

Health & Safety Assessment Findings

Iowa Weatherization Program

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone Number: _____ Rent Own

The purpose of the Iowa Weatherization Program is to lower the energy burden for our clients through energy conservation measures. Weatherization also completes an assessment of the home for potential health and safety issues. Because of programmatic and/or funding limits, Weatherization is not always able to address these issues. Items checked on this form have been identified as potential issues in your home.

1. Carbon Monoxide Testing

CO Reading

_____ Ambient Air

_____ Furnace/Boiler/Space Heater

_____ Gas Water Heater

_____ Gas Cooking Stove (per burner)

_____ Gas Oven

_____ Other (specify) _____

Maximum Safe CO Levels	Maximum Levels Allowed with CO Alarm
25	25
100	100
100	100
25	49
100	499

Repair to be done by Client/Landlord	Repair to be done by Agency
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

2. Draft Testing (atmospheric)

Record

_____ Outside temperature

_____ Gas furnace (in Pascals)

_____ Gas water heater (in Pascals)

Minimum Drafting Based on Outside Temperatures

Below 20° F	-5 Pascals
20° F – 39° F	-4 Pascals
40° F – 59° F	-3 Pascals
60° F – 80° F	-2 Pascals
Above 80° F	-1 Pascals

3. Electrical System Visual Inspection

Check

_____ Bare wires

_____ Knob & tube wiring

(If "Yes", inspect for proper size fuses)

Repair to be done by Client/Landlord	Repair to be done by Agency
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

4. Gas Line Inspection (check all gas lines for leaks)

Check Leaks

_____ Furnace

_____ Water heater

_____ Other combustion appliances (specify) _____

Repair to be done by Client/Landlord	Repair to be done by Agency
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

5. Unsanitary Conditions (may cause odors, viruses, or bacteria in the home)

Check

_____ Insects pests in work area

_____ Excessive animal feces/carcasses in work area

_____ Excessive bird/bat feces/carcasses in work area

_____ Raw sewage in house/basement/crawlspace

Cleanup to be done by Client/Landlord	Cleanup to be done by Agency
<input type="checkbox"/>	No
<input type="checkbox"/>	No
<input type="checkbox"/>	No
<input type="checkbox"/>	No

Educate the client regarding existing screws in dryer ducts (if applicable).

Tests and visual inspections of the items listed above were performed and no problems were identified. Test results, if not shown on this form, are on the agency evaluation form.

These are the existing conditions as of the date below. By signing below, I agree to complete the items marked for repair or cleanup by the client or landlord. I will then contact the agency so the weatherization work may proceed. I also agree to allow the agency to install needed exhaust fans. If I refuse to allow exhaust fan installation, the work on my home will be deferred.

Additional Comments: _____

Client Signature: _____ Date: _____

Agency Representative: _____ Date: _____ Phone Number: _____