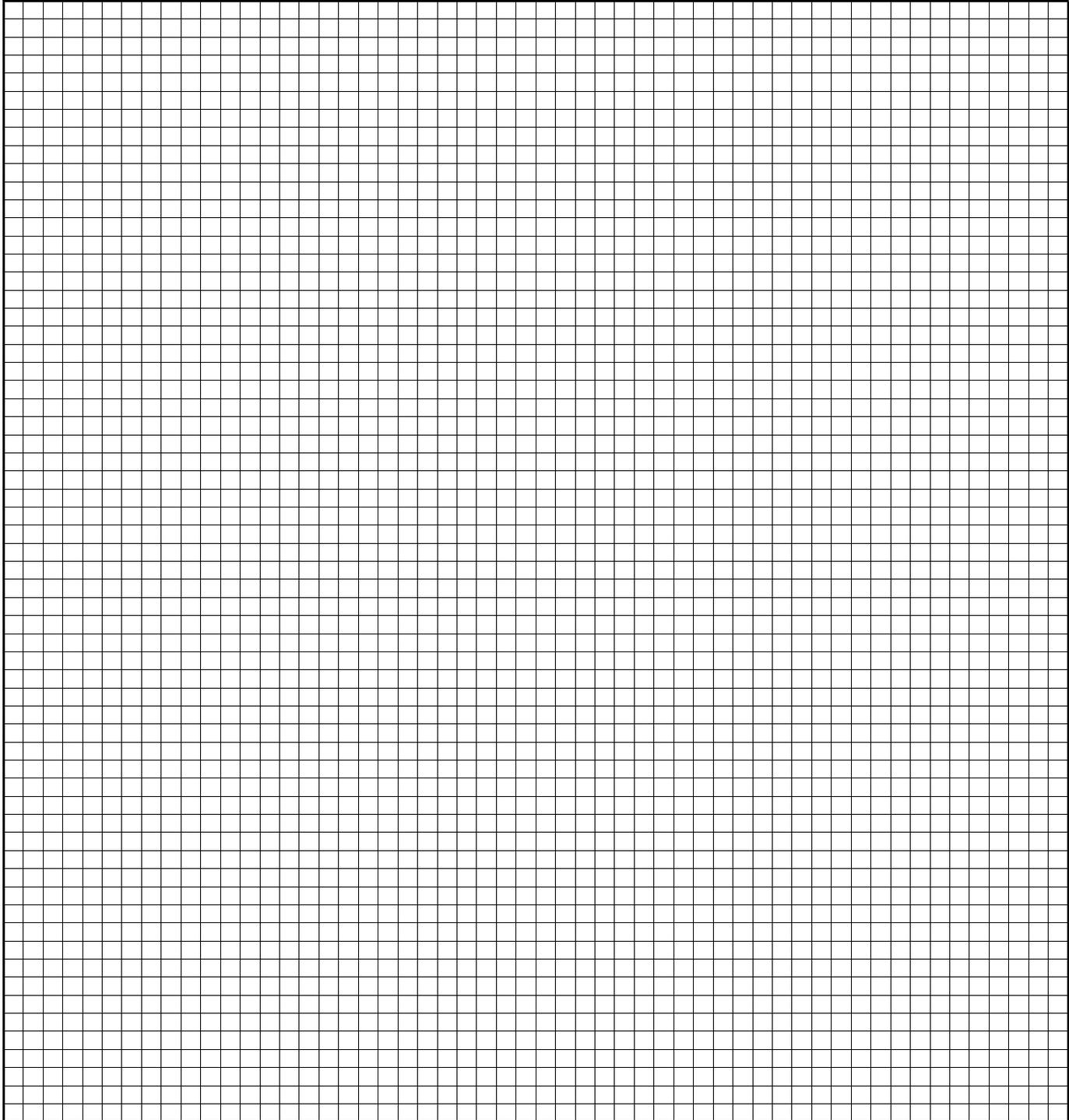
Items to be included on floor plan drawing:

- * Smoke tube applicable doorways
- * Measure and note ft² and ft³ for each room assessed
- * Note locations for supply, return, and exhaust vents
- * Note room contents (tables, couches, dressers, etc.)
- * Note locations of moisture sources (sinks, toilets, W/D, etc.)
- * Note locations of "issues"

Issues Key

F -	Fragranced products
C -	Chemical products
MS -	Moisture stain
SM -	Suspect mold
FP -	Flaking paint
SH -	Safety hazard

Compass Direction: _____



	Door 1	Door 2	Door 3	Door 4	Door 5	Door 6	Door 7	Door 8	Door 9	Door 10
Pressure Readings/	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Smoke Tube	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Measurements	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

4.0 Field Notes and Calculations

EHA ID #: _____ Date: _____

Home Assessor Name(s): _____

Inspection Checklist

Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector		Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information

Inspected Unit		Year Constructed (yyyy)	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)			
Number of Children in Family Under 6			
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number	
Address of Owner or Agent			

B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail			
<input type="checkbox"/> Inconclusive			

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;
 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	1. Living Room (Continued)	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
2. Kitchen						
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					
3. Bathroom						
3.1	Bathroom Present					
3.2	Electricity					
3.3	Electrical Hazards					
3.4	Security					
3.5	Window Condition					
3.6	Ceiling Condition					
3.7	Wall Condition					
3.8	Floor Condition					
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit					
3.12	Tub or Shower in Unit					
3.13	Ventilation					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)	
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left	(Circle One) Front/Center/Rear	____ Floor Level
4.2	Electricity/Illumination						
4.3	Electrical Hazards						
4.4	Security						
4.5	Window Condition						
4.6	Ceiling Condition						
4.7	Wall Condition						
4.8	Floor Condition						
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable		
4.10	Smoke Detectors						
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left	(Circle One) Front/Center/Rear	____ Floor Level
4.2	Electricity/Illumination						
4.3	Electrical Hazards						
4.4	Security						
4.5	Window Condition						
4.6	Ceiling Condition						
4.7	Wall Condition						
4.8	Floor Condition						
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable		
4.10	Smoke Detectors						
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left	(Circle One) Front/Center/Rear	____ Floor Level
4.2	Electricity/Illumination						
4.3	Electrical Hazards						
4.4	Security						
4.5	Window Condition						
4.6	Ceiling Condition						
4.7	Wall Condition						
4.8	Floor Condition						
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable		
4.10	Smoke Detectors						

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
5. All Secondary Rooms (Rooms not used for living)						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
8. General Health and Safety						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead -Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

1. Living Room

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

2. Kitchen

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

3. Other Rooms Used for Living

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

4. Bath

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

5. Overall Characteristics

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. Yes No
Disability _____

D. Questions to ask the Tenant (Optional)

1. Does the owner make repairs when asked? Yes No
2. How many people live there? _____
3. How much money do you pay to the owner/agent for rent? \$ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
6. Is there anything else you want to tell us? (specify) Yes No

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page Yes No

Previous editions are obsolete

Uniform Physical Condition Standards - Comprehensive Listing
Inspectable Area: Site

Property ID / Name: _____

Inspection Date: _____

Inspectable Item	Observable Deficiency	NOD	Level			NA	H&S
			1	2	3		
Fencing and Gates	Damaged/Falling/Leaning						NLT
	Holes						NLT
	Missing Sections						NLT
Grounds	Erosion/Rutting Areas						NLT
	Overgrown/Penetrating Vegetation						
	Ponding/Site Drainage						
Health & Safety	Air Quality - Sewer Odor Detected						NLT
	Air Quality - Propane/Natural Gas/Methane Gas Detected						LT
	Electrical Hazards - Exposed Wires/Open Panels						LT
	Electrical Hazards - Water Leaks on/near Electrical Equipment						LT
	Flammable Materials - Improperly Stored						NLT
	Garbage and Debris - Outdoors						NLT
	Hazards - Other						NLT
	Hazards - Sharp Edges						NLT
	Hazards - Tripping						NLT
	Infestation - Insects						NLT
Mailboxes/Project Signs	Mailbox Missing/Damaged						
	Signs Damaged						
Market Appeal	Graffiti						
	Litter						
Parking Lots/Driveways/Roads	Cracks						
	Ponding						
	Potholes/Loose Material						
	Settlement/Heaving						
Play Areas and Equipment	Damaged/Broken Equipment						NLT
	Deteriorated Play Area Surface						
Refuse Disposal	Broken/Damaged Enclosure-Inadequate Outside Storage Space						
Retaining Walls	Damaged/Falling/Leaning						NLT
Storm Drainage	Damaged/Obstructed						
Walkways/Steps	Broken/Missing Hand Railing						NLT
	Cracks/Settlement/Heaving						
	Spalling						

- In order to accurately categorize a deficiency as a "Level 1", "Level 2" or "Level 3" (including independent Health & Safety items), you must refer to the Final Dictionary of Deficiency Definitions (PASS) Version 2.3, dated 03/08/2000. This document can be found at "http://www.hud.gov/offices/reac/pdf/pass_dict2.3.pdf" (325 Pages, 343 KB)
- Additional clarification to these definitions is contained in the REAC PASS Compilation Bulletin which can be found at "http://www.hud.gov/offices/reac/pdf/pass_bulletin.pdf" (24 Pages, 275 KB)
- Only level 3 is applied to independent Health & Safety deficiencies.
- In the H&S column, NLT is a "Non-Life Threatening" Health & Safety concern whereas LT is a "Life Threatening" concern which calls for immediate attention or remedy and will show up on the Exigent Health and Safety Report at the end of an inspection.

Uniform Physical Condition Standards - Comprehensive Listing
Inspectable Area: Building Exterior

Page: _____ of _____

Property ID / Name: _____

Inspection Date: _____

Building Number: _____

Inspectable Item	Observable Deficiency	NOD	Level			NA	H&S
			1	2	3		
Doors	Damaged Frames/Threshold/Lintels/Trim						NLT
	Damaged Hardware/Locks						
	Damaged Surface (Holes/Paint/Rusting/Glass)						
	Damaged/Missing Screen/Storm/Security Door						NLT
	Deteriorated/Missing Caulking/Seals						
	Missing Door						
Fire Escapes	Blocked Egress/Ladders						LT
	Visibly Missing Components						LT
Foundations	Cracks/Gaps						
	Spalling/Exposed Rebar						
Health and Safety	Electrical Hazards - Exposed Wires/Open Panels						LT
	Electrical Hazards - Water Leaks on/near Electrical Equipment						LT
	Emergency Fire Exits - Emergency/Fire Exits Blocked/Unusable						LT
	Emergency Fire Exits - Missing Exit Signs						NLT
	Flammable/Combustible Materials - Improperly Stored						NLT
	Garbage and Debris - Outdoors						NLT
	Hazards - Other						NLT
	Hazards - Sharp Edges						NLT
	Hazards - Tripping						NLT
	Infestation - Insects						NLT
	Infestation - Rats/Mice/Vermin						NLT
Lighting	Broken Fixtures/Bulbs						
Roofs	Damaged Soffits/Fascia						
	Damaged Vents						
	Damaged/Clogged Drains						
	Damaged/Torn Membrane/Missing Ballast						
	Missing/Damaged Components from Downspout/Gutter						
	Missing/Damaged Shingles						
	Ponding						
Walls	Cracks/Gaps						
	Damaged Chimneys						NLT
	Missing/Damaged Caulking/Mortar						
	Missing Pieces/Holes/Spalling						
	Stained/Peeling/Needs Paint						
Windows	Broken/Missing/Cracked Panes						NLT
	Damaged Sills/Frames/Lintels/Trim						
	Damaged/Missing Screens						
	Missing/Deteriorated Caulking/Seals/Glazing Compound						
	Peeling/Needs Paint						
	Security Bars Prevent Egress						LT

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Uniform Physical Condition Standards - Comprehensive Listing
Inspectable Area: Building Systems

Property ID / Name: _____
 Building Number: _____

Inspection Date: _____

Inspectable Item	Observable Deficiency	NOD	Level			NA	H&S
			1	2	3		
Domestic Water	Leaking Central Water Supply						
	Misaligned Chimney/Ventilation System						LT
	Missing Pressure Relief Valve						NLT
	Rust/Corrosion on Heater Chimney						NLT
	Water Supply Inoperable						NLT
Electrical System	Blocked Access/Improper Storage						NLT
	Burnt Breakers						NLT
	Evidence of Leaks/Corrosion						NLT
	Frayed Wiring						
	Missing Breakers/Fuses						LT
	Missing Covers						LT
Elevators	Not Operable						NLT
Emergency Power	Auxiliary Lighting Inoperable						
	Run-Up Records/Documentation Not Available						
Fire Protection	Missing Sprinkler Head						NLT
	Missing/Damaged/Expired Extinguishers						LT
Health & Safety	Air Quality - Mold and/or Mildew Observed						NLT
	Air Quality - Propane/Natural Gas/Methane Gas Detected						LT
	Air Quality - Sewer Odor Detected						NLT
	Electrical Hazards - Exposed Wires/Open Panels						LT
	Electrical Hazards - Water Leaks on/near Electrical Equipment						LT
	Elevator - Tripping						NLT
	Emergency Fire Exits - Emergency/Fire Exits Blocked/Unusable						LT
	Emergency Fire Exits - Missing Exit Signs						NLT
	Flammable Materials - Improperly Stored						NLT
	Garbage and Debris - Indoors						NLT
	Hazards - Other						NLT
	Hazards - Sharp Edges						NLT
	Hazards - Tripping						NLT
	Infestation - Insects						NLT
Infestation - Rats/Mice/Vermin						NLT	
HVAC	Boiler/Pump Leaks						
	Fuel Supply Leaks						NLT
	General Rust/Corrosion						NLT
	Misaligned Chimney/Ventilation System						LT
Roof Exhaust System	Roof Exhaust Fan(s) Inoperable						
Sanitary System	Broken/Leaking/Clogged Pipes or Drains						NLT
	Missing Drain/Cleanout/Manhole Covers						

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Uniform Physical Condition Standards - Comprehensive Listing
Inspectable Area: Common Areas

Property ID / Name: _____

Inspection Date: _____

Building Number: _____

X	Inspectable Item Location	Observable Deficiency	NOD	Level			NA	H&S
				1	2	3		
	Basement/Garage/Carport	Baluster/Side Railings - Damaged						
	Closet/Utility/Mechanical	Cabinets - Missing/Damaged						
	Community Room	Call for Aid - Inoperable						NLT
	Day Care	Ceiling - Bulging/Buckling						
	Halls/Corridors/Stairs	Ceiling - Holes/Missing Tiles/Panels/Cracks						
	Kitchen	Ceiling - Peeling/Needs Paint						
	Laundry Room	Ceiling - Water Stains/Water Damage/Mold/Mildew						
	Lobby	Countertops - Missing/Damaged						
	Office	Dishwasher/Garbage Disposal - Inoperable						
	Other Community Spaces	Doors - Damaged Frames/Threshold/Lintels/Trim						NLT
	Patio/Porch/Balcony	Doors - Damaged Hardware/Locks						
	Restrooms/Pool Structures	Doors - Damaged Surface (Holes/Paint/Rust/Glass)						
	Storage	Doors - Damaged/Missing Screen/Storm/Security Door						NLT
		Doors - Deteriorated/Missing Seals (Entry Only)						
		Doors - Missing Door						
		Dryer Vent -Missing/Damaged/Inoperable						
		Electrical - Blocked Access to Electrical Panel						NLT
		Electrical - Burnt Breakers						NLT
		Electrical - Evidence of Leaks/Corrosion						NLT
		Electrical - Frayed Wiring						
		Electrical - Missing Breakers						LT
		Electrical - Missing Covers						LT
		Floors - Bulging/Buckling						
		Floors - Floor Covering Damaged						
		Floors - Missing Floor/Tiles						
		Floors - Peeling/Needs Paint						
		Floors - Rot/Deteriorated Subfloor						
		Floors - Water Stains/Water Damage/Mold/Mildew						
		GFI - Inoperable						NLT
		Graffiti						
		HVAC - Convection/Radiant Heat System Covers Missing/Damaged						
		HVAC - General Rust/Corrosion						
		HVAC - Inoperable						
		HVAC - Misaligned Chimney/Ventilation System						LT
		HVAC - Noisy/Vibrating/Leaking						
		Lavatory Sink - Damaged/Missing						NLT
		Lighting - Missing/Damaged/Inoperable Fixture						
		Mailbox - Missing/Damaged						
		Outlets/Switches/Cover Plates - Missing/Broken						LT
		Pedestrian/Wheelchair Ramp						
		Plumbing - Clogged Drains						NLT
		Plumbing - Leaking Faucet/Pipes						NLT
		Range Hood /Exhaust Fans - Excessive Grease/Inoperable						
		Range/Stove - Missing/Damaged/Inoperable						
		Refrigerator - Damaged/Inoperable						
		Restroom Cabinet - Damaged/Missing						
		Shower/Tub - Damaged/Missing						
		Sink - Missing/Damaged						NLT
		Smoke Detector - Missing/Inoperable						LT
		Stairs - Broken/Damaged/Missing Steps						NLT
		Stairs - Broken/Missing Hand Railing						NLT
		Ventilation/Exhaust System - Inoperable						
		Walls - Bulging/Buckling						
		Walls - Damaged						
		Walls - Damaged/Deteriorated Trim						
		Walls - Peeling/Needs Paint						
		Walls - Water Stains/Water Damage/Mold/Mildew						
		Water Closet/Toilet - Damaged/Clogged/Missing						
		Windows - Cracked/Broken/Missing Panes						NLT
		Windows - Damaged Window Sill						
		Windows - Inoperable/Not Lockable						NLT

	Windows - Missing/Deteriorated Caulking/Seals/Glazing Compound						
	Windows - Peeling/Needs Paint						
	Windows - Security Bars Prevent Egress						LT
Health & Safety	Air Quality - Mold and/or Mildew Observed						NLT
	Air Quality - Propane/Natural Gas/Methane Gas Detected						LT
	Air Quality - Sewer Odor Detected						NLT
	Electrical Hazards - Exposed Wires/Open Panels						LT
	Electrical Hazards - Water Leaks on/near Electrical Equipment						LT
	Emergency Fire Exits - Emergency/Fire Exits Blocked/Unusable						LT
	Emergency Fire Exits - Missing Exit Signs						NLT
	Flammable/Combustible Materials - Improperly Stored						NLT
	Garbage and Debris - Indoors						NLT
	Garbage and Debris - Outdoors						NLT
	Hazards - Other						NLT
	Hazards - Sharp Edges						NLT
	Hazards - Tripping						NLT
	Infestation - Insects						NLT
	Infestation - Rats/Mice/Vermin						NLT
Pools and Related Structures	Fencing - Damaged/Not Intact						
	Pool - Not Operational						
Trash Collection Areas	Chutes - Damaged/Missing Components						

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Uniform Physical Condition Standards - Comprehensive Listing

Inspectable Area: Unit

Property ID / Name: _____

Inspection Date: _____

Building/Unit Nbr: _____

Inspectable Item	Observable Deficiency	NOD	Level			NA	H&S
			1	2	3		
Bathroom	Bathroom Cabinets - Damaged/Missing						
	Lavatory Sink - Damaged/Missing						NLT
	Plumbing - Clogged Drains						NLT
	Plumbing - Leaking Faucet/Pipes						NLT
	Shower/Tub - Damaged/Missing						NLT
	Ventilation/Exhaust System - Inoperable						
	Water Closet/Toilet - Damaged/Clogged/Missing						NLT
Call-for-Aid	Inoperable						NLT
Ceiling	Bulging/Buckling						
	Holes/Missing Tiles/Panels/Cracks						
	Peeling/Needs Paint						
	Water Stains/Water Damage/Mold/Mildew						
Doors	Damaged Frames/Threshold/Lintels/Trim						NLT
	Damaged Hardware/Locks						
	Damaged/Missing Screen/Storm/Security Door						NLT
	Damaged Surface - Holes/Paint/Rusting/Glass						
	Deteriorated/Missing Seals (Entry Only)						
	Missing Door						NLT
Electrical System	Blocked Access to Electrical Panel						NLT
	Burnt Breakers						NLT
	Evidence of Leaks/Corrosion						NLT
	Frayed Wiring						
	GFI - Inoperable						NLT
	Missing Breakers/Fuses						LT
	Missing Covers						LT
Floors	Bulging/Buckling						
	Floor Covering Damage						
	Missing Flooring Tiles						
	Peeling/Needs Paint						
	Rot/Deteriorated Subfloor						
	Water Stains/Water Damage/Mold/Mildew						
Health & Safety	Air Quality - Mold and/or Mildew Observed						NLT
	Air Quality - Sewer Odor Detected						NLT
	Air Quality - Propane/Natural Gas/Methane Gas Detected						LT
	Electrical Hazards - Exposed Wires/Open Panels						LT
	Electrical Hazards - Water Leaks on/near Electrical Equipment						LT
	Emergency Fire Exits - Emergency/Fire Exits Blocked/Unusable						LT
	Emergency Fire Exits - Missing Exit Signs						NLT
	Flammable Materials - Improperly Stored						NLT
	Garbage and Debris - Indoors						NLT
	Garbage and Debris - Outdoors						NLT
	Hazards - Other						NLT
	Hazards - Sharp Edges						NLT
	Hazards - Tripping						NLT
	Infestation - Insects						NLT
Infestation - Rats/Mice/Vermin						NLT	
Hot Water Heater	Misaligned Chimney/Ventilation System						LT
	Inoperable Unit/Components						NLT
	Leaking Valves/Tanks/Pipes						
	Pressure Relief Valve Missing						NLT
	Rust/Corrosion						NLT
HVAC System	Convection/Radiant Heat System Covers Missing/Damaged						
	Inoperable						
	Misaligned Chimney/Ventilation System						LT

	Noisy/Vibrating/Leaking						
	Rust/Corrosion						
Kitchen	Cabinets - Missing/Damaged						NLT
	Countertops - Missing/Damaged						NLT
	Dishwasher/Garbage Disposal - Inoperable						
	Plumbing - Clogged Drains						NLT
	Plumbing - Leaking Faucet/Pipes						NLT
	Range Hood/Exhaust Fans - Excessive Grease/Inoperable						
	Range/Stove - Missing/Damaged/Inoperable						
	Refrigerator-Missing/Damaged/Inoperable						NLT
	Sink - Damaged/Missing						NLT
Laundry Area (Room)	Dryer Vent - Missing/Damaged/Inoperable						
Lighting	Missing/Inoperable Fixture						NLT
Outlets/Switches	Missing						LT
	Missing/Broken Cover Plates						LT
Patio/Porch/Balcony	Baluster/Side Railings Damaged						
Smoke Detector	Missing/Inoperable						LT
Stairs	Broken/Damaged/Missing Steps						NLT
	Broken/Missing Hand Railing						NLT
Walls	Bulging/Buckling						
	Damaged						
	Damaged/Deteriorated Trim						
	Peeling/Needs Paint						
	Water Stains/Water Damage/Mold/Mildew						
Windows	Cracked/Broken/Missing Panes						NLT
	Damaged Window Sill						
	Missing/Deteriorated Caulking/Seals/Glazing Compound						
	Inoperable/Not Lockable						NLT
	Peeling/Needs Paint						
	Security Bars Prevent Egress						LT

- In order to accurately categorize a deficiency as a "Level 1", "Level 2" or "Level 3" (including independent Health & Safety items), you must refer to the Final Dictionary of Deficiency Definitions (PASS) Version 2.3, dated 03/08/2000. This document can be found at "http://www.hud.gov/offices/reac/pdf/pass_dict2.3.pdf" (325 Pages, 343 KB)

- Additional clarification to these definitions is contained in the REAC PASS Compilation Bulletin which can be found at "http://www.hud.gov/offices/reac/pdf/pass_bulletin.pdf" (24 Pages, 275 KB)

- Only level 3 is applied to independent Health & Safety deficiencies.

- In the H&S column, NLT is a "Non-Life Threatening" Health & Safety concern whereas LT is a "Life Threatening" concern which calls for immediate attention or remedy and will show up on the Exigent Health and Safety Report at the end of an inspection.

Assessment Checklist – Exterior Location Type

Address: _____ Unit: _____ Date: _____

Location Number: _____ Location Name: _____

Length: _____ Width: _____ Height: _____

Chimney

7 - 1330	_____	SF	CHIMNEY--REPOINT
15 - 4620	_____	EA	FLASH CHIMNEY
7 - 1340	_____	EA	CHIMNEY CAP
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Roof

15 - 4490	_____	SF	ROOF SHEATHING 1/2"
15 - 4580	_____	SQ	TEAR OFF AND REROOF SHINGLES
15 - 4710	_____	LF	VENT--ALUMINUM RIDGE
15 - 4547	_____	SQ	EPDM W/INSULATION BD
15 - 4548	_____	SQ	MODIFIED BITUMEN RE-ROOF
15 - 4735	_____	LF	ROOF FLASHING--REPAIR
15 - 4755	_____	LF	FASCIA 1"X 6"
15 - 4760	_____	LF	SOFFIT
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Gutters & Downspouts

15 - 4635	_____	LF	GUTTER--INSTALL--5" SEAMLESS ALUMINUM
15 - 4638	_____	LF	DOWNSPOUT--2X3" ALUMINUM
15 - 4640	_____	LF	DOWNSPOUT--3X4" ALUMINUM
15 - 4665	_____	EA	SPLASH BLOCK
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Siding

10 - 2585	_____	SF	SIDING--CLAPBOARD REPLACE
10 - 2615	_____	SF	SIDING--CEDAR SHINGLE REPAIR
10 - 2640	_____	SQ	SIDING---VINYL
10 - 2645	_____	LF	TRIM--WRAP WITH VINYL
10 - 2675	_____	SF	SIDING--ALUMINUM REPAIR
10 - 2705	_____	SF	STUCCO--PATCH
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Masonry

7 - 1105	_____	SF	FOUNDATON--PARGET
7 - 1230	_____	SF	MASONRY--REPOINT
7 - 1235	_____	SF	BRICK WALL REPAIR
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Doors

10 - 3065	_____	EA	DOOR--REWORK EXTERIOR
10 - 3075	_____	LF	DOOR CASING--REPLACE
10 - 3120	_____	EA	DOOR--REPLACE ENTRANCE HARDWARE
10 - 3150	_____	EA	DOOR--EXTERIOR PANELED
10 - 3185	_____	EA	DOOR--PREHUNG METAL ENTRANCE
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Assessment Checklist – Exterior Location Type

Address: _____ Unit: _____ Date: _____

Location Number: _____ Location Name: _____

Length: _____ Width: _____ Height: _____

Windows

16 - 4805	_____	EA	WEATHERSTRIP WINDOW
10 - 2980	_____	EA	WINDOW--VINYL DBL HNG DBL GLZ
10 - 2888	_____	EA	WINDOW--WOOD DBL HNG/DBL GLZ--REPLACEMENT PAC
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Porch

6 - 865	_____	EA	FOOTING--PIER
10 - 3455	_____	LF	DECK JOIST--2"X 6" PTP
10 - 3470	_____	EA	POST--4"X 4"
6 - 905	_____	SF	CONCRETE SLAB--PATCH
10 - 3465	_____	SF	DECK--TONGUE AND GROOVE
10 - 3500	_____	SF	PORCH CEILING--1/4" BC PLYWOOD
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Rails

8 - 1460	_____	LF	METAL GUARD RAIL--STEEL
10 - 3515	_____	LF	PORCH GUARD RAIL REPAIR-WOOD
10 - 3522	_____	LF	WOOD STAIR HANDRAIL--REPLACE EXTERIOR
10 - 3525	_____	LF	GUARD RAIL--WOOD
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Steps

6 - 1035	_____	AL	STEPS--REPAIR CONCRETE
6 - 1045	_____	RI	STEPS AND LANDINGS--CONCRETE
10 - 3585	_____	EA	TREAD REPLACEMENT--EXTERIOR
10 - 3590	_____	EA	STEPS/LANDING--REPLACE EXTERIOR
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Painting

19 - 5677	_____	SF	PREP & PAINT EXTERIOR TRIM-LOW VOC
19 - 5679	_____	SF	PREP & PAINT EXTERIOR WOOD--LOW VOC
19 - 5785	_____	SF	PREP & PAINT EXTERIOR MASONRY
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Electric

23 - 7640	_____	EA	WEATHERPROOF RECEPTACLE
23 - 8166	_____	EA	EXTERIOR LIGHT FIXTURE-REPLACE
23 - 8160	_____	EA	ENTRANCE LIGHT
23 - 8175	_____	EA	FLOOD LIGHT--DOUBLE BULB
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Yard

4 - 550	_____	SF	REGRADE FOUNDATION
__ - ____	_____	_____	_____
__ - ____	_____	_____	_____

Assessment Checklist – Bathroom Location Type

Address: _____ Unit: _____ Date: _____

Location Number: _____ Location Name: _____

Length: _____ Width: _____ Height: _____

Demolition, Salvage, Reuse and Disposal

05 - 0705 _____ SF DEMO WALL FINISHES

Walls & Ceiling

17 - 5205 _____ SF DRYWALL--RENAIL & RETAPE
 17 - 5245 _____ SF DRYWALL--LAMINATE WATER RESIST
 17 - 5280 _____ SF DRYWALL--WATER RESISTANT
 17 - 5355 _____ SF PATCH PLASTER

Flooring

10 - 2415 _____ LF SHOE MOLDING
 20 - 5920 _____ SF UNDERLAY AND VINYL TILE
 20 - 5930 _____ SF UNDERLAY & VINYL SHEET GOODS

Insulation

16 - 4905 _____ SF INSULATE WALL--R-13 BATT

Doors

10 - 3260 _____ EA REWORK INTERIOR DOOR
 10 - 3285 _____ EA LOCKSET--BATHROOM
 10 - 3300 _____ EA DOOR STOP--BASEBOARD MOUNT
 10 - 3345 _____ EA DOOR--FLUSH INT, HOLLOW CORE
 10 - 3360 _____ EA DOOR--PREHUNG PASSAGE

Windows

10 - 2775 _____ EA SASH LOCK
 10 - 2785 _____ PR SASH CORDS
 10 - 2810 _____ EA GLASS REPLACE--WOOD SASH
 10 - 2875 _____ EA WOOD SASH--SINGLE GLAZED

Ceramic Tile

18 - 5405 _____ SF CERAMIC TILE--REGROUT, CAULK
 18 - 5410 _____ SF CERAMIC TILE--REPAIR

Painting

19 - 5567 _____ SF PREP & PAINT VACANT ROOM w/ PAINTED TRIM-LOW VOC
 19 - 5568 _____ SF PREP & PAINT VACANT ROOM w/ NATURAL TRIM--LOW VOC

Assessment Checklist – Bathroom Location Type

Address: _____ Unit: _____ Date: _____

Location Number: _____ Location Name: _____

Length: _____ Width: _____ Height: _____

Electric

- 23 - 7590 _____ EA RECEPTACLE--GFCI BATH
- 23 - 7675 _____ EA SWITCH REPLACE
- 23 - 7819 _____ EA FAN/LIGHT FIXTURE-ENERGY STAR
- 23 - 7822 _____ EA BATHROOM FAN/LIGHT FIXTURE--CONTINUOUS--SINGLE SWITCH

_____-_____ _____ _____

_____-_____ _____ _____

HVAC

- 21 - 6325 _____ EA HEAT DUCT AND REGISTER

_____-_____ _____ _____

_____-_____ _____ _____

Plumbing

- 22 - 6958 _____ EA BATHTUB/SHOWER--5' FIBERGLASS--COMPLETE
- 22 - 7183 _____ EA BATH FIXTURES-WATER SAVING
- 22 - 6875 _____ EA FAUCET--LAVATORY SINGLE LEVER
- 22 - 6935 _____ EA SHOWER HEAD--2 GPM
- 22 - 7012 _____ EA COMMODO--REPLACE--1.28 GPF
- 22 - 6962 _____ EA BATHTUB/SHOWER SURROUND--5' FIBERGLASS
- 10 - 4150 _____ EA TUB END WALL
- 22 - 6645 _____ EA SHUT-OFF VALVE
- 22 - 6865 _____ EA FAUCET REPAIR--BATH
- 22 - 6945 _____ EA BATHTUB--5' STEEL COMPLETE
- 22 - 6965 _____ EA SHOWERSTALL--FIBERGLASS
- 22 - 7000 _____ EA TOILET SEAT
- 22 - 7005 _____ EA COMMODO--REFURBISH

_____-_____ _____ _____

_____-_____ _____ _____

Accessories

- 10 - 3810 _____ EA TOWEL BAR
- 10 - 3825 _____ EA MEDICINE CABINET--SURF MOUNT
- 10 - 3835 _____ EA ACCESSORY SET--6 PIECE CHROME
- 10 - 3937 _____ EA FIXED SIDE & REAR WALL GRAB BARS—COMMODO
- 10 - 3938 _____ EA FOLD-UP GRAB BAR—COMMODO
- 10 - 3940 _____ EA TUB/SHOWER GRAB BAR SET

_____-_____ _____ _____

_____-_____ _____ _____

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity <small>C = Chronic A = Acute</small>
Clean				
• Cleanable surfaces				
• Clutter				
• Hoarding				
• Sufficient storage				
Dry				
• Signs of moisture				
• Active leaks				
• High humidity				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
ETS				
Deteriorated paint				
ACM				
CO Detectors				
Odors - VOCs				
Ventilated				
Fresh air source				
Windows operable				
Odors				
Dampness				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Walls & Ceiling			
Spec #	Unit of Measure	Quantity	Spec Title
17-5355	SF		PATCH PLASTER
Addendum			
17-5210	SF		DRYWALL—PATCH—LARGE
Addendum			
17-5235	SF		LAMINATE 3/8' DRYWALL
Addendum			
17-5270	SF		DRYWALL—1/2"
Addendum			
10-2455	LF		PARTITION—2'x4' NON-BEARING
Addendum			
Addendum			

Category: Closet			
Spec #	Unit of Measure	Quantity	Spec Title
10 - 4010	EA		CLOSET POLE
Addendum			
10-4015	EA		CLOSET SHELF
Addendum			
Addendum			

Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
10-3255	EA		REHANG INTERIOR DOOR
Addendum			
10-3275	EA		PASSAGE LATCH
Addendum			
10-3345	EA		DOOR—FLUSH INTERIOR HOLLOW CORE
Addendum			
10-3362	EA		DOOR—PREHUNG PASSAGE—SOLID JAMB
Addendum			
10-3300	EA		DOOR STOP—BASEBOARD MOUNT
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Flooring			
Spec #	Unit of Measure	Quantity	Spec Title
5-735	SF		DEMOLITION INTERIOR--CUSTOM
Addendum			
10-2312	SF		SUBFLOOR—3/4"
Addendum			
20-5920	SF		UNDERLAY AND VINYL COMPOSITION TILE
Addendum			
20-5930	SF		UNDERLAYMENT AND VINYL SHEETGOODS
Addendum			
Addendum			
Addendum			
Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Category: Windows			
Spec #	Unit of Measure	Quantity	Spec Title
10-2775	EA		SASH LOCK
Addendum			
10-2785	PR		SASH CORDS
Addendum			
10-2795	EA		WINDOW REPAIR
Addendum			
10-2810	EA		REPLACE GLASS—WOOD SASH
Addendum			
10-2982	EA		WINDOW--VINYL--LOW E DBL HNG DBL GLZ
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Painting			
Spec #	Unit of Measure	Quantity	Spec Title
19-5567	SF		PREP & PAINT VACANT ROOM w/ PAINTED TRIM
Addendum			
19-5568	SF		PREP & PAINT VACANT ROOM w/ NATURAL TRIM
Addendum			
Addendum			
Addendum			

Category: Electric			
Spec #	Unit of Measure	Quantity	Spec Title
23-7595	EA		RECEPTACLE—GFCI COUNTERTOP 20 AMP
Addendum			
23-7836	EA		RANGE HOOD EXTERIOR VENTED—ENERGY STAR
Addendum			
23-7675	EA		REPLACE SINGLE POLE LIGHT SWITCH
Addendum			
23-7690	EA		INSTALL SINGLE POLE LIGHT SWITCH
Addendum			
23-7751	EA		ENERGY STAR KITCHEN CEILING FIXTURE
Addendum			
23-7560	EA		RECEPTACLE REPLACE
Addendum			
23-	EA		
Addendum			
23-	EA		
Addendum			

Category: HVAC			
Spec #	Unit of Measure	Quantity	Spec Title
21-6330	EA		REGISTER--REPLACE
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Integrated Pest Management		
Spec #	Unit of Measure	Quantity	Spec Title
29-8395	DU		INTEGRATED PEST MANAGEMENT
Addendum			
29-8397	EA		SEAL PEST ENTRY
Addendum			
Addendum			
Addendum			

Category:	Plumbing		
Spec #	Unit of Measure	Quantity	Spec Title
22-6645	EA		SHUT-OFF VALVE
Addendum			
22-6720	EA		TRAP--REPLACE
Addendum			
22-6805	EA		REPAIR FAUCET--KITCHEN
Addendum			
22-6810	EA		FAUCET—KITCHEN SINGLE LEVER—2.0 GPM
Addendum			
22-6835	EA		SINK—DOUBLE BOWL COMPLETE
Addendum			
22-6830	EA		SINK—SINGLE BOWL COMPLETE
Addendum			
22-	EA		
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity <small>C = Chronic A = Acute</small>
Clean				
• Cleanable surfaces				
• Clutter				
• Hoarding				
• Sufficient storage				
Dry				
• Signs of moisture				
• Active leaks				
• High humidity				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
ETS				
Deteriorated paint				
ACM				
CO Detectors				
Odors - VOCs				
Ventilated				
Fresh air source				
Windows operable				
Odors				
Dampness				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Bathroom			Unit:	
Address:				Location #:	
Location Name:				Date:	
Dimensions:	L:	W:	H:		

Category: Walls & Ceiling			
Spec #	Unit of Measure	Quantity	Spec Title
17-5355	SF		PATCH PLASTER
Addendum			
17-5210	SF		DRYWALL—PATCH—LARGE
Addendum			
17-5235	SF		LAMINATE 3/8' DRYWALL
Addendum			
17-5270	SF		DRYWALL—1/2"
Addendum			
10-2455	LF		PARTITION—2'x4' NON-BEARING
Addendum			
Addendum			

Category: Closet			
Spec #	Unit of Measure	Quantity	Spec Title
10 - 4010	EA		CLOSET POLE
Addendum			
10-4015	EA		CLOSET SHELF
Addendum			
Addendum			

Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
10-3255	EA		REHANG INTERIOR DOOR
Addendum			
10-3275	EA		PASSAGE LOCK
Addendum			
10-3280	EA		LOCKSET--PRIVACY
Addendum			
10-3345	EA		DOOR—FLUSH INTERIOR HOLLOW CORE
Addendum			
10-3362	EA		DOOR—PREHUNG PASSAGE—SOLID JAMB
Addendum			
10-3300	EA		DOOR STOP—BASEBOARD MOUNT
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Doors		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			
Addendum			

Category:	Windows		
Spec #	Unit of Measure	Quantity	Spec Title
10-2775	EA		SASH LOCK
Addendum			
10-2785	PR		SASH CORDS
Addendum			
10-2795	EA		WINDOW REPAIR
Addendum			
10-2810	EA		REPLACE GLASS—WOOD SASH
Addendum			
10-2982	EA		WINDOW--VINYL--LOW E DBL HNG DBL GLZ
Addendum			
Addendum			
Addendum			

Category:	Flooring		
Spec #	Unit of Measure	Quantity	Spec Title
5-735	SF		DEMOLITION INTERIOR--CUSTOM
Addendum			
10-2312	SF		SUBFLOOR—3/4"
Addendum			
18-5423	SF		CERAMIC FLOOR TILE WITH BACKER BOARD OVER WOOD FRAME
Addendum			
18-5405	SF		CERAMIC TILE--REGROUT, CAULK
Addendum			
20-5930	SF		UNDERLAYMENT AND VINYL SHEETGOODS
Addendum			
18-5410	SF		CERAMIC TILE--REPAIR
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Flooring		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Category:	Painting		
Spec #	Unit of Measure	Quantity	Spec Title
19-5567	SF		PREP & PAINT VACANT ROOM w/ PAINTED TRIM
Addendum			
19-5568	SF		PREP & PAINT VACANT ROOM w/ NATURAL TRIM
Addendum			
Addendum			
Addendum			

Category:	Electric		
Spec #	Unit of Measure	Quantity	Spec Title
23-7590	EA		RECEPTACLE—GFCI BATH
Addendum			
23-7819	EA		FAN/LIGHT FIXTURE—ENERGY STAR
Addendum			
23-7675	EA		REPLACE SINGLE POLE LIGHT SWITCH
Addendum			
23-7690	EA		INSTALL SINGLE POLE LIGHT SWITCH
Addendum			
23-7761	EA		ENERGY STAR 2 BULB BATH VANITY FIXTURE
Addendum			
23-7824	EA		BATHROOM FAN--CONTINUOUS--SINGLE SWITCH
Addendum			
23-	EA		
Addendum			
23-	EA		
Addendum			

Category:	HVAC		
Spec #	Unit of Measure	Quantity	Spec Title
21-6330	EA		REGISTER--REPLACE
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Addendum			
Addendum			

Category:	Integrated Pest Management		
Spec #	Unit of Measure	Quantity	Spec Title
29-8395	DU		INTEGRATED PEST MANAGEMENT
Addendum			
29-8397	EA		SEAL PEST ENTRY
Addendum			
Addendum			
Addendum			

Category:	Plumbing		
Spec #	Unit of Measure	Quantity	Spec Title
22-7005	EA		COMMODE REFURBISH
Addendum			
22-7012	EA		COMMODE REPLACE—1.28 GPF
Addendum			
22-6962	EA		SHOWER SURROUND—5' FIBERGLASS
Addendum			
22-6960	EA		BATHTUB/SHOWER—5' FIBERGLAS—COMPLETE W/GRAB BARS
Addendum			
22-6875	EA		FAUCET—LAVATORY SINGLE LEVER—1.5 GPM
Addendum			
22-6900	EA		VANITY—28" COMPLETE
Addendum			
22-6901	EA		VANITY—30" COMPLETE
Addendum			
22-6935	EA		SHOWER HEAD—2.0 GPM
Addendum			
22-7000	EA		TOILET SEAT
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Accessories		
Spec #	Unit of Measure	Quantity	Spec Title
10-3810	EA		TOWEL BAR
Addendum			
10-3825	EA		MEDICINE CABINET—SURFACE MOUNT
Addendum			
10-3835	EA		ACCESSORY SET—4 PIECE CHROME
Addendum			

Category:	Universal Design		
Spec #	Unit of Measure	Quantity	Spec Title
10-3937	EA		FIXED SIDE AND REAR WALL GRAB BARS-- COMMODE
Addendum			
10-3938	EA		FOLD-UP GRAB BAR--COMMODE
Addendum			
10-3940	EA		TUB/SHOWER GRAB BAR SET
Addendum			
Addendum			
Addendum			

Category:	Miscellaneous		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom					
Address:					Unit:	
Location Name:					Location #:	
Dimensions:	L:	W:	H:	Date:		

Category:	Miscellaneous				
Spec #	Unit of Measure	Quantity	Spec Title		
Addendum					
Addendum					
Addendum					

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity C = Chronic A = Acute
Clean				
• Cleanable surfaces				
• Clutter				
• Hoarding				
• Sufficient storage				
Dry				
• Signs of moisture				
• Active leaks				
• High humidity				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
ETS				
Deteriorated paint				
ACM				
CO Detectors				
Odors - VOCs				
Ventilated				
Fresh air source				
Windows operable				
Odors				
Dampness				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Walls & Ceiling		
Spec #	Unit of Measure	Quantity	Spec Title
17-5355	SF		PATCH PLASTER
Addendum			
17-5210	SF		DRYWALL—PATCH—LARGE
Addendum			
17-5235	SF		LAMINATE 3/8' DRYWALL
Addendum			
17-5270	SF		DRYWALL—1/2"
Addendum			
10-2455	LF		PARTITION—2'x4' NON-BEARING
Addendum			
Addendum			

Category:	Closet		
Spec #	Unit of Measure	Quantity	Spec Title
10 - 4010	EA		CLOSET POLE
Addendum			
10-4015	EA		CLOSET SHELF
Addendum			
Addendum			

Category:	Doors		
Spec #	Unit of Measure	Quantity	Spec Title
10-3255	EA		REHANG INTERIOR DOOR
Addendum			
10-3275	EA		PASSAGE LOCK
Addendum			
10-3280	EA		LOCKSET--BEDROOM
Addendum			
10-3345	EA		DOOR—FLUSH INTERIOR HOLLOW CORE
Addendum			
10-3362	EA		DOOR—PREHUNG PASSAGE—SOLID JAMB
Addendum			
10-3300	EA		DOOR STOP—BASEBOARD MOUNT

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			
Addendum			
Addendum			

Category: Windows			
Spec #	Unit of Measure	Quantity	Spec Title
10-2775	EA		SASH LOCK
Addendum			
10-2785	PR		SASH CORDS
Addendum			
10-2795	EA		WINDOW REPAIR
Addendum			
10-2810	EA		REPLACE GLASS—WOOD SASH
Addendum			
10-2982	EA		WINDOW--VINYL--LOW E DBL HNG DBL GLZ
Addendum			
Addendum			
Addendum			

Category: Flooring			
Spec #	Unit of Measure	Quantity	Spec Title
5-708	SF		REMOVE CARPET AND PAD
Addendum			
10-2312	SF		SUBFLOOR—3/4”
Addendum			
10-2355	SF		FLOOR—REPAIR TONGUE AND GROOVE
Addendum			
10-2351	SF		FLOOR—REFINISH WOOD LOW VOC
Addendum			
20-5920	SF		UNDERLAYMENT AND VINYL COMPOSITION TILE
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Flooring		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Category:	Painting		
Spec #	Unit of Measure	Quantity	Spec Title
19-5567	SF		PREP & PAINT VACANT ROOM w/ PAINTED TRIM
Addendum			
19-5568	SF		PREP & PAINT VACANT ROOM w/ NATURAL TRIM
Addendum			
Addendum			
Addendum			

Category:	Electric		
Spec #	Unit of Measure	Quantity	Spec Title
23-7560	EA		REPLACE RECEPTACLE
Addendum			
23-7565	EA		INSTALL NEW RECEPTACLE—15 AMP
Addendum			
23-7675	EA		REPLACE SINGLE POLE LIGHT SWITCH
Addendum			
23-7690	EA		INSTALL SINGLE POLE LIGHT SWITCH
Addendum			
23-7752	EA		ENERGY STAR INTERIOR CEILING FIXTURE
Addendum			
23-7753	EA		ENERGY STAR INTERIOR WALL FIXTURE
Addendum			
23-7715	EA		FIXTURE & 3-WAY SWITCHS—ENERGY STAR 1 LAMP
Addendum			
23-7810	EA		SMOKE ALARM—HARD WIRED—BATTERY BACK-UP
Addendum			
23-8722	EA		CARBON MONOXIDE ALARM—DIGITAL DISPLAY
Addendum			
23-	EA		
Addendum			
23-	EA		
Addendum			

Hazards and Solutions Checklist

Location Type	Exterior				
Address:				Unit:	
Location Name:				Location #:	
Dimensions:	L:	W:	H:	Date:	

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity <small>C = Chronic A = Acute</small>
Clean				
• Cleanable exterior surfaces				
• Clutter				
• Hoarding				
• Sufficient exterior storage				
Dry				
• Poor drainage/grading				
• Active gutter/downspout leaks				
• Leaks in bldg. envelope				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
Chemical storage				
Deteriorated paint				
ACM				
Odors - VOCs				
Ventilated				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Exterior			Unit:	
Address:				Location #:	
Location Name:				Date:	
Dimensions:	L:	W:	H:		

Category:	Roofing and Gutters				
Spec #	Unit of Measure	Quantity	Spec Title		
15-4635	LF		GUTTER/DWNSPOUT--5" K STYLE SEAMLESS ALUM		
Addendum					
15-4567	SF		ROOF—REPAIR SHINGLES		
Addendum					
15-4580	SQ		REROOF—FIBERGLASS SHINGLES		
Addendum					
15-4755	LF		FACIA 1X6		
Addendum					
15-4546	SQ		EPDM—FULLY ADHEARED		
Addendum					
15-4760	LF		SOFFIT		
Addendum					
Addendum					

Category:	Exterior Walls/Cladding				
Spec #	Unit of Measure	Quantity	Spec Title		
10 - 2640	SQ		SIDING--VINYL		
Addendum					
7-1230	SF		MASONRY--REPOINT		
Addendum					
7-1235	SF		BRICK WALL REPAIR		
Addendum					
C	SF		SIDING--CLAPBOARD REPLACE		
Addendum					
10-2645	SF		TRIM--WRAP WITH VINYL		
Addendum					
Addendum					
Addendum					

Hazards and Solutions Checklist

Location Type	Exterior		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Porches, Steps & Walks			
Spec #	Unit of Measure	Quantity	Spec Title
10-3585	EA		TREAD REPLACEMENT--EXTERIOR
Addendum			
10-3590	RI		STAIRCASE--WOOD--REPLACE EXTERIOR
Addendum			
6-1035	SF		STEPS--REPAIR CONCRETE
Addendum			
6-1045	RI		STEPS AND LANDINGS--CONCRETE
Addendum			
10-3465	SF		DECK--TONGUE AND GROOVE
Addendum			
10-3505	SF		PORCH CEILING--T&G
Addendum			
10-3470	EA		POST--4"X 4"
Addendum			
10-3560	SF		PORCH--REBUILD
Addendum			
10-3515	LF		PORCH GUARD RAIL REPAIR-WOOD
Addendum			
10-3522	LF		WOOD STAIR HANDRAIL--REPLACE EXT
Addendum			
10-3525	LF		GUARD RAIL--WOOD
Addendum			
10-1460	LF		METAL GUARD RAIL--STEEL
Addendum			
6-905	SF		CONCRETE SLAB--PATCH
Addendum			
6-1034	SF		SIDEWALK--CONCRETE REPLACE
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Exterior		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Windows & Doors		
Spec #	Unit of Measure	Quantity	Spec Title
10-2978	EA		WINDOW REPLACE--VINYL-- DBL HNG ENERGY STAR - W/TRIM < 100 UI
Addendum			
10-3065	EA		DOOR—REHANG EXTERIOR
Addendum			
10-3185	EA		DOOR--PREHUNG METAL ENTRANCE
Addendum			
10-3805	EA		DOOR--METAL BASEMENT HATCHWAY
Addendum			
10-3150	EA		DOOR--EXTERIOR PANELED
Addendum			
Addendum			
Addendum			

Category:	Painting		
Spec #	Unit of Measure	Quantity	Spec Title
19-5785	SF		PREP & PAINT EXTERIOR MASONRY
Addendum			
19-5679	SF		PREP & PAINT EXTERIOR WOOD--LOW VOC
Addendum			
19-5677	SF		PREP & PAINT EXTERIOR TRIM-LOW VOC
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Exterior		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Electrical			
Spec #	Unit of Measure	Quantity	Spec Title
23-7640	EA		WEATHERPROOF RECEPTACLE
Addendum			
23-8162	EA		ENTRANCE LIGHT--ENERGY STAR
Addendum			
23-8166	EA		EXTERIOR FLOOD LIGHT REPLACE--ENERGY STAR
Addendum			
23-8165	EA		ENTRANCE LIGHT FIXTURE--REPLACE
Addendum			
	EA		
Addendum			
	EA		
Addendum			

Category: Miscellaneous			
Spec #	Unit of Measure	Quantity	Spec Title
10-3875	EA		HOUSE NUMBER SET
Addendum			
10-3885	EA		MAILBOX
Addendum			
5-750	SF		DEMO OUTBUILDING
Addendum			
Addendum			

Category: Yard			
Spec #	Unit of Measure	Quantity	Spec Title
4-417	SF		RESEED--FINE FESCUE
Addendum			
4-450	SF		REGRADE FOUNDATION--RESOD
Addendum			
4-420	SY		SOD
Addendum			
6-855	SF		DEMO CONCRETE
Addendum			
Addendum			

Exercise 6: Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity <small>C = Chronic A = Acute</small>
Clean				
• Cleanable surfaces				
• Clutter				
• Hoarding				
• Sufficient storage				
Dry				
• Signs of moisture				
• Active leaks				
• High humidity				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
ETS				
Deteriorated paint				
ACM				
CO Detectors				
Odors - VOCs				
Ventilated				
Fresh air source				
Windows operable				
Odors				
Dampness				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Walls & Ceiling			
Spec #	Unit of Measure	Quantity	Spec Title
17-5355	SF		PATCH PLASTER
Addendum			
17-5210	SF		DRYWALL—PATCH—LARGE
Addendum			
17-5235	SF		LAMINATE 3/8' DRYWALL
Addendum			
17-5270	SF		DRYWALL—1/2"
Addendum			
10-2455	LF		PARTITION—2'x4' NON-BEARING
Addendum			
Addendum			

Category: Closet			
Spec #	Unit of Measure	Quantity	Spec Title
10 - 4010	EA		CLOSET POLE
Addendum			
10-4015	EA		CLOSET SHELF
Addendum			
Addendum			

Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
10-3255	EA		REHANG INTERIOR DOOR
Addendum			
10-3275	EA		PASSAGE LATCH
Addendum			
10-3345	EA		DOOR—FLUSH INTERIOR HOLLOW CORE
Addendum			
10-3362	EA		DOOR—PREHUNG PASSAGE—SOLID JAMB
Addendum			
10-3300	EA		DOOR STOP—BASEBOARD MOUNT
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Flooring			
Spec #	Unit of Measure	Quantity	Spec Title
5-735	SF		DEMOLITION INTERIOR--CUSTOM
Addendum			
10-2312	SF		SUBFLOOR—3/4"
Addendum			
20-5920	SF		UNDERLAY AND VINYL COMPOSITION TILE
Addendum			
20-5930	SF		UNDERLAYMENT AND VINYL SHEETGOODS
Addendum			
Addendum			
Addendum			
Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Category: Windows			
Spec #	Unit of Measure	Quantity	Spec Title
10-2775	EA		SASH LOCK
Addendum			
10-2785	PR		SASH CORDS
Addendum			
10-2795	EA		WINDOW REPAIR
Addendum			
10-2810	EA		REPLACE GLASS—WOOD SASH
Addendum			
10-2982	EA		WINDOW--VINYL--LOW E DBL HNG DBL GLZ
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Painting			
Spec #	Unit of Measure	Quantity	Spec Title
19-5567	SF		PREP & PAINT VACANT ROOM w/ PAINTED TRIM
Addendum			
19-5568	SF		PREP & PAINT VACANT ROOM w/ NATURAL TRIM
Addendum			
Addendum			
Addendum			

Category: Electric			
Spec #	Unit of Measure	Quantity	Spec Title
23-7595	EA		RECEPTACLE—GFCI COUNTERTOP 20 AMP
Addendum			
23-7836	EA		RANGE HOOD EXTERIOR VENTED—ENERGY STAR
Addendum			
23-7675	EA		REPLACE SINGLE POLE LIGHT SWITCH
Addendum			
23-7690	EA		INSTALL SINGLE POLE LIGHT SWITCH
Addendum			
23-7751	EA		ENERGY STAR KITCHEN CEILING FIXTURE
Addendum			
23-7560	EA		RECEPTACLE REPLACE
Addendum			
23-	EA		
Addendum			
23-	EA		
Addendum			

Category: HVAC			
Spec #	Unit of Measure	Quantity	Spec Title
21-6330	EA		REGISTER--REPLACE
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Integrated Pest Management		
Spec #	Unit of Measure	Quantity	Spec Title
29-8395	DU		INTEGRATED PEST MANAGEMENT
Addendum			
29-8397	EA		SEAL PEST ENTRY
Addendum			
Addendum			
Addendum			

Category:	Plumbing		
Spec #	Unit of Measure	Quantity	Spec Title
22-6645	EA		SHUT-OFF VALVE
Addendum			
22-6720	EA		TRAP--REPLACE
Addendum			
22-6805	EA		REPAIR FAUCET--KITCHEN
Addendum			
22-6810	EA		FAUCET—KITCHEN SINGLE LEVER—2.0 GPM
Addendum			
22-6835	EA		SINK—DOUBLE BOWL COMPLETE
Addendum			
22-6830	EA		SINK—SINGLE BOWL COMPLETE
Addendum			
22-	EA		
Addendum			
Addendum			

Module 2 – Home Assessment

Exercise 7: Preparing for Success

List the steps you can take ahead of time to ensure the success of on your onsite assessment, including what tools you will need and what information you should gather about the physical structure as well as about the residents and/or property owner.

About the Building (background, environmental tests)	Tools	About the residents and/or owner

Hazards and Solutions Checklist

Location Type	Exterior				
Address:				Unit:	
Location Name:				Location #:	
Dimensions:	L:	W:	H:	Date:	

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity <small>C = Chronic A = Acute</small>
Clean				
• Cleanable exterior surfaces				
• Clutter				
• Hoarding				
• Sufficient exterior storage				
Dry				
• Poor drainage/grading				
• Active gutter/downspout leaks				
• Leaks in bldg. envelope				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
Chemical storage				
Deteriorated paint				
ACM				
Odors - VOCs				
Ventilated				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Exterior			Unit:	
Address:				Unit:	
Location Name:				Location #:	
Dimensions:	L:	W:	H:	Date:	

Category:	Roofing and Gutters				
Spec #	Unit of Measure	Quantity	Spec Title		
15-4635	LF		GUTTER/DWNSPOUT--5" K STYLE SEAMLESS ALUM		
Addendum					
15-4567	SF		ROOF—REPAIR SHINGLES		
Addendum					
15-4580	SQ		REROOF—FIBERGLASS SHINGLES		
Addendum					
15-4755	LF		FACIA 1X6		
Addendum					
15-4546	SQ		EPDM—FULLY ADHEARED		
Addendum					
15-4760	LF		SOFFIT		
Addendum					
Addendum					

Category:	Exterior Walls/Cladding				
Spec #	Unit of Measure	Quantity	Spec Title		
10 - 2640	SQ		SIDING--VINYL		
Addendum					
7-1230	SF		MASONRY--REPOINT		
Addendum					
7-1235	SF		BRICK WALL REPAIR		
Addendum					
C	SF		SIDING--CLAPBOARD REPLACE		
Addendum					
10-2645	SF		TRIM--WRAP WITH VINYL		
Addendum					
Addendum					
Addendum					

Hazards and Solutions Checklist

Location Type	Exterior			Unit:	
Address:				Unit:	
Location Name:				Location #:	
Dimensions:	L:	W:	H:	Date:	

Category: Porches, Steps & Walks			
Spec #	Unit of Measure	Quantity	Spec Title
10-3585	EA		TREAD REPLACEMENT--EXTERIOR
Addendum			
10-3590	RI		STAIRCASE--WOOD--REPLACE EXTERIOR
Addendum			
6-1035	SF		STEPS--REPAIR CONCRETE
Addendum			
6-1045	RI		STEPS AND LANDINGS--CONCRETE
Addendum			
10-3465	SF		DECK--TONGUE AND GROOVE
Addendum			
10-3505	SF		PORCH CEILING--T&G
Addendum			
10-3470	EA		POST--4"X 4"
Addendum			
10-3560	SF		PORCH--REBUILD
Addendum			
10-3515	LF		PORCH GUARD RAIL REPAIR-WOOD
Addendum			
10-3522	LF		WOOD STAIR HANDRAIL--REPLACE EXT
Addendum			
10-3525	LF		GUARD RAIL--WOOD
Addendum			
10-1460	LF		METAL GUARD RAIL--STEEL
Addendum			
6-905	SF		CONCRETE SLAB--PATCH
Addendum			
6-1034	SF		SIDEWALK--CONCRETE REPLACE
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Exterior		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Windows & Doors		
Spec #	Unit of Measure	Quantity	Spec Title
10-2978	EA		WINDOW REPLACE--VINYL-- DBL HNG ENERGY STAR - W/TRIM < 100 UI
Addendum			
10-3065	EA		DOOR—REHANG EXTERIOR
Addendum			
10-3185	EA		DOOR--PREHUNG METAL ENTRANCE
Addendum			
10-3805	EA		DOOR--METAL BASEMENT HATCHWAY
Addendum			
10-3150	EA		DOOR--EXTERIOR PANELED
Addendum			
Addendum			
Addendum			

Category:	Painting		
Spec #	Unit of Measure	Quantity	Spec Title
19-5785	SF		PREP & PAINT EXTERIOR MASONRY
Addendum			
19-5679	SF		PREP & PAINT EXTERIOR WOOD--LOW VOC
Addendum			
19-5677	SF		PREP & PAINT EXTERIOR TRIM-LOW VOC
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Exterior		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Electrical		
Spec #	Unit of Measure	Quantity	Spec Title
23-7640	EA		WEATHERPROOF RECEPTACLE
Addendum			
23-8162	EA		ENTRANCE LIGHT--ENERGY STAR
Addendum			
23-8166	EA		EXTERIOR FLOOD LIGHT REPLACE--ENERGY STAR
Addendum			
23-8165	EA		ENTRANCE LIGHT FIXTURE--REPLACE
Addendum			
	EA		
Addendum			
	EA		
Addendum			

Category:	Miscellaneous		
Spec #	Unit of Measure	Quantity	Spec Title
10-3875	EA		HOUSE NUMBER SET
Addendum			
10-3885	EA		MAILBOX
Addendum			
5-750	SF		DEMO OUTBUILDING
Addendum			
Addendum			

Category:	Yard		
Spec #	Unit of Measure	Quantity	Spec Title
4-417	SF		RESEED--FINE FESCUE
Addendum			
4-450	SF		REGRADE FOUNDATION--RESOD
Addendum			
4-420	SY		SOD
Addendum			
6-855	SF		DEMO CONCRETE
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity <small>C = Chronic A = Acute</small>
Clean				
• Cleanable surfaces				
• Clutter				
• Hoarding				
• Sufficient storage				
Dry				
• Signs of moisture				
• Active leaks				
• High humidity				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
ETS				
Deteriorated paint				
ACM				
CO Detectors				
Odors - VOCs				
Ventilated				
Fresh air source				
Windows operable				
Odors				
Dampness				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Bathroom			Unit:	
Address:				Location #:	
Location Name:				Date:	
Dimensions:	L:	W:	H:		

Category: Walls & Ceiling			
Spec #	Unit of Measure	Quantity	Spec Title
17-5355	SF		PATCH PLASTER
Addendum			
17-5210	SF		DRYWALL—PATCH—LARGE
Addendum			
17-5235	SF		LAMINATE 3/8' DRYWALL
Addendum			
17-5270	SF		DRYWALL—1/2"
Addendum			
10-2455	LF		PARTITION—2'x4' NON-BEARING
Addendum			
Addendum			

Category: Closet			
Spec #	Unit of Measure	Quantity	Spec Title
10 - 4010	EA		CLOSET POLE
Addendum			
10-4015	EA		CLOSET SHELF
Addendum			
Addendum			

Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
10-3255	EA		REHANG INTERIOR DOOR
Addendum			
10-3275	EA		PASSAGE LOCK
Addendum			
10-3280	EA		LOCKSET--PRIVACY
Addendum			
10-3345	EA		DOOR—FLUSH INTERIOR HOLLOW CORE
Addendum			
10-3362	EA		DOOR—PREHUNG PASSAGE—SOLID JAMB
Addendum			
10-3300	EA		DOOR STOP—BASEBOARD MOUNT
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Doors		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			
Addendum			

Category:	Windows		
Spec #	Unit of Measure	Quantity	Spec Title
10-2775	EA		SASH LOCK
Addendum			
10-2785	PR		SASH CORDS
Addendum			
10-2795	EA		WINDOW REPAIR
Addendum			
10-2810	EA		REPLACE GLASS—WOOD SASH
Addendum			
10-2982	EA		WINDOW--VINYL--LOW E DBL HNG DBL GLZ
Addendum			
Addendum			
Addendum			

Category:	Flooring		
Spec #	Unit of Measure	Quantity	Spec Title
5-735	SF		DEMOLITION INTERIOR--CUSTOM
Addendum			
10-2312	SF		SUBFLOOR—3/4"
Addendum			
18-5423	SF		CERAMIC FLOOR TILE WITH BACKER BOARD OVER WOOD FRAME
Addendum			
18-5405	SF		CERAMIC TILE--REGROUT, CAULK
Addendum			
20-5930	SF		UNDERLAYMENT AND VINYL SHEETGOODS
Addendum			
18-5410	SF		CERAMIC TILE--REPAIR
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Flooring		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Category:	Painting		
Spec #	Unit of Measure	Quantity	Spec Title
19-5567	SF		PREP & PAINT VACANT ROOM w/ PAINTED TRIM
Addendum			
19-5568	SF		PREP & PAINT VACANT ROOM w/ NATURAL TRIM
Addendum			
Addendum			
Addendum			

Category:	Electric		
Spec #	Unit of Measure	Quantity	Spec Title
23-7590	EA		RECEPTACLE—GFCI BATH
Addendum			
23-7819	EA		FAN/LIGHT FIXTURE—ENERGY STAR
Addendum			
23-7675	EA		REPLACE SINGLE POLE LIGHT SWITCH
Addendum			
23-7690	EA		INSTALL SINGLE POLE LIGHT SWITCH
Addendum			
23-7761	EA		ENERGY STAR 2 BULB BATH VANITY FIXTURE
Addendum			
23-7824	EA		BATHROOM FAN--CONTINUOUS--SINGLE SWITCH
Addendum			
23-	EA		
Addendum			
23-	EA		
Addendum			

Category:	HVAC		
Spec #	Unit of Measure	Quantity	Spec Title
21-6330	EA		REGISTER--REPLACE
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Addendum			
Addendum			

Category:	Integrated Pest Management		
Spec #	Unit of Measure	Quantity	Spec Title
29-8395	DU		INTEGRATED PEST MANAGEMENT
Addendum			
29-8397	EA		SEAL PEST ENTRY
Addendum			
Addendum			
Addendum			

Category:	Plumbing		
Spec #	Unit of Measure	Quantity	Spec Title
22-7005	EA		COMMODE REFURBISH
Addendum			
22-7012	EA		COMMODE REPLACE—1.28 GPF
Addendum			
22-6962	EA		SHOWER SURROUND—5' FIBERGLASS
Addendum			
22-6960	EA		BATHTUB/SHOWER—5' FIBERGLAS—COMPLETE W/GRAB BARS
Addendum			
22-6875	EA		FAUCET—LAVATORY SINGLE LEVER—1.5 GPM
Addendum			
22-6900	EA		VANITY—28" COMPLETE
Addendum			
22-6901	EA		VANITY—30" COMPLETE
Addendum			
22-6935	EA		SHOWER HEAD—2.0 GPM
Addendum			
22-7000	EA		TOILET SEAT
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Accessories		
Spec #	Unit of Measure	Quantity	Spec Title
10-3810	EA		TOWEL BAR
Addendum			
10-3825	EA		MEDICINE CABINET—SURFACE MOUNT
Addendum			
10-3835	EA		ACCESSORY SET—4 PIECE CHROME
Addendum			

Category:	Universal Design		
Spec #	Unit of Measure	Quantity	Spec Title
10-3937	EA		FIXED SIDE AND REAR WALL GRAB BARS-- COMMODE
Addendum			
10-3938	EA		FOLD-UP GRAB BAR--COMMODE
Addendum			
10-3940	EA		TUB/SHOWER GRAB BAR SET
Addendum			
Addendum			
Addendum			

Category:	Miscellaneous		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Hazards and Solutions Checklist

Location Type	Bathroom				
Address:					Unit:
Location Name:					Location #:
Dimensions:	L:	W:	H:	Date:	

Category:	Miscellaneous			
Spec #	Unit of Measure	Quantity	Spec Title	
Addendum				
Addendum				
Addendum				

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity <small>C = Chronic A = Acute</small>
Clean				
• Cleanable surfaces				
• Clutter				
• Hoarding				
• Sufficient storage				
Dry				
• Signs of moisture				
• Active leaks				
• High humidity				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
ETS				
Deteriorated paint				
ACM				
CO Detectors				
Odors - VOCs				
Ventilated				
Fresh air source				
Windows operable				
Odors				
Dampness				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Walls & Ceiling			
Spec #	Unit of Measure	Quantity	Spec Title
17-5355	SF		PATCH PLASTER
Addendum			
17-5210	SF		DRYWALL—PATCH—LARGE
Addendum			
17-5235	SF		LAMINATE 3/8' DRYWALL
Addendum			
17-5270	SF		DRYWALL—1/2"
Addendum			
10-2455	LF		PARTITION—2'x4' NON-BEARING
Addendum			
Addendum			

Category: Closet			
Spec #	Unit of Measure	Quantity	Spec Title
10 - 4010	EA		CLOSET POLE
Addendum			
10-4015	EA		CLOSET SHELF
Addendum			
Addendum			

Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
10-3255	EA		REHANG INTERIOR DOOR
Addendum			
10-3275	EA		PASSAGE LATCH
Addendum			
10-3345	EA		DOOR—FLUSH INTERIOR HOLLOW CORE
Addendum			
10-3362	EA		DOOR—PREHUNG PASSAGE—SOLID JAMB
Addendum			
10-3300	EA		DOOR STOP—BASEBOARD MOUNT
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Flooring			
Spec #	Unit of Measure	Quantity	Spec Title
5-735	SF		DEMOLITION INTERIOR--CUSTOM
Addendum			
10-2312	SF		SUBFLOOR—3/4"
Addendum			
20-5920	SF		UNDERLAY AND VINYL COMPOSITION TILE
Addendum			
20-5930	SF		UNDERLAYMENT AND VINYL SHEETGOODS
Addendum			
Addendum			
Addendum			
Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Category: Windows			
Spec #	Unit of Measure	Quantity	Spec Title
10-2775	EA		SASH LOCK
Addendum			
10-2785	PR		SASH CORDS
Addendum			
10-2795	EA		WINDOW REPAIR
Addendum			
10-2810	EA		REPLACE GLASS—WOOD SASH
Addendum			
10-2982	EA		WINDOW--VINYL--LOW E DBL HNG DBL GLZ
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Painting			
Spec #	Unit of Measure	Quantity	Spec Title
19-5567	SF		PREP & PAINT VACANT ROOM w/ PAINTED TRIM
Addendum			
19-5568	SF		PREP & PAINT VACANT ROOM w/ NATURAL TRIM
Addendum			
Addendum			
Addendum			

Category: Electric			
Spec #	Unit of Measure	Quantity	Spec Title
23-7595	EA		RECEPTACLE—GFCI COUNTERTOP 20 AMP
Addendum			
23-7836	EA		RANGE HOOD EXTERIOR VENTED—ENERGY STAR
Addendum			
23-7675	EA		REPLACE SINGLE POLE LIGHT SWITCH
Addendum			
23-7690	EA		INSTALL SINGLE POLE LIGHT SWITCH
Addendum			
23-7751	EA		ENERGY STAR KITCHEN CEILING FIXTURE
Addendum			
23-7560	EA		RECEPTACLE REPLACE
Addendum			
23-	EA		
Addendum			
23-	EA		
Addendum			

Category: HVAC			
Spec #	Unit of Measure	Quantity	Spec Title
21-6330	EA		REGISTER--REPLACE
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Kitchen		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H:
	Date:		

Category:	Integrated Pest Management		
Spec #	Unit of Measure	Quantity	Spec Title
29-8395	DU		INTEGRATED PEST MANAGEMENT
Addendum			
29-8397	EA		SEAL PEST ENTRY
Addendum			
Addendum			
Addendum			

Category:	Plumbing		
Spec #	Unit of Measure	Quantity	Spec Title
22-6645	EA		SHUT-OFF VALVE
Addendum			
22-6720	EA		TRAP--REPLACE
Addendum			
22-6805	EA		REPAIR FAUCET--KITCHEN
Addendum			
22-6810	EA		FAUCET—KITCHEN SINGLE LEVER—2.0 GPM
Addendum			
22-6835	EA		SINK—DOUBLE BOWL COMPLETE
Addendum			
22-6830	EA		SINK—SINGLE BOWL COMPLETE
Addendum			
22-	EA		
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Hazard Assessment

Principle <small>Shaded cells with ✓ require action</small>	Y	N	Description – Note specific hazards, and potential issues. Items for further testing, professional follow-up.	Severity C = Chronic A = Acute
Clean				
• Cleanable surfaces				
• Clutter				
• Hoarding				
• Sufficient storage				
Dry				
• Signs of moisture				
• Active leaks				
• High humidity				
• Musty odor				
Pest Free				
• Signs of pests				
• Food sources				
• Access points for pests				
Safe				
• Lighting adequate				
• Electrical hazards				
• Tripping hazards				
• Accessibility issues				
• Risk for falls				
• Secure entry				
Contaminant Free				
ETS				
Deteriorated paint				
ACM				
CO Detectors				
Odors - VOCs				
Ventilated				
Fresh air source				
Windows operable				
Odors				
Dampness				
Maintained				
Signs of deferred maintenance				
Difficult to maintain elements				
Deteriorated Paint - LBP				
Thermally Safe				
Temperature differential				
Occupant complaints				

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Walls & Ceiling		
Spec #	Unit of Measure	Quantity	Spec Title
17-5355	SF		PATCH PLASTER
Addendum			
17-5210	SF		DRYWALL—PATCH—LARGE
Addendum			
17-5235	SF		LAMINATE 3/8' DRYWALL
Addendum			
17-5270	SF		DRYWALL—1/2"
Addendum			
10-2455	LF		PARTITION—2'x4' NON-BEARING
Addendum			
Addendum			

Category:	Closet		
Spec #	Unit of Measure	Quantity	Spec Title
10 - 4010	EA		CLOSET POLE
Addendum			
10-4015	EA		CLOSET SHELF
Addendum			
Addendum			

Category:	Doors		
Spec #	Unit of Measure	Quantity	Spec Title
10-3255	EA		REHANG INTERIOR DOOR
Addendum			
10-3275	EA		PASSAGE LOCK
Addendum			
10-3280	EA		LOCKSET--BEDROOM
Addendum			
10-3345	EA		DOOR—FLUSH INTERIOR HOLLOW CORE
Addendum			
10-3362	EA		DOOR—PREHUNG PASSAGE—SOLID JAMB
Addendum			
10-3300	EA		DOOR STOP—BASEBOARD MOUNT

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category: Doors			
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			
Addendum			
Addendum			

Category: Windows			
Spec #	Unit of Measure	Quantity	Spec Title
10-2775	EA		SASH LOCK
Addendum			
10-2785	PR		SASH CORDS
Addendum			
10-2795	EA		WINDOW REPAIR
Addendum			
10-2810	EA		REPLACE GLASS—WOOD SASH
Addendum			
10-2982	EA		WINDOW--VINYL--LOW E DBL HNG DBL GLZ
Addendum			
Addendum			
Addendum			

Category: Flooring			
Spec #	Unit of Measure	Quantity	Spec Title
5-708	SF		REMOVE CARPET AND PAD
Addendum			
10-2312	SF		SUBFLOOR—3/4"
Addendum			
10-2355	SF		FLOOR—REPAIR TONGUE AND GROOVE
Addendum			
10-2351	SF		FLOOR—REFINISH WOOD LOW VOC
Addendum			
20-5920	SF		UNDERLAYMENT AND VINYL COMPOSITION TILE
Addendum			
Addendum			
Addendum			

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H: Date:

Category:	Flooring		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			

Category:	Painting		
Spec #	Unit of Measure	Quantity	Spec Title
19-5567	SF		PREP & PAINT VACANT ROOM w/ PAINTED TRIM
Addendum			
19-5568	SF		PREP & PAINT VACANT ROOM w/ NATURAL TRIM
Addendum			
Addendum			
Addendum			

Category:	Electric		
Spec #	Unit of Measure	Quantity	Spec Title
23-7560	EA		REPLACE RECEPTACLE
Addendum			
23-7565	EA		INSTALL NEW RECEPTACLE—15 AMP
Addendum			
23-7675	EA		REPLACE SINGLE POLE LIGHT SWITCH
Addendum			
23-7690	EA		INSTALL SINGLE POLE LIGHT SWITCH
Addendum			
23-7752	EA		ENERGY STAR INTERIOR CEILING FIXTURE
Addendum			
23-7753	EA		ENERGY STAR INTERIOR WALL FIXTURE
Addendum			
23-7715	EA		FIXTURE & 3-WAY SWITCHS—ENERGY STAR 1 LAMP
Addendum			
23-7810	EA		SMOKE ALARM—HARD WIRED—BATTERY BACK-UP
Addendum			
23-8722	EA		CARBON MONOXIDE ALARM—DIGITAL DISPLAY
Addendum			
23-	EA		
Addendum			
23-	EA		
Addendum			

Hazards and Solutions Checklist

Location Type	Generic Interior Room		
Address:		Unit:	
Location Name:			Location #:
Dimensions:	L:	W:	H:
	Date:		

Category:	HVAC		
Spec #	Unit of Measure	Quantity	Spec Title
21-6380	EA		PROGRAMMABLE THERMOSTAT
Addendum			
21-6330	EA		REGISTER--REPLACE
Addendum			
Addendum			
Addendum			

Category:	Integrated Pest Management		
Spec #	Unit of Measure	Quantity	Spec Title
29-8395	DU		INTEGRATED PEST MANAGEMENT
Addendum			
29-8397	EA		SEAL PEST ENTRY
Addendum			
Addendum			
Addendum			

Category:	Miscellaneous		
Spec #	Unit of Measure	Quantity	Spec Title
Addendum			
Addendum			
Addendum			
Addendum			
Addendum			

Pediatric Environmental Home Assessment

DRAFT 5/12/06

RESIDENT REPORTED INFORMATION

Bolded responses indicate areas of greater concern.

General Housing Characteristics

Type of Ownership	<input type="checkbox"/> Own house	<input type="checkbox"/> Market rate rental hsg.	<input type="checkbox"/> Subsidized rental hsg.	<input type="checkbox"/> Shelter	
Age of Home	<input type="checkbox"/> Pre-1950	<input type="checkbox"/> 1950-1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know	
Structural Foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace		
Floors Lived In (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd or higher	
Heating	Fuel Used	<input type="checkbox"/> Natural gas / LPG	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
	Sources in Home	<input type="checkbox"/> Radiators	<input type="checkbox"/> Forced warm air	<input type="checkbox"/> Space heater or oven	<input type="checkbox"/> Other: _____
	Filters Changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> No filters
	Control	<input type="checkbox"/> Easy to control heat	<input type="checkbox"/> Hard to control heat		
Cooling	<input type="checkbox"/> Windows	<input type="checkbox"/> Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None	
Ventilation (check all that apply)	<input type="checkbox"/> Open windows	<input type="checkbox"/> Kitchen/bathroom fans	<input type="checkbox"/> Central ventilation	<input type="checkbox"/> HEPA air filter	

NOTES:

Indoor Pollutants

Mold and Moisture	<input type="checkbox"/> Use dehumidifier <input type="checkbox"/> No damage	<input type="checkbox"/> Use vaporizer or humidifier	<input type="checkbox"/> Musty odor evident	<input type="checkbox"/> Visible water / mold damage	
Pets	Presence	<input type="checkbox"/> No pets	<input type="checkbox"/> Cat # _____	<input type="checkbox"/> Dog # _____	<input type="checkbox"/> Other: _____
	Management	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in patient's bedroom	<input type="checkbox"/> Full access in home	<input type="checkbox"/> Sleeping location: _____
Pests	Cockroaches	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Mice	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Rats	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Bedbugs	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> bedroom <input type="checkbox"/> other
Lead-based Paint	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Loose, peeling, or chipping, paint	
Asbestos	<input type="checkbox"/> Tested – None present	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Damaged or friable material	
Radon	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested	<input type="checkbox"/> Failed test but not mitigated	
Health and Safety Alarms	<input type="checkbox"/> Smoke alarm working and well placed	<input type="checkbox"/> CO alarm working and one on each floor	<input type="checkbox"/> CO alarm does not log peak level	<input type="checkbox"/> No smoke or CO alarm	
Environmental Tobacco Smoke	<input type="checkbox"/> No smoking allowed	<input type="checkbox"/> Smoking allowed outdoors	<input type="checkbox"/> Smoking allowed indoors <input type="checkbox"/> bedroom <input type="checkbox"/> playroom	<input type="checkbox"/> Total # smokers in household: _____ <input type="checkbox"/> Mother smokes	
Other Irritants	<input type="checkbox"/> None	<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Potpourri, incense, candles	<input type="checkbox"/> Other strong odors: _____	
Type of Cleaning	<input type="checkbox"/> Standard Vacuum (non HEPA)	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> Sweep or dry mop	

NOTES:

NURSE OBSERVED INFORMATION

Bolded responses indicate areas of greater concern.

Home Environment					
Drinking Water Source		<input type="checkbox"/> Public water system	<input type="checkbox"/> Household Well	<input type="checkbox"/> Shared Well	
Kitchen	Cleanliness	<input type="checkbox"/> No soiling	<input type="checkbox"/> Trash or garbage sealed	<input type="checkbox"/> Trash or garbage not sealed	<input type="checkbox"/> Wall/ceiling/floor damage
	Ventilation	<input type="checkbox"/> Functioning stove exhaust fan/vent	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Broken stove exhaust fan/vent	<input type="checkbox"/> No stove exhaust fan/vent
Bathroom		<input type="checkbox"/> Functioning exhaust fan/vent/window	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Basement		<input type="checkbox"/> None/No Access	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Living Room		<input type="checkbox"/> No soiling	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Laundry area		<input type="checkbox"/> None	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Dryer not vented outside	<input type="checkbox"/> Hang clothes to dry

Sleep Environment					
Patient's sleep area	<input type="checkbox"/> Own room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Other		
# Beds	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2	
Allergen impermeable encasings on beds	<input type="checkbox"/> On mattress and boxspring (zippered)	<input type="checkbox"/> On mattress only (zippered)	<input type="checkbox"/> On mattress (not zippered)	<input type="checkbox"/> No mattress covers	
Pillows	<input type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/ down		
Bedding	<input type="checkbox"/> Washable	<input type="checkbox"/> Wool/not washable	<input type="checkbox"/> Feather/ down		
Flooring	<input type="checkbox"/> Hardwood/Tile/Linoleum	<input type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> Wall-to-wall carpet	
Dust/mold catchers	<input type="checkbox"/> Stuffed animals/washable toys	<input type="checkbox"/> Non-washable toys	<input type="checkbox"/> Plants	<input type="checkbox"/> Other _____	
Window	<input type="checkbox"/> Washable shades/curtains	<input type="checkbox"/> Washable blinds	<input type="checkbox"/> Curtains/ drapes	<input type="checkbox"/> No window/ poor ventilation	
Other irritants	<input type="checkbox"/> Abundant cosmetics and fragrances				

NOTES:

NOTES:

Home Safety <i>* can indicate housing code violations</i>					
<i>General</i>					
Active renovation or remodeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
*Stairs, protective walls, railings, porches	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
*Hallway lighting	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate			
Poison control number	<input type="checkbox"/> Posted by phone	<input type="checkbox"/> Not posted by phone			
**Family fire escape plan	<input type="checkbox"/> Developed and have copy available	<input type="checkbox"/> None			
Electrical appliances (radio, hair dryer, space heater)	<input type="checkbox"/> Not used near water	<input type="checkbox"/> Used near water			
Matches and lighters stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach			
Exterior environment	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Abundant trash and debris	<input type="checkbox"/> Chipping, peeling paint	<input type="checkbox"/> Broken window(s)	

NOTES:

NURSE OBSERVED INFORMATION (continued)

Home Safety <i>* can indicate housing code violations</i>			
Young Children Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coffee, hot liquids, and foods	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Cleaning supplies stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Medicine and vitamins stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Child (less than six years old) been tested for lead poisoning	<input type="checkbox"/> Within past 6 months Result: _____	<input type="checkbox"/> Within past year or more. When? _____ Result: _____	<input type="checkbox"/> No
Child watched by an adult while in the tub	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> No
*Home's hot water temperature	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input type="checkbox"/> Don't know
Non-accordion toddler gates used	<input type="checkbox"/> At top of stairs	<input type="checkbox"/> At bottom of stairs	<input type="checkbox"/> No
Crib mattress	<input type="checkbox"/> Fits well	<input type="checkbox"/> Loose	
Window guards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Window blind cords	<input type="checkbox"/> Split cord	<input type="checkbox"/> Looped cord	

NOTES:

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The National Environmental Education & Training Foundation

We credit its *Environmental Management of Pediatric Asthma: Guidelines for Health Care Providers*
and model Pediatric Environmental History Form

and



The Center for Healthy Homes and Neighborhoods at Boston University

We credit its model Pediatric Asthma-Allergy Home Assessment form

**Module 2 – Home Assessment
Exercise 5: Identify Hazards**

Photo	Deficiency	Solution	Notes
1			
2			
3			
4			

Photo	Deficiency	Solution	Notes
5			
6			
7			
8			

Photo	Deficiency	Solution	Notes
9			
10			
11			
12			

Photo	Deficiency	Solution	Notes
13			
14			
15			
16			

Photo	Deficiency	Solution	Notes
17			
18			
19			
20			

21			
22			

Module 2 – Home Assessment

Exercise 7: Preparing for Success

List the steps you can take ahead of time to ensure the success of on your onsite assessment, including what tools you will need and what information you should gather about the physical structure as well as about the residents and/or property owner.

About the Building (background, environmental tests)	Tools	About the residents and/or owner