

**FOR AGENCY USE ONLY**

Client ID No.	Case ID No.	Date Completed
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Direction:

A full-page sheet of white graph paper with a light gray grid. The grid consists of small squares, approximately 10 units wide by 10 units high. There are no margins or additional markings on the page.

## General Description of the Site

Primary Ground Cover: ☐ Grass ☐ Dirt ☐ Gravel ☐ Concrete ☐ Other:

Secondary Ground Cover: ☐ Grass ☐ Dirt ☐ Gravel ☐ Concrete ☐ Other:

Drainage: ☐ Away ☐ Toward ☐ F to R ☐ R to F ☐ L to R ☐ R to L

## Nearby Pollution Sources

within 500 ft. ☐ Busy Street ☐ Highway ☐ Interstate ☐ Railroad ☐ Other:

within 0.25 mi ☐ Factory ☐ Industrial ☐ Power Plant ☐ Retail ☐ Other:

## General Description of the Building

Building Location: ☐ Urban ☐ Suburban ☐ Rural ☐ Other:  
 Building Type: ☐ House ☐ Apartment ☐ Duplex ☐ Other:  
 Approximate Age: ☐ Before 1940 ☐ 1940-1959 ☐ 1960-1977 ☐ After 1978 ☐ Unknown  
 Area:           ft<sup>2</sup>   No. of Floors:       No. of Rooms:           No. of Windows:       No. of Entry Doors:

## Outside Weather Conditions

Temperature: Relative Humidity: Precipitation:

BUILDING AND MECHANICAL ASSESSMENT					
<b>Building</b>					
Roof	Yes	No	N/A	What issues were observed?	Action?
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Exterior Siding					
• Any peeling paint observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Gutters					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Foundation					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Exterior Doors					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Exterior Windows					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Stairs/Steps					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Mechanical</b>					
Heating System      Type:	Yes	No	N/A	What issues were observed?	Action?
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Filter condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Cooling System      Type:					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Hose draining to floor drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Water Heater      Type:					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Home Plumbing					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Electrical Service					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Stove      Type:					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Burners and oven work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Washer					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Dryer					
• Any issues observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Dryer duct exhausts to outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Safety Equipment					
• Working smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Working CO detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Kitchen fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Handrails on stairs (>3 steps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ROOM SURVEY: CHILD'S BEDROOM					
	Yes	No	N/A	What issues were observed?	Action?
<b>Keep it Ventilated</b>					
• Working supply vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If return vent present – working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Return vent(s) unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If windows present – operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Clean</b>					
• Excessive visible dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Is carpeting present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Carpet condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed trash/debris on surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Pest-Free</b>					
• Any reported/visible evidence of rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible evidence of insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Dry</b>					
• Observed damp smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any visible moisture stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible window leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed room humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any mold smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any observed suspect visible mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Visible mold ranking:	0	<10	>10		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Contaminant-Free</b>					
• Observed chemical odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible chemical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any flaking paint on any surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Flaking paint ranking:	0	<1	>1		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Safe</b>					
• Smoke detector in/near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• CO detector near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed overloaded extension cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed loose flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Small children (&lt;7 years old):</b>					
• Receptacle plug covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any blind/curtain cords within reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Window guards (2 <sup>nd</sup> floor) present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Medicines out of reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ROOM SURVEY: LIVING ROOM					
	Yes	No	N/A	What issues were observed?	Action?
<b>Keep it Ventilated</b>					
• Working supply vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If return vent present – working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Return vent(s) unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If windows present – operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Clean</b>					
• Excessive visible dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Is carpeting present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Carpet condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed trash/debris on surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Pest-Free</b>					
• Any reported/visible evidence of rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible evidence of insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Dry</b>					
• Observed damp smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any visible moisture stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible window leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed room humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any mold smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any observed suspect visible mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Visible mold ranking:	0	<10	>10		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Contaminant-Free</b>					
• Observed chemical odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible chemical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any flaking paint on any surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Flaking paint ranking:	0	<1	>1		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Safe</b>					
• Smoke detector in/near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• CO detector near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed overloaded extension cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed loose flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Small children (&lt;7 years old):</b>					
• Receptacle plug covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any blind/curtain cords within reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Window guards (2 <sup>nd</sup> floor) present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Medicines out of reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ROOM SURVEY: KITCHEN					
	Yes	No	N/A	What issues were observed?	Action?
<b>Keep it Ventilated</b>					
• Working supply vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If return vent present – working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Return vent(s) unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Exhaust fan present/operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If windows present – operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Clean</b>					
• Excessive visible dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Is carpeting present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed trash/debris on surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Pest-Free</b>					
• Any reported/visible evidence of rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible evidence of insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any observed cracks/gaps around cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Dry</b>					
• Observed damp smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any visible moisture stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible window leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed room humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any mold smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any observed suspect visible mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Visible mold ranking:	0	<10	>10		
Area affected:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Contaminant-Free</b>					
• Observed chemical odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible chemical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Chemicals stored in original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Food stored away from chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any flaking paint on any surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Flaking paint ranking:	0	<1	>1		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Safe</b>					
• Smoke detector in/near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• CO detector near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Fire extinguisher present and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Chemicals in childproof storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Water temperature set to $\leq 120^{\circ}\text{F}$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• GFCI near water sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed overloaded extension cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed loose flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Small children (&lt;7 years old):</b>					
• Receptacle plug covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any blind/curtain cords within reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Cabinet locks on doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Medicines out of reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ROOM SURVEY: BATHROOM					
	Yes	No	N/A	What issues were observed?	Action?
<b>Keep it Ventilated</b>					
• Working supply vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If return vent present – working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Return vent(s) unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Exhaust fan present/operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If windows present – operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Clean</b>					
• Excessive visible dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Is carpeting present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed trash/debris on surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Pest-Free</b>					
• Any reported/visible evidence of rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible evidence of insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any observed cracks/gaps around cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Dry</b>					
• Observed damp smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any visible moisture stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible window leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed room humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any mold smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any observed suspect visible mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Visible mold ranking:	0	<10	>10		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Contaminant-Free</b>					
• Observed chemical odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible chemical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Chemicals stored in original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any flaking paint on any surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Flaking paint ranking:	0	<1	>1		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Safe</b>					
• Smoke detector in/near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• CO detector near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Chemicals in childproof storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Water temperature set to $\leq 120^{\circ}\text{F}$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• GFCI near water sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed overloaded extension cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed loose flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Small children (&lt;7 years old):</b>					
• Receptacle plug covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any blind/curtain cords within reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Cabinet locks on doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Medicines out of reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

<b>ROOM SURVEY: BASEMENT</b>					
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>What issues were observed?</b>	<b>Action?</b>
<b>Keep it Ventilated</b>					
• Working supply vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Supply vent unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• No return vent(s) present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• No crawlspace open to room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• If windows present – operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Clean</b>					
• Excessive visible dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Is carpeting present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed trash/debris on surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Pest-Free</b>					
• Any reported/visible evidence of rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible evidence of insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any observed cracks/gaps around cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Keep it Dry</b>					
• Observed damp smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any visible moisture stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible window leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed room humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Sump pump present/working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any mold smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any observed suspect visible mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Visible mold ranking:	0	<10	>10		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Contaminant-Free</b>					
• Observed chemical odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any reported/visible chemical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Chemicals stored in original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Any flaking paint on any surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Flaking paint ranking:	0	<1	>1		
Area affected (sq. ft.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	
<b>Keep it Safe</b>					
• Smoke detector in/near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• CO detector near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Chemicals in childproof storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• GFCI near water sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed overloaded extension cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Observed loose flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Handrails on stairs (>3 steps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Adequate stair lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Small children (&lt;7 years old):</b>					
• Receptable plug covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Cabinet locks on doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Items to be included on plan drawing:

- Issues Key
- C – Chemical products  
MS – Moisture stain  
SM – Suspect mold  
FP – Flaking paint  
SH – Safety hazard

A full-page sheet of white graph paper with a light gray grid. The grid consists of small squares, approximately 10 units wide by 10 units high. There are no margins or additional markings on the page.



**FIELD NOTES AND CALCULATIONS**