

Safe & Healthy Home Assessment

EHA ID #: _____

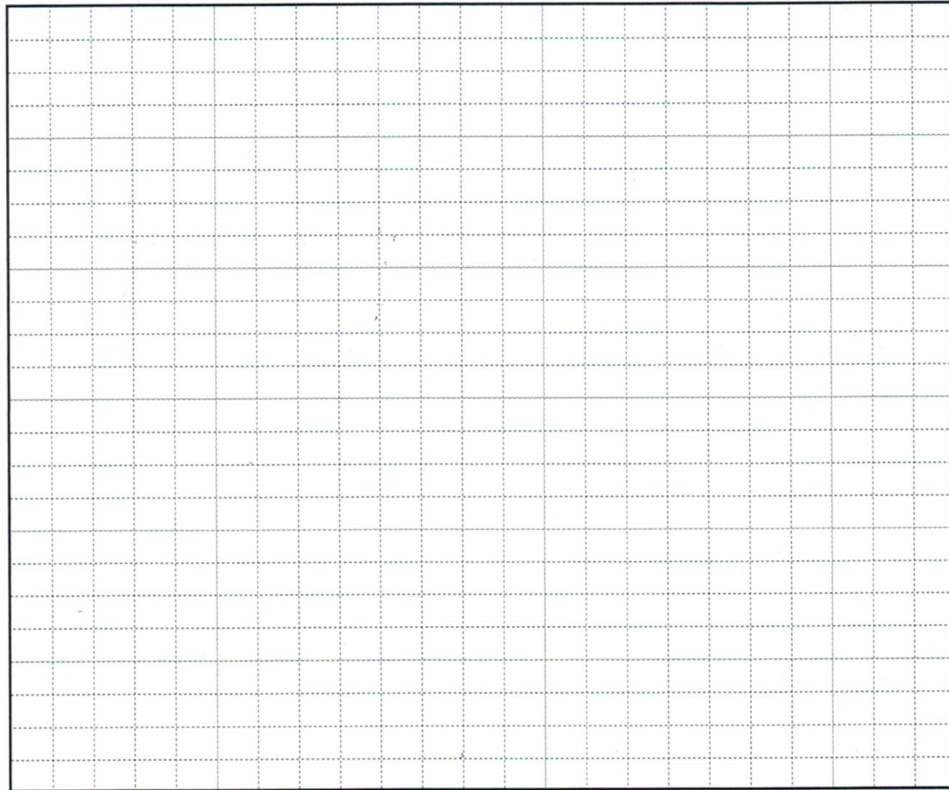
Date of Site Visit: _____

Name: _____

Phone(s): _____

Address: _____

Site Visit Field Assessment form



Front of House

Compass
Direction

General Description of the Site

Primary Ground Cover: Grass Dirt Gravel Concrete Other _____

Secondary Ground Cover: Grass Dirt Gravel Concrete Other _____

Drainage: Away from Found. Toward Found. F to R R to F L to R R to L

Nearby Pollution Sources

within 500 ft. Busy Street Highways Interstate H. Way Railroad Other _____

within 0.25 mi. Factory Industrial Powerplant Retail Retail Other _____

General Description of the Building

Building Location: Urban Suburban Rural Other _____

Building Type: House Duplex Triplex Townhome Other: _____

Approximate Age: Unknown Before 1940 1940-1959 1960-1977 After 1978

Building Area: _____ ft² # of Floors: _____ # of Rooms: _____

Total Number of Windows: _____ Total Number of Entry Doors: _____

Outside Weather Conditions: _____ Temperature _____ Relative Humidity _____ Precipitation _____

Home Assessor Name(s): _____

Site Visit Field Assessment form

2.0 Mechanical Assessment:

EHA ID #: _____

Date of Site Visit: _____

Is this a Health/Safety Hazard?

<u>Furnace System</u> Type: _____	Yes	No	NA	Take Action?	What issues were observed?	Chronic	Acute
Main box intact							
Exhaust properly attached & sealed					*Note CO readings:		
Exhaust system works (neg. flow)					*Spillage test results: Pass _____ Fail _____		
Dust covered components							
Returns properly attached and sealed							
Supplies properly attached and sealed							
Any suspect material present?							
Filter properly seated and sealed							
Correct filter size							
Pleated filter in use(min. MERV=8)							
Filter condition OK							
Filter changed quarterly (min)							
Furnace Filter Size _____ X _____						# Identified:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

<u>Humidifier</u>	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute
Properly attached & sealed							
Any reported/visible leaks							
Any suspect mold visible							
Water supply line connected properly							
						# Identified:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

<u>Central Air</u>	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute
Any reported/visible leaks							
Condition of coolant line OK							
Condition of condensate hose OK							
Condensate hose extends into drain							
						# Identified:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

<u>Water Heater</u> Type: _____	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute
Any reported/visible leaks							
Condition of pressure relief valve							
Water temp set ≤ 120°F					Measured Temp. (°F):		
___Steel or ___brass gas line							
Exhaust attached properly					*Note CO readings:		
Exhaust system works (neg. flow)					*Spillage test results: Pass _____ Fail _____		
					*Note any moisture meter readings	# Identified:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

2.0 Appliance Assessment:

<u>Stove</u> Type: _____	Yes	No	NA	Take Action?	What issues were observed?	Acute	Chronic
Burners/oven operating properly							
Gas stoves - No CO detected							
___Steel or ___brass gas line							
Working exhaust system							
Exhausted to outside							
Cord condition OK							
						# Identified:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

<u>Washer</u>	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute
Water draining properly							
No reported/visible water leaks							
GCFI Installed/working							
Cord condition OK							
						# Identified:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

<u>Dryer</u> Type: _____	Yes	No	NA	TA?	What issues were observed?	Acute	Chronic
Steel or brass gas line							
Dryer ducting condition							
Dryer duct exhausts to outside							
Cord condition OK							
						# Identified:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

Site Visit Field Assessment form

3.0 EHA Room Survey: Child's Bedroom

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.		<i>Is this a Health/Safety Hazard?</i>			
				What issues were observed?	Chronic	Acute	Take Action?	
Keep it Ventilated								
Working supply vent				.....	_____	_____	.....
Supply vent open				.....	_____	_____	.....
Supply vent unobstructed				.....	_____	_____	.....
If return vent present - working				.....	_____	_____	.....
Return vent(s) unobstructed				.....	_____	_____	.....
If windows present-operational				.....	_____	_____	.....
Room under (+) pressure				.....	_____	_____	.....
				*Note airflow readings	# Identified:			Take Action?
Keep it Clean								
Excessive visible dust				.....	_____	_____	.....
Is carpeting present				.....	_____	_____	.....
Carpet condition OK				.....	_____	_____	.....
Upholstered furniture present				.....	_____	_____	.....
Upholstered furniture condition OK				.....	_____	_____	.....
Mattress condition OK				.....	_____	_____	.....
Bedding condition OK				.....	_____	_____	.....
cloth window coverings present				.....	_____	_____	.....
Furry/feathered pets allowed in room				.....	_____	_____	.....
Observed clutter				.....	_____	_____	.....
Observed trash/debris on surfaces				.....	_____	_____	.....
					# Identified:			Take Action?
Keep it Pest-Free								
Any reported/visible evidence of rodents				.....	_____	_____	.....
Any reported/visible evidence of insects				.....	_____	_____	.....
Any food observed in room				.....	_____	_____	.....
					# Identified:			Take Action?
Keep it Dry								
Observed damp smell				.....	_____	_____	.....
Any visible moisture stains				.....	_____	_____	.....
Any reported/visible window leaks				.....	_____	_____	.....
Observed room humidifier				.....	_____	_____	.....
Any mold smell				.....	_____	_____	.....
Any observed suspect visible mold				.....	_____	_____	.....
Visible mold ranking:				*Note any moisture meter readings				
	0	<2 sq.ft.	<10	>10	>30	>100		
Area affected:								
					# Identified:			Take Action?
Keep it Contaminant-Free								
Is smoking allowed in room				.....	_____	_____	.....
Observed chemical odors				.....	_____	_____	.....
Any Observed air fresheners				.....	_____	_____	.....
Any observed candles or incense				.....	_____	_____	.....
Any reported/visible chemical supplies				.....	_____	_____	.....
Any flaking paint on any surface				.....	_____	_____	.....
Flaking Paint Ranking:								
	0	<1 sq.ft.	1-2	2-4	4-10	>10		
Area affected:								
					# Identified:			Take Action?
Keep it Safe								
Smoke detector in /near room				.....	_____	_____	.....
CO detector near room				.....	_____	_____	.....
Observed overloaded/small gauge ext. cords				.....	_____	_____	.....
Observed loose flooring				.....	_____	_____	.....
Small Children (<7 yrs old):								
Receptacle plug covers				.....	_____	_____	.....
Any blind/curtain cords w/in reach				.....	_____	_____	.....
Window guards (2nd Floor) present				.....	_____	_____	.....
Medicines out of reach				.....	_____	_____	.....
					# Identified:			Take Action?

Total Hazards Identified:

Site Visit Field Assessment form

3.0 EHA Room Survey: Family Room

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	<i>Is this a Health/Safety Hazard?</i>		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent				_____	_____
Supply vent open				_____	_____
Supply vent unobstructed				_____	_____
If return vent present - working				_____	_____
Return vent(s) unobstructed				_____	_____
If windows present-operational				_____	_____
Room under (+) pressure				_____	_____
				*Note airflow readings	# Identified:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
							Take Action?
Keep it Clean			NA				
Excessive visible dust				_____	_____
Is carpeting present				_____	_____
Carpet condition OK				_____	_____
Upholstered furniture present				_____	_____
Upholstered furniture condition OK				_____	_____
Mattress condition OK				_____	_____
Bedding condition OK				_____	_____
cloth window coverings present				_____	_____
Furry/feathered pets allowed in room				_____	_____
Observed clutter				_____	_____
Observed trash/debris on surfaces				_____	_____
					# Identified:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
							Take Action?
Keep it Pest-Free			NA				
Any reported/visible evidence of rodents				_____	_____
Any reported/visible evidence of insects				_____	_____
Any food observed in room				_____	_____
					# Identified:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
							Take Action?
Keep it Dry			NA				
Observed damp smell				_____	_____
Any visible moisture stains				_____	_____
Any reported/visible window leaks				_____	_____
Observed room humidifier				_____	_____
Any mold smell				_____	_____
Any observed suspect visible mold				_____	_____
Visible mold ranking:			
				*Note any moisture meter readings			.....
				0 <2 sq.ft. <10 >10 >30 >100			.....
Area affected:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
					# Identified:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
							Take Action?
Keep it Contaminant-Free			NA				
Is smoking allowed in room				_____	_____
Observed chemical odors				_____	_____
Any Observed air fresheners				_____	_____
Any observed candles or incense				_____	_____
Any reported/visible chemical supplies				_____	_____
Any flaking paint on any surface				_____	_____
Flaking Paint Ranking:			
				0 <1 sq.ft. 1-2 2-4 4-10 >10			.....
Area affected:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
					# Identified:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
							Take Action?
Keep it Safe			NA				
Smoke detector in /near room				_____	_____
CO detector near room				_____	_____
Observed overloaded/small gauge ext. cords				_____	_____
Observed loose flooring				_____	_____
Small Children (<7 yrs old):				_____	_____
Receptacle plug covers				_____	_____
Any blind/curtain cords w/in reach				_____	_____
Window guards (2nd Floor) present				_____	_____
Medicines out of reach				_____	_____
					# Identified:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
							Take Action?

Total Hazards Identified:

Site Visit Field Assessment form

3.0 EHA Room Survey: Master Bedroom

EHA ID #: _____

Date of Site Visit: _____

Keep it Ventilated	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Working supply vent							
Supply vent open							
Supply vent unobstructed							
If return vent present - working							
Return vent(s) unobstructed							
If windows present-operational							
Room under (+) pressure							

*Note airflow readings # Identified:

Keep it Clean	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Excessive visible dust							
Is carpeting present							
Carpet condition OK							
Upholstered furniture present							
Upholstered furniture condition OK							
Mattress condition OK							
Bedding condition OK							
cloth window coverings present							
Furry/feathered pets allowed in room							
Observed clutter							
Observed trash/debris on surfaces							

Identified:

Keep it Pest-Free	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Any reported/visible evidence of rodents							
Any reported/visible evidence of insects							
Any food observed in room							

Identified:

Keep it Dry	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Observed damp smell							
Any visible moisture stains							
Any reported/visible window leaks							
Observed room humidifier							
Any mold smell							
Any observed suspect visible mold							

*Note any moisture meter readings

Visible mold ranking:

0	<2 sq.ft.	<10	>10	>30	>100
Area affected: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identified:

Keep it Contaminant-Free	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Is smoking allowed in room							
Observed chemical odors							
Any Observed air fresheners							
Any observed candles or incense							
Any reported/visible chemical supplies							
Any flaking paint on any surface							

Flaking Paint Ranking:

0	<1 sq.ft.	1-2	2-4	4-10	>10
Area affected: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identified:

Keep it Safe	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Smoke detector in /near room							
CO detector near room							
Observed overloaded/small gauge ext. cords							
Observed loose flooring							
Small Children (<7 yrs old):							
Receptacle plug covers							
Any blind/curtain cords w/in reach							
Window guards (2nd Floor) present							
Medicines out of reach							

Identified:

Total Hazards Identified:

Site Visit Field Assessment form

3.0 EHA Room Survey: Kitchen

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent							
Supply vent open							
Supply vent unobstructed							
If return vent present - working							
Return vent(s) unobstructed							
Exhaust fan present/operational				Airflow Check: Pass _____ Fail _____			
If windows present-operational							
Room under (-) pressure*							

*Note airflow readings # Identified:

	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
Keep it Clean							
Excessive visible dust							
Is any carpeting/upholstery present							
Any cloth window coverings present							
Any furry/feathered pets in room							
Observed clutter							
Observed trash/debris on surfaces							

Identified:

	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
Keep it Pest-Free							
Any reported/visible evidence of rodents							
Any reported/visible evidence of insects							
Bulk food in containers							
Trash stored in container w/ lid							
Any observed cracks/gaps around cabinets							

Identified:

	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
Keep it Dry							
Observed damp smell							
Any visible moisture stains							
Any reported/visible window leaks							
Observed room humidifier							
Any mold smell							
Any observed suspect visible mold							
Visible mold ranking:							

*Note any moisture meter readings

Area affected: 0 <2 sq.ft. <10 >10 >30 >100

Identified:

	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
Keep it Contaminant-Free							
Is smoking allowed in room							
Observed chemical odors							
Any Observed air fresheners							
Any observed candles or incense							
Any reported/visible chemical supplies							
Chemicals stored in orig. container							
Food stored away from chemicals							
Any flaking paint on any surface							

Flaking Paint Ranking:
Area affected: 0 <1 sq.ft. 1-2 2-4 4-10 >10

Identified:

	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
Keep it Safe							
Smoke detector in /near room							
CO detector near room							
Fire extinguisher present & working							
Chemicals stored in childproof cab.							
Water temp set < 120°F							
GFCI near water sources							
No overloaded/small gauge ext. cords							
No loose flooring							
Small Children (<7 yrs old):							
Receptacle plug covers							
Cabinet locks on doors							
No blind/curtain cords w/in reach							
Medicines out of reach							

Identified:

Total Hazards Identified:

Site Visit Field Assessment form

3.0 EHA Room Survey: Bathroom

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent							
Supply vent open							
Supply vent unobstructed							
If return vent present - working							
Return vent(s) unobstructed							
Exhaust fan present/operational				Airflow Check: Pass _____ Fail _____			
If windows present-operational							
Room under (-) pressure							
				*Note airflow readings	# Identified:	<input type="text"/>	<input type="text"/>
Keep it Clean			NA				TA?
Excessive visible dust							
Is any carpeting/upholstery present							
Any cloth window coverings present							
Any furry/feathered pets in room							
Observed clutter							
Observed trash/debris on surfaces							
					# Identified:	<input type="text"/>	<input type="text"/>
Keep it Pest-Free			NA				TA?
Any reported/visible evidence of rodents							
Any reported/visible evidence of insects							
Trash stored in container w/ lid							
Any observed cracks/gaps around cabinets							
					# Identified:	<input type="text"/>	<input type="text"/>
Keep it Dry			NA				TA?
Observed damp smell							
Any visible moisture stains							
Any reported/visible window leaks							
Observed room humidifier							
Any mold smell							
Any observed suspect visible mold							
Visible mold ranking:							
	0	<2 sq.ft.	<10	>10	>30	>100	
Area affected:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
						# Identified:	<input type="text"/>
Keep it Contaminant-Free			NA				TA?
Is smoking allowed in room							
Observed chemical odors							
Any Observed air fresheners							
Any observed candles or incense							
Any reported/visible chemical supplies							
Chemicals stored in orig. container							
Any flaking paint on any surface							
Flaking Paint Ranking:							
	0	<1 sq.ft.	1-2	2-4	4-10	>10	
Area affected:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
						# Identified:	<input type="text"/>
Keep it Safe			NA				TA?
Smoke detector in /near room							
CO detector near room							
Chemicals stored in childproof cab.							
Water temp set < 120°F							
GFCI near water sources							
No overloaded/small gauge ext. cords							
No loose flooring							
Small Children (<7 yrs old):							
Receptacle plug covers							
Cabinet locks on doors							
No blind/curtain cords w/in reach							
Medicines out of reach							
						# Identified:	<input type="text"/>

Total Hazards Identified:

Site Visit Field Assessment form

3.0 EHA Room Survey: Basement

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent				_____	_____	
Supply vent open				_____	_____	
Supply vent unobstructed				_____	_____	
No return vent(s) present				_____	_____	
No crawlspace open to room				_____	_____	
If windows present-operational				_____	_____	
Room under (-) pressure				_____	_____	
				*Note airflow readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Clean							
Excessive visible dust				_____	_____	
Is any carpeting/upholstery present				_____	_____	
Any cloth window coverings present				_____	_____	
Any furry/feathered pets in room				_____	_____	
Observed clutter				_____	_____	
Observed plant pots filled with dirt				_____	_____	
Observed open/unused cardboard boxes				_____	_____	
Observed trash/debris on surfaces				_____	_____	
				*Note airflow readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Pest-Free							
Any reported/visible evidence of rodents				_____	_____	
Any reported/visible evidence of insects				_____	_____	
Bulk food in containers				_____	_____	
Trash stored in container w/ lid				_____	_____	
Any observed cracks/gaps around cabinets				_____	_____	
				*Note airflow readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Dry							
Observed damp smell				_____	_____	
Any visible moisture stains				_____	_____	
Any reported/visible window leaks				_____	_____	
Observed room humidifier				_____	_____	
Any mold smell				_____	_____	
Any observed suspect visible mold				_____	_____	
Visible mold ranking:				_____	_____	
				*Note any moisture meter readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
				0 <2 sq.ft. <10 >10 >30 >100 Area affected: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>			

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Contaminant-Free							
Is smoking allowed in room				_____	_____	
Observed chemical odors				_____	_____	
Any Observed air fresheners				_____	_____	
Any observed candles or incense				_____	_____	
Any reported/visible chemical supplies				_____	_____	
Chemicals stored in orig. container				_____	_____	
Any flaking paint on any surface				_____	_____	
Flaking Paint Ranking:				_____	_____	
				*Note any moisture meter readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
				0 <1 sq.ft. 1-2 2-4 4-10 >10 Area affected: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>			

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Safety & Injury Prevention							
Smoke detector in /near room				_____	_____	
CO detector near room				_____	_____	
Chemicals stored in childproof cab.				_____	_____	
GFCI near water sources				_____	_____	
No overloaded/small gauge ext. cords				_____	_____	
No loose flooring				_____	_____	
Handrails on stairs (>3 steps)				_____	_____	
Adequate stair lighting				_____	_____	
!! Children (<7 yrs old):				_____	_____	
Receptacle plug covers				_____	_____	
Cabinet locks on doors				_____	_____	
				*Note any moisture meter readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	

Site Visit Field Assessment form

5.0 EHA Attached Structure Assessment

EHA ID #: _____

Date of Site Visit: _____

Attached Garage

Keep it Ventilated

Is crawlspace open to room
Garage Door Condition OK
Any openings to living space
Any return vent(s) present
Room under (-) pressure*

Yes No

Not
Applic.

What issues were observed?

Is this a Health/Safety Hazard?

Chronic Acute

Take
Action?

*Note airflow readings # Identified:

Keep it Clean

Any reported/visible evidence of rodents
Any reported/visible evidence of insects
Observed open/unused cardboard boxes
Any observed trash/debris/clutter

Yes No

NA

What issues were observed?

Chronic Acute

TA?

Identified:

Keep it Dry

Observed damp smell
Any visible moisture stains
Any mold smell
Any observed suspect visible mold

Yes No

NA

What issues were observed?

Chronic Acute

TA?

Visible mold ranking:

Area affected: 0 <2 sq.ft. <10 >10 >30 >100

*Note any moisture meter readings

Identified:

Keep it Contaminant-Free

Is smoking allowed in room
Any reported/observed idling vehicles
Observed chemical odors
Any reported/visible chemicals
Chemicals stored in orig. container
Observed flaking paint on any surface

Yes No

NA

What issues were observed?

Chronic Acute

TA?

Identified:

Keep it Safe

Chemicals stored in childproof cab.
Any overloaded/small gauge ext. cords
Fire Extinguisher present/working
Adequate stair lighting

Yes No

NA

What issues were observed?

Chronic Acute

TA?

Identified:

Porches/Decks

Keep it Clean & Pest-Free

Any reported/visible evidence of rodents
Any reported/visible evidence of insects
An observed open/unused cardboard boxes
Any observed trash/debris/clutter

Yes No

NA

What issues were observed?

Chronic Acute

TA?

Identified:

Keep it Dry

Any visible moisture stains
Any Visible Leaks*
Observed mold smell
Any observed suspect visible mold

Yes No

NA

What issues were observed?

Chronic Acute

TA?

*Note any moisture meter readings! Identified:

Keep it Contaminant-Free

Any observed chemical odors
Any reported/visible chemicals
Chemicals stored in orig. container
Any flaking paint on any surface

Yes No

NA

What issues were observed?

Chronic Acute

TA?

Flaking Paint Ranking:

Area affected: 0 <1 sq.ft. 1-2 2-4 4-10 >10

Identified:

Keep it Safe

Any Observed Loose Flooring
Handrails on Stairs
Adequate Stair lighting

Yes No

NA

What issues were observed?

Chronic Acute

TA?

Identified:

Site Visit Field Assessment form

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	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Home Assessor Name(s): _____

Site Visit Field Assessment form

4.0 Field Notes and Calculations

EHA ID #: _____

Date: _____

Home Assessor Name(s): _____