

## SAFE AND HEALTHY HOME ASSESSMENT

**FOR AGENCY USE ONLY**

**Client ID No.**

**Case ID No.**

**Date Completed**

### Direction:

## GENERAL DESCRIPTION

## **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: **25°C** | Relative Humidity: **50%** | Precipitation: **0mm**

**BUILDING AND MECHANICAL ASSESSMENT****Building**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>What issues were observed?</b>	<b>Action?</b>
Roof					
• 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"/>

**Mechanical**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>What issues were observed?</b>	<b>Action?</b>
Heating System Type:					
• 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"/>

<b>ROOM SURVEY: CHILD'S BEDROOM</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"/>
• 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"/>
Small children (<7 years old):					
• 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"/>

<b>ROOM SURVEY: LIVING ROOM</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"/>
• 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"/>
Small children (<7 years old):					
• 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?
Keep it Ventilated					
• Working supply vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Supply vent open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Supply vent unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• If return vent present – working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Return vent(s) unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Exhaust fan present/operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• If windows present – operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Keep it Clean					
• Excessive visible dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Is carpeting present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed trash/debris on surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Keep it Pest-Free					
• Any reported/visible evidence of rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any reported/visible evidence of insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any observed cracks/gaps around cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Keep it Dry					
• Observed damp smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any visible moisture stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any reported/visible window leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed room humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any mold smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any observed suspect visible mold	<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.	
Keep it Contaminant-Free					
• Observed chemical odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any reported/visible chemical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Chemicals stored in original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Food stored away from chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any flaking paint on any surface	<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.	
Keep it Safe					
• Smoke detector in/near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• CO detector near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Fire extinguisher present and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Chemicals in childproof storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Water temperature set to ≤120°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• GFCI near water sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed overloaded extension cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed loose flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Small children (<7 years old):					
• Receptacle plug covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any blind/curtain cords within reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Cabinet locks on doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Medicines out of reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>ROOM SURVEY: BATHROOM</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"/>		
• Supply vent open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Supply vent unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• If return vent present – working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Return vent(s) unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Exhaust fan present/operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• If windows present – operational	<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"/>		
• Is carpeting present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed trash/debris on surfaces	<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"/>		
• Any reported/visible evidence of insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any observed cracks/gaps around cabinets	<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"/>		
• Any visible moisture stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any reported/visible window leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed room humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any mold smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any observed suspect visible mold	<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"/>		
• Any reported/visible chemical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Chemicals stored in original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any flaking paint on any surface	<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"/>		
• CO detector near room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Chemicals in childproof storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Water temperature set to ≤120°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• GFCI near water sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed overloaded extension cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Observed loose flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Small children (<7 years old):					
• Receptacle plug covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Any blind/curtain cords within reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Cabinet locks on doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Medicines out of reach	<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"/>
Small children (<7 years old):					
• Receptacle 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"/>

**FLOOR/ROOM PLAN DRAWINGS**

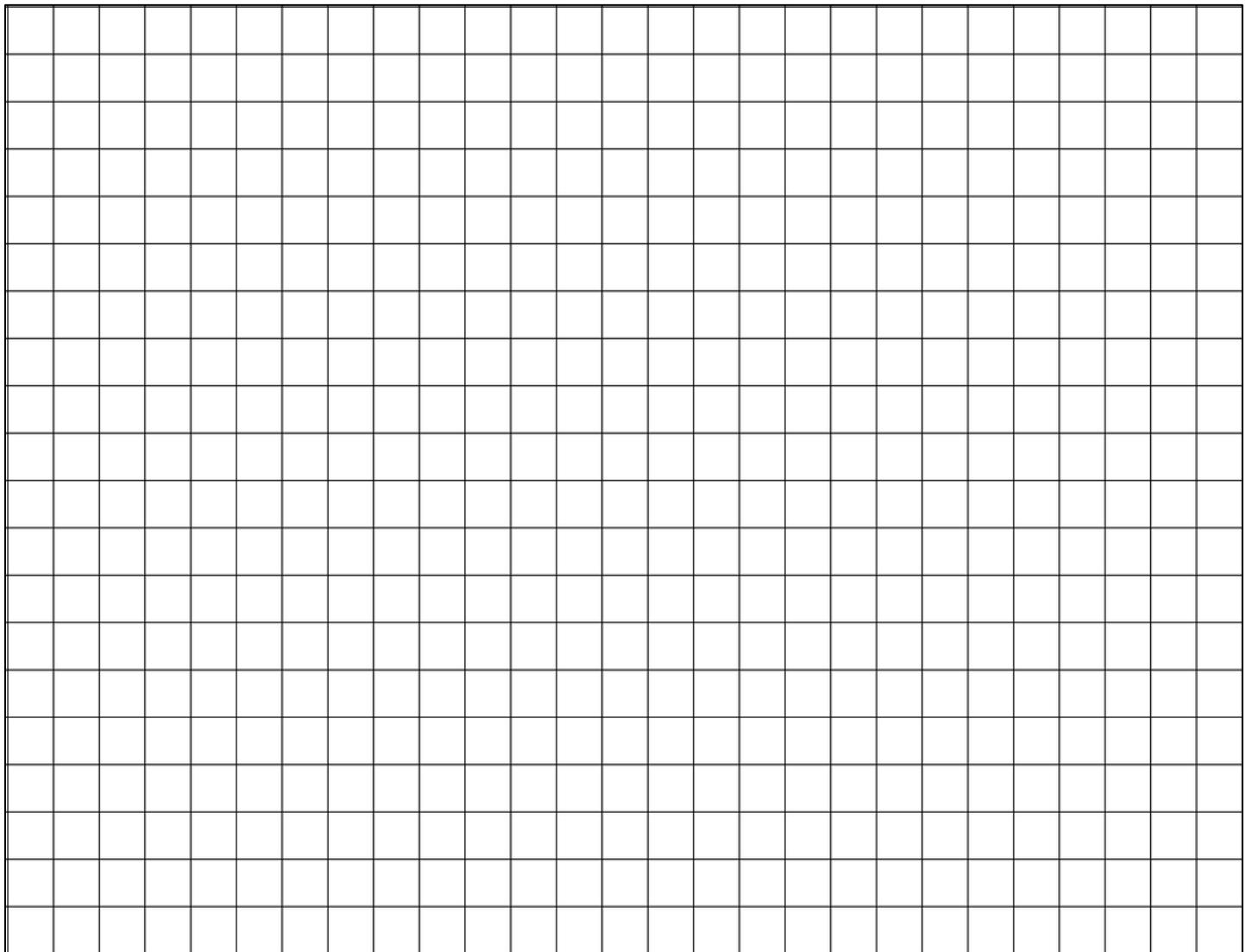
Items to be included on plan drawing:

- Measure and note ft<sup>2</sup> for each room assessed
- Note locations for supply, return, and exhaust vents
- Note locations of moisture sources
- Note locations of issues

**Issues Key**

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

Direction:



**FIELD NOTES AND CALCULATIONS**