

Healthy Homes Assessment Checklist

Date of Assessment: _____

Date of Reassessment: _____

Property Information:

Address: _____

street # & name

city

zip code

Inspector Name: _____ Health Department/District Name: _____

General Housing Characteristics <i>* can indicate housing, building or fire code violation</i>				
Type of Ownership	<input type="checkbox"/> Owner occupied, single family	<input type="checkbox"/> Rental, single family.	<input type="checkbox"/> Rental, multi-apartments	<input type="checkbox"/> Other: (specify) _____
Age of Home	<input type="checkbox"/> Pre-1950	<input type="checkbox"/> 1950-1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know
Occupants of Dwelling	<input type="checkbox"/> # children <6	<input type="checkbox"/> # of children >6	<input type="checkbox"/> # of Adults (18-64)	<input type="checkbox"/> # of Adults >=65
Structural Foundation	<input type="checkbox"/> Basement		<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace
Bulging/Buckling (walls, floors, ceilings)	<input type="checkbox"/> Bulging, buckling, or alignment problem		<input type="checkbox"/> No bulging, buckling, or alignment problem	
Holes (interior or exterior)	<input type="checkbox"/> Small holes <8 1/2" x 1/2" in total hole area	<input type="checkbox"/> Medium-sized holes 8 1/2" x 11" present -OR- - No more than 3 tiles or panels missing -OR- - No hole penetrates the area above or adjacent	<input type="checkbox"/> Large holes >=8 1/2" x 11" present; -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 (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd or higher
Bedrooms location (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd or higher
Heating	Control	<input type="checkbox"/> Easy to control heat		<input type="checkbox"/> Hard to control heat
	Fuel Used	<input type="checkbox"/> Natural gas / LPG	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric
	Sources in Home	<input type="checkbox"/> Radiators	<input type="checkbox"/> Forced warm air	<input type="checkbox"/> Space heater or oven
	Filters Changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Cooling	<input type="checkbox"/> Windows	<input type="checkbox"/> Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None
Ventilation (check all that apply)	<input type="checkbox"/> Open windows		<input type="checkbox"/> Central ventilation	<input type="checkbox"/> HEPA air filter
Windows	<input type="checkbox"/> One or more windows missing	<input type="checkbox"/> One or more windows cracked or broken	<input type="checkbox"/> One or more windows can't be opened	<input type="checkbox"/> All windows intact and can be opened
Unvented Combustion Appliances* (check all that apply)	<input type="checkbox"/> Not Present	<input type="checkbox"/> Present	<input type="checkbox"/> fuel-fired space heaters <input type="checkbox"/> gas clothes dryers <input type="checkbox"/> gas logs	<input type="checkbox"/> charcoal <input type="checkbox"/> stoves <input type="checkbox"/> Other: _____

Notes:

Exterior of Property				
Drainage	Gutters & Downspouts	<input type="checkbox"/> Gutters, downspouts: attached, functioning, no pooling of water	<input type="checkbox"/> Gutters, downspouts: not attached/missing, not functioning, pooling of water	<input type="checkbox"/> No gutters/downspouts
	Roof Flashing	<input type="checkbox"/> Roof flashing appears to be functioning		<input type="checkbox"/> Roof flashing does not appear to be functioning
Septic System	<input type="checkbox"/> No failure	<input type="checkbox"/> Failure evident (breakout)		<input type="checkbox"/> N/A (city sewer)
Drinking Water Source	<input type="checkbox"/> Public water system		<input type="checkbox"/> Private well	
Water Quality (public water)	<input type="checkbox"/> Knowledge of Consumer Confidence Reports	<input type="checkbox"/> No knowledge of Consumer Confidence Reports	<input type="checkbox"/> Provided water testing for: Check all that apply: <input type="checkbox"/> lead <input type="checkbox"/> copper	
Water Quality (private well)	<input type="checkbox"/> Water testing never been conducted	<input type="checkbox"/> Water testing conducted Year: _____	<input type="checkbox"/> Provided water testing for: Check all that apply: <input type="checkbox"/> total coliform bacteria <input type="checkbox"/> nitrate <input type="checkbox"/> lead	<input type="checkbox"/> acidity & alkalinity (pH) <input type="checkbox"/> sodium <input type="checkbox"/> turbidity <input type="checkbox"/> color <input type="checkbox"/> copper
Well Construction	<input type="checkbox"/> Approved well cap	<input type="checkbox"/> Well brought to grade	<input type="checkbox"/> Well not visible	<input type="checkbox"/> N/A (city water)
Exterior environment (trash, harborage)	<input type="checkbox"/> Well maintained		<input type="checkbox"/> Abundant trash and debris	

Home Environment				
Cleanliness	<input type="checkbox"/> No soiling	<input type="checkbox"/> Trash or garbage sealed	<input type="checkbox"/> Trash or garbage not sealed	<input type="checkbox"/> Wall/ceiling/floor damage
Type of Cleaning	<input type="checkbox"/> Standard Vacuum (non HEPA)	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> Sweep or dry mop
Kitchen Ventilation	<input type="checkbox"/> No stove exhaust fan/vent	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Broken stove exhaust fan/vent	<input type="checkbox"/> Functioning stove exhaust fan/vent
Bathroom (fan not present)	<input type="checkbox"/> Wall/ceiling/floor damage	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Functioning exhaust fan/vent/window
Basement	<input type="checkbox"/> None/No Access	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Living Room	<input type="checkbox"/> No soiling	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Laundry area	<input type="checkbox"/> None	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Dryer not vented outside	<input type="checkbox"/> Hang clothes to dry

Sleep Environment				
Resident's sleep area	<input type="checkbox"/> Own room		<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Other
# Beds	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2
Allergen impermeable encasings on beds	<input type="checkbox"/> No mattress covers	<input type="checkbox"/> On mattress only (zippered)	<input type="checkbox"/> On mattress (not zippered)	<input type="checkbox"/> On mattress and box spring (zippered)
Pillows	<input type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/ down	
Bedding	<input type="checkbox"/> Washable	<input type="checkbox"/> Wool/not washable	<input type="checkbox"/> Feather/ down	
Flooring	<input type="checkbox"/> Hardwood/Tile/Linoleum	<input type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> Wall-to-wall carpet
Dust/Dust Mites Mold Catchers	<input type="checkbox"/> Stuffed animals/washable toys	<input type="checkbox"/> Non-washable toys	<input type="checkbox"/> Plants	<input type="checkbox"/> Other _____
Window/Window Treatments	<input type="checkbox"/> No window/poor ventilation	<input type="checkbox"/> Washable shades/curtains	<input type="checkbox"/> Washable blinds	<input type="checkbox"/> Curtains/ drapes

General Home Safety * can indicate housing, building or fire code violation				
Stair Railings/Porch*	<input type="checkbox"/> Does not apply. No steps.	<input type="checkbox"/> Broken/insecure: damaged, loose, unusable, insecure	<input type="checkbox"/> Missing: No handrails or only on one side	<input type="checkbox"/> Railings secure on both sides
Steps/Stairs*	<input type="checkbox"/> Does not apply. No steps.	<input type="checkbox"/> Not broken or missing	<input type="checkbox"/> One or more broken or missing	
Step/Stair/Floor Covering	<input type="checkbox"/> No covering on stairs or floors	<input type="checkbox"/> Covering on stairs and/or floors is firmly attached and is in good condition	<input type="checkbox"/> Covering on stairs and/or floor not firmly attached or is in poor condition	
Exits/Stairs/walkways kept clear*	<input type="checkbox"/> Tripping hazards, other obstructions present		<input type="checkbox"/> Kept clear	
Stairwell Lighting*	<input type="checkbox"/> Light not present at top and bottom of stairs		<input type="checkbox"/> Light present at top and bottom of stairs	
Hallway lighting	<input type="checkbox"/> Inadequate, not present		<input type="checkbox"/> Adequate, present	
Living Area Lighting	<input type="checkbox"/> Inadequate, not present		<input type="checkbox"/> Adequate, present	
Family fire escape plan	<input type="checkbox"/> None		<input type="checkbox"/> Developed and have copy available	
Matches and lighters stored	<input type="checkbox"/> Out of child's reach		<input type="checkbox"/> Within child's reach	
Bathtub/Shower Non-Slip	<input type="checkbox"/> Non-slip surface present		<input type="checkbox"/> Non-slip surface not present	
Bathroom Grab Bars	<input type="checkbox"/> Not installed	<input type="checkbox"/> Installed	<input type="checkbox"/> N/A – No older adult	
Poison control number (1-800-222-1222)	<input type="checkbox"/> Not posted by phone		<input type="checkbox"/> Posted by phone	
Cleaning supplies, pesticides, other chemicals stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	<input type="checkbox"/> N/A no children	
Medicine and vitamins stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	<input type="checkbox"/> N/A no children	
*Home's hot water temperature	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input type="checkbox"/> No hot water	
In the past 6 months, has anyone been scalded by the water in this home?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, did this require medical attention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Stair Gates	<input type="checkbox"/> Not present at top or bottom of stair or not secure to a wall	<input type="checkbox"/> Gate secure to wall at top or bottom but not both	<input type="checkbox"/> Gate secure to wall at top and bottom	<input type="checkbox"/> N/A - no child <6 lives there
Window guards (above 1st floor)	<input type="checkbox"/> None or broken		<input type="checkbox"/> Yes and operational	<input type="checkbox"/> N/A no children
Window blind cords	<input type="checkbox"/> Cordless window treatments used	<input type="checkbox"/> Split cord or cord repair devices installed	<input type="checkbox"/> Looped or can loop (accessible to children): Location: _____	<input type="checkbox"/> N/A no children
Electrical Covers	<input type="checkbox"/> None missing		<input type="checkbox"/> Cover is missing (exposed wiring) or broken	
Child Tamper-Resistant Outlet Covers	<input type="checkbox"/> No tamper-resistant outlet covers	<input type="checkbox"/> Tamper-resistant outlet covers present	<input type="checkbox"/> N/A no children	
Extension Cord Use <i>(Proper Use: Extension cords not draped across doorways or under carpets and not overloaded with too many appliances)</i>	<input type="checkbox"/> Extension cords not used properly	<input type="checkbox"/> Extension cords used properly	<input type="checkbox"/> None used	
Extension Cord Condition	<input type="checkbox"/> Not Good: Extension cords cracked or frayed	<input type="checkbox"/> Good: Extension cords not cracked or frayed	<input type="checkbox"/> None used	

Indoor Pollutants * can indicate housing, building or fire code violation					
Mold and Moisture (check all that apply)		<input type="checkbox"/> Use dehumidifier	<input type="checkbox"/> Use vaporizer or humidifier	<input type="checkbox"/> Musty odor evident	<input type="checkbox"/> Visible water/mold damage
		<input type="checkbox"/> No mold observed	<input type="checkbox"/> ≥ 4 square feet visible mold present: on any one component		<input type="checkbox"/> < 4 square feet visible mold present: on any one component
Water Stains/Damage/Leaks		<input type="checkbox"/> No water stains/damage/leak	<input type="checkbox"/> ≥ 4 ft ² water stains/water damage/leak: Any one ceiling, floor, or wall		<input type="checkbox"/> < 4 ft ² water stains/water damage/leak: Any one ceiling, floor, or wall
Condensation on Windows		<input type="checkbox"/> No condensation on windows, doors, walls		<input type="checkbox"/> Condensation on windows, doors, walls	
Pets	Presence	<input type="checkbox"/> No pets	<input type="checkbox"/> Cat # _____	<input type="checkbox"/> Dog # _____	<input type="checkbox"/> Other: _____
	Management	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in patient's bedroom	<input type="checkbox"/> Full access in home	<input type="checkbox"/> Sleeping location: _____
Pests	Cockroaches	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Mice	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Rats	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Bedbugs	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> bedroom <input type="checkbox"/> other
Evidence of Pesticide Use		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Active renovation or remodeling		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Chipping/Peeling Paint		<input type="checkbox"/> No damage or peeling paint	<input type="checkbox"/> < 2 square damage in one room	<input type="checkbox"/> ≥ 2 square feet damage in one room	
Lead-based Paint (testing is not required)		<input type="checkbox"/> Not tested	<input type="checkbox"/> Tested and not found	<input type="checkbox"/> Tested, found, and mitigated	
Asbestos (testing is not required)		<input type="checkbox"/> Not tested None present	<input type="checkbox"/> Not tested – Suspect material present	<input type="checkbox"/> Tested – Not found	<input type="checkbox"/> Tested – Present and friable
Radon (testing is not required)		<input type="checkbox"/> Not tested	<input type="checkbox"/> Tested and < 4 pCi/L	<input type="checkbox"/> Tested ≥ 4 pCi/L and mitigated	<input type="checkbox"/> ≥ 4 pCi/L but not mitigated
Health and Safety Alarms	Smoke Alarms*	<input type="checkbox"/> No smoke alarm	<input type="checkbox"/> Smoke alarm not working		<input type="checkbox"/> Smoke alarm working, one on each level, and inside or near all bedrooms
	CO Alarms*	<input type="checkbox"/> No CO alarm	<input type="checkbox"/> CO alarm not working	<input type="checkbox"/> CO alarm does not log peak level	<input type="checkbox"/> CO alarm working and one on each floor, near bedrooms
Environmental Tobacco Smoke		<input type="checkbox"/> No smoking allowed	<input type="checkbox"/> Smoking allowed outdoors	<input type="checkbox"/> Smoking allowed indoors <input type="checkbox"/> bedroom <input type="checkbox"/> playroom	<input type="checkbox"/> Total # smokers in household: _____ <input type="checkbox"/> Mother smokes <input type="checkbox"/> Visitors
Other Irritants		<input type="checkbox"/> None	<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Potpourri, incense, candles	<input type="checkbox"/> Other strong odors: _____

Notes:
