ress:			none(s):			-
	Site	Visit	Field	Asses	sment	form
					7	
Front of House						
Compass Direction						
Direction						
	-				-	
and Description of the Site						
eral Description of the Site		Gravel			Other	
		Gravel Gravel	=	crete	OtherOther	
dary Ground Cover: Grass Di Orainage: Away from Found. Toward		· —		R to F	L to R	R to L
by Pollution Sources	r ound.	Щ.	to K			
	ighways		Intersta	ite H. Way	Railro	oad Other _
rithin 0.25 mi. Factory Indust	rial	Powe	erplant	Retail	Retail	Other _
eral Description of the Building						
ilding Location: Urban Su	ıburban	Г	Rural		Other	
	uplex	, [Triplex	,	Townhome	Other:
pproximate Age: Unknown Be	efore 194	0 \	1940-19	959	1960-1977	After 1978
Building Area:	_ ft²	# of F	loors:	#	of Rooms: _	
Total Number of Windows:					ntry Doors: _	
				nperature		Humidity Preci

2.0 Building Assessment: Date of Site Visit: Is this a Health/Safety Hazard? Not Yes No Applic. Action? Roof What issues were observed? Chronic Acute Surface intact Any occupant reported/visible leaks Any evidence of water damage Drip edge condition OK Flashing condition OK Chimney flashing condition OK Ventilation present # Identified: Take Action? **Exterior Siding** Yes No What issues were observed? Chronic Acute Surface condition OK Visible flaking paint Any leaks/Moisture retention Weatherized w/ no visible gaps *Note any moisture meter readings # Identified: Take Action? Guttering Yes No NA What issues were observed? Chronic Acute Properly attached and sealed Visible flaking paint Any leaks/Moisture retention Downspouts condition OK Splash block/tile condition OK *Note any moisture meter readings # Identified: Take Action? Foundation Yes No NA What issues were observed? Chronic Acute Any visible cracks? Any occupant reported/visible leaks Weatherized w/ no visible gaps Any flaking paint on wall surface Is crawlspace open to living space? If Basement w/ floor Any visible cracks? Any rprtd/vsbl. seepage/standing water Floor drain functioning properly Any flaking paint on floor *Note any moisture meter readings # Identified: Take Action? Exterior Doors/Windows/Steps Yes No NA What issues were observed? Chronic Acute Surface condition OK Visible flaking paint Any leaks/Moisture retention Weatherized / No visible gaps Outside stairs condition OK *Note any moisture meter readings Home Plumbing # Identified: Supply Waste Yes No NA TA? Yes No TA? Issues observed? Any reported/visible leaks Line/Pipe condition OK Operating properly Kitchen Sink Any reported/visible leaks Line/Pipe condition OK Operating properly Tub/Shower Any reported/visible leaks Line/Pipe condition OK Operating properly Any reported/visible leaks Line/Pipe condition OK Operating properly Sink Any reported/visible leaks Line/Pipe condition OK Operating properly

2.0 Mechanical Assessment:		Site Visit Field Assessment form EHAID #: Date of Site Visit:					Is this a Health/Safety Ha		
Furnace System Type:	Yes	No	NA	Take Action?	What issues were observed?		Chronic	Acute	
Main box intact Txhaust properly attached & sealed Axhaust system works (neg. flow) 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)					*Note CO readings: *Spillage test results: Pass_	Fail			
Filter condition OK Filter changed quarterly (min)	***************************************								
Furnace Filter Size X	*				*	# Identified	:[
Humidifier Properly attached & sealed Any reported/visible leaks Any suspect mold visible	Yes	No	NA ,	TA?	What issues were observed?		Chronic	Acute	
Water supply line connected properly						# Identified	: -		
Central Air Any reported/visible leaks Condition of coolant line OK Condition of condensate hose OK	Yes	No	NA	TA?	What issues were observed?		Chronic	Acute	
Condensate hose extends into drain						# Identified			
Water Heater Type: Any reported/visible leaks Londition of pressure relief valve	Yes	No	NA	TA?	What issues were observed?	# Identified	Chronic	Acute	
Water temp set ≤ 120°F	······································				Measured Temp. (°F):				
Steel orbrass gas line Exhaust attached properly Exhaust system works (neg. flow)			-		*Note CO readings: *Spillage test results: Pass	Fail			
2.0 Appliance Assessment:					*Note any moisture meter readings	# Identified			
Stove Type: Burners/oven operating properly Gas stoves - No CO detectedSteel orbrass gas line	Yes	No	NA	Take Action?	What issues were observed?	s this a Health		Hazard? Chronic	
Working exhaust system Exhausted to outside Cord condition OK									
Washer Water draining properly No reported/visible water leaks GCFI Installed/working	Yes	No	NA	TA?	What issues were observed?	# Identified			
Cord condition OK					/	#			
Dryer Type: Steel or brass gas line Dryer ducting condition Dryer duct exhausts to outside	Yes	No	NA	TA?	What issues were observed?	# Identified		Chronic	
Cord condition OK									

3.0 EHA Room Survey: Child's Bedroom		n	EHA ID #	: Date of Site Visit:	
			Not	Is this a Health/Safety Hazard?	, Take
Keep it Ventilated Working supply vent Supply vent open Supply vent unobstructed If return vent present - working	Yes	No	Applic.	What issues were observed? Chronic Acute	Action?
Return vent(s) unobstructed If windows present-operational					***************************************
Room under (+) pressure	************	***************************************		*Note airflow readings # Identified:	Tales
Keep it Clean Excessive visible dust	Yes	No	NA	What issues were observed? Chronic Acute	Take Action?
Is carpeting present Carpet condition OK Upholstered furniture present			······································		
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
Keep it Pest-Free Any reported/visible evidence of rodents Any reported/visible evidence of insects	Yes	No	NA	What issues were observed? Chronic Acute	Action?
Any food observed in room				# Identified:	Take
Keep it Dry Observed damp smell Any visible moisture stains	Yes	No	NA	What issues were observed? Chronic Acute	Action?
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	*Note any moisture meter readings	
Area affected:					
Keep it Contaminant-Free Is smoking allowed in room Observed chemical odors	Yes	No	NA	# Identified: Chronic Acute	Take Action?
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:				# Honelfinal	,
Keep it Safe Smoke detector in /near room	Yes	No	NA	# Identified: Chronic Acute	Take Action?
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:	

3.0 EHA Room Survey: Family	Room		EHA ID #:	Date of Site Visit:			
· ·	V	NI-	— Not	Is this a He	alth/Safe	ty Hazard?	Take
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	Yes	No	Applic.	What issues were observed?	Chronic		Action?
Room under (+) pressure				*Note airflow readings # Identified			Tales
Keep it Clean Excessive visible dust Is carpeting present Carpet condition OK Upholstered furniture present Upholstered furniture condition OK Mattress condition OK	Yes	No	NA	What issues were observed?	Chronic	Acute A	Take Action?
Bedding condition OK cloth window coverings present Furry/feathered pets allowed in room Observed clutter							
Observed ctatter Observed trash/debris on surfaces							
		~		# Identified	: 7		Take
Keep it Pest-Free Any reported/visible evidence of rodents Any reported/visible evidence of insects Any food observed in room	Yes	No	NA	What issues were observed?	Chronic	,	Action?
Ally food observed in foolii				# Identified			
Kaan it Dur	Vos	No	NIA			^	Take Action?
Keep it Dry Observed damp smell Any visible moisture stains Any reported/visible window leaks Observed room humidifier Any mold smell	Yes	No	NA	What issues were observed?	Chronic		
Any observed suspect visible mold Visible mold ranking: 0 <2 sq.ft. <10	>10	>30	>100	*Note any moisture meter readings			
Area affected:		[
	.,		» i	# Identified	: -		Take
Keep it Contaminant-Free Is smoking allowed in room Observed chemical odors	Yes	No	NA	What issues were observed?	Chronic	Acute A	Action?
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 Area affected:	2-4	4-10	>10				* !
				# Identified	:		Take
Keep it Safe Smoke detector in /near room CO detector near room Observed overloaded/small gauge ext. cor	Yes	No	NA	What issues were observed?	Chronic	Acute A	Action?
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	: []		

Bedroom		EHA ID #:	Date of Site Visit:				
		- Not	Is this a Hea	lth/Safety Hazard	? Take		
Yes	No	Applic.	What issues were observed?	Chronic Acute	Action?		
				==			
			*Note airflow readings # Identified:		Take		
Yes	No	NA	What issues were observed?	Chronic Acute	Action?		

			# Idontified				
Voc	No	NΛ			Take Action?		
163	140	IVA	What issues were observed:		***********		
************			# Identified:	: -	Take		
Yes	No	NA	What issues were observed?	Chronic Acute	Action?		
***************************************			*Note any moisture meter readings		***************************************		
>10	>30	>100					
		1	# Idontified	.——			
Yes	No	ΝΔ			Take Action?		
163	140	IVA	What issues were observed:	——————————————————————————————————————			
					*		
2-4	4-10	>10					
l	ļ	L					
.,					Take Action?		
Yes	No	NA	What issues were observed?	Chronic Acute	Accioni		
·							
***************************************	***************************************						
-							
			# Identified	.——	•••••		
Forms	May Be	Reproduc					
	Yes Yes Yes Yes Yes Yes	Yes No Yes No Yes No Yes No Yes No Yes No No Yes No	Yes No NA Yes No NA	Yes No NA What issues were observed? "Note airflow readings # Identified: What issues were observed? "Note airflow readings # Identified: What issues were observed? # Identified: What issues were observed? # Identified: What issues were observed? "Note any moisture meter readings # Identified: What issues were observed? # Identified: What issues were observed?	Yes No NA What issues were observed?		

3.0 Ena Room Survey. Kitchen			- EHA ID #:	Date of Site Visit:			
Keep it Ventilated Working supply vent pply vent open	Yes	No	Not Applic.	What issues were observed?	/ Safety Chronic		Take Action?
upply vent unobstructed							
If return vent present - working Return vent(s) unobstructed							
Exhaust fan present/operational If windows present-operational				Airflow Check: PassFail			
Room under (-) pressure*				*Note airflow readings # Identified:			
Keep it Clean Excessive visible dust Is any carpeting/upholstery present	Yes	No	NA	" identified.	Chronic	Acute	TA?
Any cloth window coverings present Any furry/feathered pets in room Observed clutter Observed trash/debris on surfaces			,	*			
Observed trashir debris on surfaces		***************************************		# Identified:			
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	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
Any observed cracks/gaps around cabinets							
Keep it Dry Observed damp smell	Yes	No	NA	# Identified: What issues were observed?	Chronic	Acute	TA?
Any visible moisture stains Any reported/visible window leaks Observed room humidifier Any mold smell							
y observed suspect visible mold				thota any mainture motor readings			
nole mold ranking: 0 <2 sq.ft. <10	>10	>30	>100	*Note any moisture meter readings			
Area affected:							
K !! C ! ! ! !	V		~ 111	# Identified:	Chania	Asuta	T A2
Keep it Contaminant-Free Is smoking allowed in room	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
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: 0 <1 sq.ft. 1-2	2-4	4-10	>10				
0 <1 sq.ft. 1-2 Area affected:	2-4	4-10	10				
	·	· i	; t	# Identified:		>	
Keep it Safe Smoke detector in /near room CO detector near room	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
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				-			
abinet locks on doors oblind/curtain cords w/in reach							
Medicines out of reach							
				# Identified:			
Children's Mercy Hospital © 2010	Form	ne May E	Re Renrod	Total Hazards Identified: uced with Permission			

3.0 EHA Room Survey: Bathroom Date of Site Visit: Is this a Health/Safety Hazard? Take Not Yes No Applic. What issues were observed? Chronic Acute Action? Keep it Ventilated Working supply vent Supply vent open Supply vent unobstructed If return vent present - working Return vent(s) unobstructed Airflow Check: Pass____ Exhaust fan present/operational If windows present-operational Room under (-) pressure *Note airflow readings # Identified: Chronic Acute What issues were observed? TA? Keep it Clean Yes No NA 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: Keep it Pest-Free Yes No NA What issues were observed? Chronic Acute 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: TA? Keep it Dry Yes NA What issues were observed? 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 Visible mold ranking: *Note any moisture meter readings <10 >10 >30 >100 Area affected: # Identified: Chronic Acute TA? Keep it Contaminant-Free NA What issues were observed? Yes No 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: 1-2 2-4 Area affected: # Identified: What issues were observed? Chronic Acute TA? Keep it Safe Yes No NA 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: Forms May Be Reproduced with Permission Children's Mercy Hospital © 2010

3.0 EHA Room Survey: Basen	nent		EHA ID #:	Date of Site Visit:				
	Yes	No	Not		Is this a Hed			
Keep it Ventilated	162	140	Applic.	What issues were observed?		Chronic	Acute	Action?
Working supply vent								
pply vent open								
No return vent(s) present								
No crawlspace open to room								
If windows present-operational								
Room under (-) pressure			**********	***************************************				
() p. 2224. 2				*Note airflow readings	# Identified:			
V				_	# Identified.	$\overline{}$		
Keep it Clean	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
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								
					# Identified:			
Keep it Pest-Free	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Any reported/visible evidence of rodents		.,5		The state of the s				
Any reported/visible evidence of insects								
Bulk food in containers								
Trash stored in container w/lid								
Any observed cracks/gaps around cabinets								
					# Identified:			
Keep it Dry	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Observed damp smell								
Any visible moisture stains								
Any reported/visible window leaks	,							
bserved room humidifier								
iy mold smell								
Any observed suspect visible mold Visible mold ranking:				*Note any moisture meter readings				
0 <2 sq.ft. <10	>10	>30	>100	mote any moisture meter readings				
Area affected:					Y			
*					# Identified:			
Keep it Contaminant-Free	Yes	No	NA	What issues were observed?		Chronic	Δcute	TA?
Is smoking allowed in room	103	110	13/3	What issues were observed.		ciii ciii c	Acute	17.
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:								
	ļ	1	L	J	# Idontifical.			
	1				# Identified:		Ļ	
Safety & Injury Prevention	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
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								
ll Children (<7 yrs old):								
eceptacle plug covers								
Cabinet locks on doors								
					# Identified:	\Box		
Children's Marcy Haspital @ 2010	Farre	May D	o Donrad	used with Pa Total Hazards	Identified:			

5.0 EHA Attached Structure Asse	EHA ID #:	Date of Site Visit:						
Attached Garage	Vac	M-	Not		Is this a He	alth/Safe	ty Hazard?	Take
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	Applic.	What issues were observed?		Chronic	Acute	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	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Any mold smell								******
Any observed suspect visible mold Visible mold ranking: 0 <2 sq.ft. <10	>10	>30	>100	*Note any moisture meter readin	QS			
Area affected:		Ļ	.!		# Identified:	$\overline{}$		
Keep it Contaminant-Free Is smoking allowed in room Any reported/observed idling vehicles	Yes	No	NA	What issues were observed?	# Identified.	Chronic	Acute	TA?
Observed chemical odors Any reported/visible chemicals								
Chemicals stored in orig. container								
Observed flaking paint on any surface								
Keep it Safe Chemicals stored in childproof cab. Any overloaded/small gauge ext. cords Fire Extinguisher present/working	Yes	No	NA	What issues were observed?	# Identified:	Chronic	Acute	TA?
Adequate stair lighting				· · · · · · · · · · · · · · · · · · ·				
					# Identified:	:		
Porches/Decks Keep it Clean & Pest-Free Any reported/visible evidence of rodents	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Any reported/visible evidence of insects An observed open/unused cardboard boxes								
Any observed trash/debris/clutter								
			-		# Identified:	:		
Keep it Dry Any visible moisture stains Any Visible Leaks*	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Observed mold smell								*
Any observed suspect visible mold				*Note any moisture meter readin	00 / 1 d t : 6: d			
Voor it Contominant Fron	Ves	No	NIA	,	go: Identified:	A	Acuto	TA2
Keep it Contaminant-Free Any observed chemical odors Any reported/visible chemicals	Yes	No	NA 	What issues were observed?		Chronic	Acute	TA?
Chemicals stored in orig. container Any flaking paint on any surface			1					
Flaking Paint Ranking: 0 <1 sq.ft. 1-2 Area affected:	2-4	4-10	>10					
		1	1		# Identified:			
Keep it Safe Any Observed Loose Flooring Handrails on Stairs	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Adequate Stair lighting					# Identified			
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Site Visit Field Assessment form 3.0 House/Floor/Room Plan Drawings EHAID #: Items to be included on floor plan drawing: Issues Key F - Fragranced products * Smoke tube applicable doorways * Measure and note ft² and ft³ for each room assessed C - Chemical products * Note locations for supply, return, and exhaust vents MS - Moisture stain SM - Suspect mold * Note room contents (tables, couches, dressers, etc.) FP - Flaking paint * Note locations of moisture sources (sinks, toilets, W/D, etc.) SH - Safety hazard * Note locations of "issues" Compass Direction:

	Door 1	Door 2	Door 3	Door 4	Door 5	Door 6	Door 7	Door 8	Door 9	Door 1
Pressure Readings/								_		
Smoke Tube										
'easurements										
Home Assess	r Name(s									

Date: EHA ID #: _____ 4.0 Field Notes and Calculations Home Assessor Name(s): __