Healthy Homes Assessment Checklist

Smoke Alarm(s) #_____   CO monitor(s) #_____   Childproof safety kit #_____   Radon test id #_____

Date of Assessment:_____   **Date of Reassessment:** _____

Inspector Name:_____   **Agency/Consultant Name:** _____

In conformance with assessment record? ☐Yes   ☐ No

Accompanied by: ☐ Building Official ☐ Housing Official ☐ Fire Marshal ☐ Other: _____

Property Information: Phone number _____   Time In: _____   Time Out: _____

Address: _____ Apt.:_____
street # & name   city   zip code

For each day the assessment was conducted consent was given by an adult occupant of the dwelling unit to enter and assess all areas of the dwelling that are under the control of that individual or to which that individual has legitimate access.   ☐Yes   ☐ No

Name of person granting consent: _____   Date: _____
Name of person granting consent: _____   Date: _____

General Housing Characteristics			
* can indicate housing, building or fire code violation			
Type of Ownership	☐ Owner occupied, single family	☐ Rental, single family.	☐Rental, multi-apartments	☐ Other: (specify) _____
Age of Home	☐ Pre-1950	☐ 1950-1977	☐ 1978 or later	
Occupants of Dwelling Unit	☐ # children <6 _____	☐ # of children ≥6 _____	☐ # of Adults (18-64) _____	☐ # of Adults >=65 _____
Structural Foundation	☐ Basement	☐ Slab on grade	☐ Crawlspace	
Holes (interior or exterior)	☐ Small holes the size of a dime ☐ No holes	☐ Medium-sized holes the size of a quarter to a sheet of paper **-OR-** - No more than 3 tiles or panels missing **-OR-** - No hole penetrates the area above or adjacent	☐ Large holes larger than a sheet of paper; **-OR-** - More than 3 tiles or panels missing **-OR-** - There is a crack more than 1/8" x 11"; **-OR-** - A hole penetrates the area above or adjacent	
Floors Lived In (per unit) (check all that apply)	☐ Basement	☐ 1st	☐ 2nd	☐ 3rd or higher
Bedrooms location (per unit) (check all that apply)	☐ Basement	☐ 1st	☐ 2nd	☐ 3rd or higher

Primary Heating					
	Control	☐ Easy to control heat	☐ Hard to control heat	☐ No access to control	
	Fuel Used	☐ Natural gas /propane	☐ Oil ☐ Last date of service for the furnace: _____	☐ Electric	☐ Wood
	Sources in Home	☐ Radiators/baseboard	☐ Forced hot air	☐ Space heater or oven	☐ Other: _____
	Filters Changed	☐ Yes	☐ No	☐ Don't know	

Unvented Combustion Appliances* (check all that apply)	☐ Not Present	☐ Present ☐gas clothes dryers ☐gas fireplace (logs) ☐stoves ☐ charcoal ☐fuel-fired space heaters ☐ 0ther:_____ ☐ Refer to appropriate authority		
Cooling	☐ Windows	☐ Central/window AC	☐ Fans	☐ None
Ventilation Systems (check all that apply)	☐ Open windows	☐ Central ventilation HEPA air filter ☐ Yes ☐ No	☐ Window AC units	

Windows				
	Functional	☐ All window can be opened	☐ One or more windows can't be opened	
	Glass	☐ All window panes intact	☐ One or more window panes cracked or broken	☐ One or more windows missing panes
	Screens	☐ All windows have screens	☐ One or more windows missing screens or screens torn	

1

Exterior of Property

Exterior conditions	❑ Well maintained	❑ Peeling chipping paint	❑ Uncovered trash	❑ Debris in yard	❑ Overgrown shrubs, grass

Drainage	Gutters & Downspouts	❑ Gutters, downspouts: attached, functioning, no pooling of water	❑ Gutters, downspouts: not attached/missing, not functioning, pooling of water	❑ No gutters/downspouts
	Roof Flashing	❑ Roof flashing appears to be functioning	❑ Roof flashing does not appear to be functioning	

Septic System	❑ No failure	❑ Failure evident (breakout)	❑ N/A (city sewer)

Drinking Water Source	❑ Public water supply system	❑ Private well

Water Quality (public water)	❑ Knowledge of Consumer Confidence Reports	❑ No knowledge of Consumer Confidence Reports

Water Quality (private well)	❑ Water testing conducted Year: _____	❑ Water testing never been conducted	❑ Don't know

Well Construction	❑ Tight fitting well cap	❑ Well above grade	❑ Well not visible or in pit	❑ N/A (city water)

Indoor Environment

General Cleanliness	Cleaning Frequency: _____ x/month	Needs cleaning and maintenance ❑ Yes ❑ No	❑ Visible dust on surfaces ❑ Carpet in bedroom ❑ Visible dirt and debris ❑ Excess clutter ❑ Interior appears clean and well maintained	Trash or garbage sealed/covered ❑ Yes ❑ No

Type of Cleaning	❑ Standard Vacuum (non HEPA)	❑ HEPA vacuum	❑ Damp mop and damp dusting	❑ Sweep or dry mop

Damage (Walls, ceilings, floors)	❑ No damage	❑ Damaged ❑ Bulging/buckling	Locations: ❑ Bathroom ❑ Kitchen ❑ Bedroom ❑ Living Room ❑ Laundry Room ❑ Basement ❑ Other: _____

Mold and Moisture (check all that apply)	❑ Musty odor ❑ Dehumidifier present	❑ Mold growth present	Location(s): ❑ Laundry Room ❑ Kitchen ❑ Bathroom ❑ Bedroom ❑ Living Room ❑ Basement ❑ Other: _____	❑ Unvented dryer ❑ Hang clothes indoors to air dry
	❑ No visible mold	❑ < 4 square feet visible mold present: on any one component		❑ ≥ 4 square feet visible mold present: on any one component

Water Stains/Leaks	❑ No water stains/leaks	❑ < 4 ft^2 water stains/leaks: Any one ceiling, floor, or wall	❑ ≥ 4 ft^2 water stains/leaks: Any one ceiling, floor, or wall

Condensation on Windows	❑ No condensation on windows, doors, walls	❑ Condensation on windows, doors, walls

Ventilation	Kitchen	❑ Functioning stove exhaust fan/vent	❑ Broken stove exhaust fan/vent	❑ No stove exhaust fan/vent
	Bathroom	❑ Functioning exhaust fan/vent	❑ Broken exhaust fan/vent	❑ Functioning window	❑ No exhaust fan/vent or functioning window

Sleep Environment

Resident's sleeping area(s)	# of Bedrooms: _____	# of Beds: _____	Maximum # sharing bedroom _____

Allergen impermeable encasings	❑ On mattress ❑ zippered ❑ not zippered	❑ On box spring ❑ zippered ❑ not zippered	❑ No covers on mattress or box spring
	❑ Pillows covered ❑ zippered ❑ not zippered	❑ No pillow covers	

Pillows	❑ Allergen-proof	❑ Washable	❑ Feather/down	❑ Don't know
Bedding	❑ Washable	❑ Not washable (wool)	❑ Feather/down	❑ Don't know
Flooring	❑ Hardwood/Tile/Linoleum	❑ Small area rug	❑ Large area rug	❑ Wall-to-wall carpet

General Home Safety * *can indicate housing, building or fire code violation*			
Stair Railings/Porches/Ramps*	❏ Railings in good condition, secure	❏ Broken, insecure: damaged, loose, unusable ❏ Refer to appropriate authority	❏ Missing
Steps/Stairs*	❏ Not broken or missing	❏ One or more broken or missing ❏ Refer to appropriate authority	❏ Does not apply. No steps.
Step/Stair/Floor Covering	❏ No covering on stairs or floors	❏ Covering on stairs and/or floors is firmly attached and is in good condition	❏ Covering on stairs and/or floor not firmly attached or is in poor condition
Exits/Stairs/walkways kept clear*	❏ Kept clear	❏ Tripping hazards, other obstructions present ❏ Refer to appropriate authority	
Stairwell Lighting*	❏ Light present at top and bottom of stairs	❏ Light not present at top and bottom of stairs ❏ Refer to appropriate authority	
Hallway lighting	❏ Adequate, present	❏ Inadequate, not present	
Living Area Lighting	❏ Adequate, present	❏ Inadequate, not present	
Family fire escape plan	❏ Developed and copy is available	❏ None	
Matches and lighters stored	❏ Out of children's reach	❏ Within children's reach	❏ No matches/lighters present
Bathtub/Shower Non-Slip	❏ Non-slip surface present	❏ Non-slip surface not present	
Bathroom Grab Bars	❏ Installed	❏ Not installed	❏ N/A – No older adult
Poison control number (1-800-222-1222)	❏ Posted by phone	❏ Not posted by phone	❏ Number programmed into cell phone
Cleaning supplies, pesticides, other chemicals stored	❏ Out of children's reach	❏ Within children's reach	❏ N/A no children
Medicine and vitamins stored	❏ Out of children's reach	❏ Within children's reach	❏ N/A no children
***Maximum hot water temperature**	❏ _____ ºF (Greater than 120 ºF = scalding risk)	❏ No hot water ❏ Refer to appropriate authority	
Stair Gates	Present: ❏ Yes ❏ No ❏ Top ❏ Bottom	Secured to wall: ❏ Top ❏ Bottom	❏ N/A - no child <6 lives there or there are no stairs
Window guards (above 1st floor)	❏ Yes and operational	❏ None or broken	❏ N/A no children or first floor dwelling unit only
Window blind cords	❏ Cordless window treatments used ❏ Split cord or cord repair devices installed	❏ Looped or can loop (accessible to children): Location: _____	❏ N/A no children
Electrical Plate Covers	❏ Installed, good condition	❏ Cover is missing (exposed wiring)	❏ Cover is broken
Child Tamper-Resistant Outlet Covers	❏ Tamper-resistant outlet covers present	❏ No tamper-resistant outlet covers	❏ N/A no children
Extension Cord Use *(Proper Use: Extension cords not draped across doorways or under carpets and not overloaded with too many appliances)*	❏ Extension cords used properly	❏ Extension cords not used properly	❏ None used
Extension Cord Condition	❏ Good: Extension cords not cracked or frayed	❏ Not good: Extension cords cracked or frayed	❏ None used

Indoor Environment Quality
can indicate housing, building or fire code violation

<table>
<tr><td rowspan="2">Pets</td><td>Presence</td><td colspan="2">❏ No pets</td><td colspan="2">❏ Cat #_____</td><td>❏ Dog #_____</td><td colspan="2">❏Other: _____</td></tr>
<tr><td>Management</td><td colspan="2">❏ Kept strictly outdoors</td><td colspan="2">❏ Not allowed in bedrooms</td><td>❏ Full access throughout home</td><td colspan="2">❏ Sleeping location: _____</td></tr>
<tr><td rowspan="4">Pests</td><td>Cockroaches</td><td colspan="2">❏ None</td><td colspan="2">❏ Family reports</td><td>❏ Evidence seen</td><td colspan="2">Present in ❏ kitchen ❏ bedroom ❏ other</td></tr>
<tr><td>Mice</td><td colspan="2">❏ None</td><td colspan="2">❏ Family reports</td><td>❏ Evidence seen</td><td colspan="2">Present in ❏ kitchen ❏ bedroom ❏ other</td></tr>
<tr><td>Rats</td><td colspan="2">❏ None</td><td colspan="2">❏ Family reports</td><td>❏ Evidence seen</td><td colspan="2">Present in ❏ kitchen ❏ bedroom ❏ other</td></tr>
<tr><td>Bedbugs</td><td colspan="2">❏ None</td><td colspan="2">❏ Family reports</td><td>❏ Evidence seen</td><td colspan="2">Present in ❏ bedroom ❏ other</td></tr>
<tr><td colspan="2">Evidence of Pesticide Use</td><td colspan="4">❏ Yes</td><td colspan="3">❏ No</td></tr>
<tr><td colspan="2" rowspan="4">Potential Lead Paint Hazards</td><td colspan="7">Is the home undergoing active renovation or remodeling?　❏ Yes　❏ No</td></tr>
<tr><td colspan="3">❏ No damage or peeling paint</td><td colspan="2">❏ <2 square feet damage in one room</td><td colspan="2">❏ ≥ 2 square feet damage in one room</td></tr>
<tr><td colspan="7">Has your landlord ever provided you with information on lead-based paint (a booklet)?　❏ Yes　❏ No</td></tr>
<tr><td colspan="7" style="text-align:right">❏ N/A, not a rental unit</td></tr>
<tr><td colspan="2">Asbestos</td><td colspan="2">❏ Not tested</td><td colspan="2">❏ Not tested – Suspect material present</td><td>❏ Tested – None found</td><td colspan="2">❏ Tested – Present and in poor condition</td></tr>
<tr><td colspan="2">Radon</td><td colspan="2">❏ Not tested</td><td colspan="2">❏ Tested and <4 pCi/L</td><td>❏ Tested ≥ 4 pCi/L and mitigated</td><td colspan="2">❏ ≥ 4 pCi/L but not mitigated</td></tr>
<tr><td rowspan="2">Health and Safety Alarms</td><td>Smoke Alarms*</td><td colspan="3">❏ Smoke alarm working, one on each level, and inside or near all bedrooms</td><td colspan="2">❏ Smoke alarms installed, but no power or battery

❏ Refer to appropriate authority</td><td colspan="2">❏ No smoke alarms</td></tr>
<tr><td>CO Alarms*</td><td colspan="3">❏ CO alarm working and one on each floor, and near bedrooms</td><td colspan="2">❏ CO alarms installed but no power or battery

❏ Refer to appropriate authority</td><td colspan="2">❏ No CO alarm</td></tr>
<tr><td colspan="2">Environmental Tobacco Smoke</td><td colspan="2">❏ No smoking allowed</td><td colspan="2">❏ Smoking allowed indoors

❏ Evidence seen</td><td>❏ Smoking allowed outdoors</td><td colspan="2">❏ Total # smokers in household: _____

❏ Are visitors allowed to smoke in the home</td></tr>
<tr><td colspan="2">Other Irritants</td><td colspan="2">❏ None</td><td colspan="2">❏ Air fresheners</td><td>❏ Potpourri, incense, candles</td><td colspan="2">❏ Other strong odors: _____</td></tr>
</table>

Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____