

Healthy Homes Assessment Tool Checklist

This form is used to make detailed notes as the Housing Inspector inspects the various areas of the home and talks with homeowner/tenants. For each area the Housing Inspector will be checking for insulation, air leaks, moisture problems and the heating system components.

Household Name:		Energy Provider (s)	
Address:		Heat:	
		Electric:	
City:	Zip Code:	County:	
Housing Type: <input type="checkbox"/> Site built/Single <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family			
<input type="checkbox"/> Owner occupied		<input type="checkbox"/> Rental <input type="checkbox"/> Other (explain)	
Home Phone:		Number of Occupants:	
Cell Phone:		Number under 6 yrs:	
Email:		Number over 65 yrs:	
Approx year built: <input type="checkbox"/> Pre-1940 <input type="checkbox"/> 1940-1959 <input type="checkbox"/> 1960-1977 <input type="checkbox"/> 1978-2000 <input type="checkbox"/> 2011 +			
Assessor:		Date:	

Health Home Assessment Information Collection		Yes	No	Don't Know
Resident Survey	Does anyone who lives in the home smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do visitors ever smoke in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there extension cords used inside the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there any condensation visible? OR water/moisture problems/concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any visible mold or musty odor problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are chemicals, pesticides, cleaning supplies, or medications stored within easy reach of children? (e.g. below the sink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have a problem/concern with pests in the home? (e.g. bodies, fecal pellets or gnaw marks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has anyone in the house been scalded (burned) by water in the past 12 months? (If yes, did this require medical attention?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has anyone less than 6 yrs, that lives in the home, been diagnosed by a health professional with asthma? (If yes, has there been symptoms in the past 12 months?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has any child been injured in the home in the past 12 months? Did they require medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have your children been tested for lead? If so, how many _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the home been tested for radon? If so, Results: _____ pCi/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing Inspector Healthy Homes Assessment

Housing Inspector's Assessment		Yes	No	Don't know	Location	Recommendation
	Is there any condensation visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there any visible mold or musty odor problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Does the bathroom(s) have a working exhaust fan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Does the bathroom have non-slip surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there any water damage or water stains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there evidence of pests in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there a mitigation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there any missing or non-working smoke alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there any missing or non-working CO alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there any chipping or peeling paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there any bulging/buckling in the floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is the home free from hazards that could cause injuries, such as tripping hazards, sharp edges, and missing or broken stairs or railings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are the railings of a porch, deck, patio or balcony secure? Are spindles in place, in good condition, and not more than 4 inches apart? Is the railing high enough to prevent falling, a minimum of 36 inches high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Do the stairs have proper lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are un-vented combustion appliances present? OR Dryer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is the clothes dryer drum free of lint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there extension cords used? What is there condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

