

Safe & Healthy Home Environmental Assessment

EHA ID #: _____

Contact: _____

Site Address: _____

Contact Phone: _____

Date of Site Visit: _____

_____ Date

_____ Date

Understanding Your Safe & Healthy Home Report

This report represents the results of a safe and healthy home assessment recently performed at your home. The report includes a general evaluation of the building and the mechanical components in the building along with an assessment of the appliances in your home. Another section of the assessment provides a room by room evaluation of common healthy home issues that can affect the indoor air and environment quality of a home. This assessment shows what issues, if any, were observed and what you should consider changing about your home to improve indoor environmental quality and make your home the healthiest it can be.

This report may include a list of acute risk and chronic risk hazards identified during the assessment. Acute risk hazards are those hazards that represent an immediate threat to health and safety and need to be addressed as soon as possible. Chronic risk hazards are those hazards that may result in health problems or contribute to health symptoms and need to be addressed as can be reasonably done. Your assessment professional can help you identify the issues identified in your home during the home assessment and what specific actions can be taken to resolve the issue identified. In order to make your home the healthiest it can be, we recommend you take these actions quickly to reduce or eliminate the issues identified.

It is possible that many issues were identified during your home assessment. The Safe and Healthy Home Program will try to help you address many of the issues identified and can provide you with the names of community organizations that may have funding that you can apply for to help cover the cost of repairing some of the healthy home issues identified in this report. If you have any questions regarding this home assessment report, or about the Safe and Healthy Home Program, or want help working with community organizations to get help with healthy home issues, please contact us at anytime at 816-960-8919.

How to Read the Home Assessment Scores in this Report

For the building, mechanical and appliance pages, each component is assessed separately with a series of statements about the condition of that component. For the room assessments, each room is evaluated using 5 healthy home categories. Each item that is part of a component or room category is rated and scored by the assessment professional. If an item looks "OK-Good" or normal, it receives a score of 100 points, if an item is a "Concern", it receives a score of 50 points, if an item is rated as "Take Action", it received 0 points. The assessment score for each component or room category is then an average score of these different items assessed. For example, the air flow and circulation score for the living room is an average score based on 5 different assessment parts.

The assessment score for each component or room category is then given its safe and healthy home assessment rating based on the following guidelines:

85 - 100 points -OK- Good

If an item looks "OK-Good" or normal, it received an average score for all the items assessed of 85 points or higher.

70 - 85 points -Concern

If an item is a "Concern", it received an average score between 70 to 85 points and means there were enough concerns about a particular home component or room, that it should be changed to help improve the indoor environment of the home.

< 70 points -Take Action

If an item is rated as "Take Action", it received an average score of 70 points or lower. These components or rooms had enough problems with them that we believe they need to be changed as soon as possible to improve your home's indoor environmental health.

Finally, at the bottom of each room page is the Home Assessment Room Score which is the average score for all 5 of the healthy home domains used to assess a specific room. The higher your room assessment score is the "healthier" the room is. The goal of this assessment is to help you make these scores as high as possible.

Healthy Home Assessment

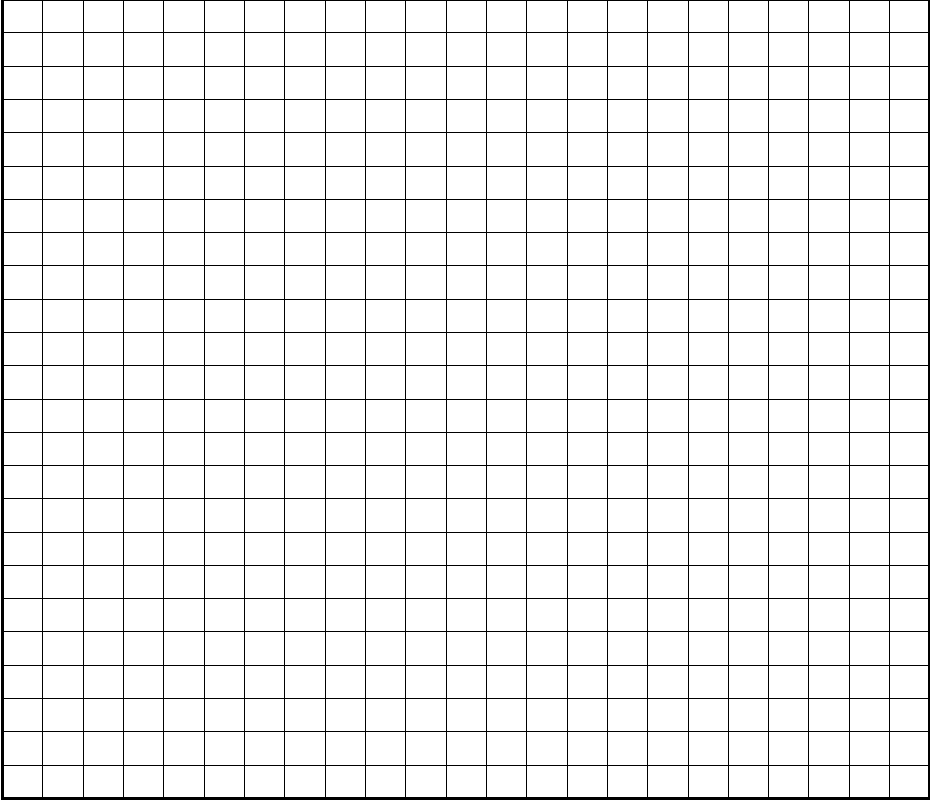
EHA ID #: _____ Date of Site Visit: _____

Name: _____ Phone(s): _____

Address: _____

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
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Home Assessor Name(s): _____

4.0 Field Notes and Calculations

EHA ID #: _____ Date: _____

Home Assessor Name(s): _____

2.0 Building Assessment:

EHA ID #: _____

Date of Site Visit: _____

Roof	Type: _____	OK-Good	Concern	Take Action	Not Applicable	HH Score	Comments	*Note moisture meter readings	# of Health/Safety Hazards	Chronic	Acute
Surface intact											
Any occupant reported/visible leaks											
Any evidence of water damage											
Drip edge condition											
Flashing condition											
Chimney flashing condition											
Ventilation present											
		100	50	0		Score: _____			# Identified: _____		
Exterior Siding	Type: _____	OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized w/ no visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Guttering		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Properly attached and sealed											
Any flaking paint											
Any leaking/Moisture retention											
Downspouts condition											
Splash block/tile condition											
		100	50	0		Score: _____			# Identified: _____		
Foundation	Type: _____	OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Any visible cracks											
Any reported/visible leaks											
Weatherized w/ no visible gaps											
Any flaking paint on wall surface											
Crawlspace open to living space?											
		100	50	0		Score: _____			# Identified: _____		
Exterior Doors	Total #: _____									Chronic	Acute
	Type(s): _____	OK	C	TA	NA		Comments	*Note moisture meter readings			
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized / No visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Exterior Windows	Total #: _____									Chronic	Acute
	Type(s): _____	OK	C	TA	NA		Comments	*Note moisture meter readings			
Surface condition											
Any flaking paint											
Any leaking/Moisture retention											
Weatherized / No visible gaps											
		100	50	0		Score: _____			# Identified: _____		
Stairs/Steps		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
Surface condition											
Any flaking paint											
Outside stairs condition											
Handrails Present (>3 steps)											
		100	50	0		Score: _____			# Identified: _____		
Electrical Service		OK	C	TA	NA		Comments	*Note moisture meter readings		Chronic	Acute
open service panels?											
Main panel covered/attached properly											
Any exposed wiring?											
		100	50	0		Score: _____			# Identified: _____		
									Total Hazards Identified:	_____	_____

Keep it Maintained - Roof (Help Yourself to a Healthy Home Book - pg 19)

If moisture stain are present inside the home on ceilings, this may indicate a roof leak. It is recommended to have a roofing professional assess the roof for leaks and make the necessary repairs, as needed.

[Empty box for notes]

Keep it Maintained - Siding (How to control pests safely - pg 6-7)

- Repair any damaged siding to prevent moisture, pests, and cold air from coming into the home by sealing up any gaps or cracks.
- If performing renovations and the siding has suspect asbestos containing material, it is recommended to leave it alone and have a licensed asbestos expert assess it before

[Empty box for notes]

Keep it Maintained - Gutters (Help Yourself to a Healthy Home Book - pg 19)

- Any loose or missing gutters should be replaced and repaired to allow water to flow through them and away from the foundation.
- Install plastic drain tile and/or splash blocks under gutters to help divert water away from the foundation.

[Empty box for notes]

Keep it Maintained - Foundation

Any cracks or gaps on the outside or inside of the home should be filled with a mortar or another appropriate material to seal off any moisture, air, or pests from coming inside the home.

[Empty box for notes]

Keep it Maintained - Windows and/or doors (Help Yourself to a Healthy Home Book - pg 29-32)

Flaking paint on older homes, pre-1978, could have lead based paint. It is recommended to have the surfaces tested by a licensed lead risk assessor. If lead is detected and determined that it needs to be removed, lead-safe work practices should be used.

[Empty box for notes]

Keep it Maintained - Home Plumbing

Repairing any leaks within 24 to 48 hours can help prevent mold and bacterial growth. Higher water bills may indicate a leak is present. Having this assessed by a licensed plumber is recommended.

[Empty box for notes]

2.0 Mechanical Assessment:

EHA ID #: _____

Date of Site Visit: _____

of Health/Safety Hazards

Heating System Type: _____	OK	C	TA	NA	Comments	Chronic	Acute
Main box intact							
Exhaust properly attached & sealed							
Exhaust system works (neg. flow)							
Any dust covered components							
Returns properly attached and sealed							
Supplies properly attached and sealed							
Any suspect material							
Filter properly seated and sealed							
Correct filter size							
Pleated filter in use(min. MERV=8)							
Filter condition							
Filter changed quarterly (min)							
Furnace Filter Size _____ X _____	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

System Humidifier	OK	C	TA	NA	Comments	Chronic	Acute
Properly attached & sealed							
Any reported/visible leaks							
Any suspect mold visible							
Water supply line connected correctly							
Evaporator Condition							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

Central Air	OK	C	TA	NA	Comments	Chronic	Acute
Any reported/visible leaks							
Condition of coolant line							
Condensate hose extends into drain							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

Water Heater Type: _____	OK	C	TA	NA	Comments	Chronic	Acute
Any reported/visible leaks							
Condition of pressure relief valve							
Water temp setting <u>Low</u> <u>Med.</u>							
Steel or brass gas line							
Exhaust attached properly							
Exhaust system works (neg. flow)							
	100	50	0	Score: _____		# Identified: <input type="text"/>	<input type="text"/>

	Supply				Waste				Chronic	Acute	
	OK	C	TA	NA	OK	C	TA	NA			
Home Plumbing											
Main											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Kitchen Sink											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Tub/Shower											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Toilet											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____			
Sink											
Any reported/visible leaks											
Line/Pipe condition											
Operating properly											
Fixture Condition											
	100	50	0	Score: _____	100	50	0	Score: _____	# Identified: <input type="text"/>	<input type="text"/>	
Plumbing Supply Score:	_____				Plumbing Waste Score:	_____					

Total Hazards Identified:

Keep it Maintained - HVAC (Help Yourself to a Healthy Home Book - pg 24-27)

—

- It is recommended to have a certified Heating Ventilation Air Conditioning (HVAC) expert service the system yearly by cleaning , providing the appropriate maintenance for that system, & check for carbon monoxide leaks.
 - If a room is cooler or warmer than other rooms, the HVAC system may need to be balanced by a professional HVAC expert to help provide adequate amount of air for the

Keep it Maintained - HVAC (What are Asthma Triggers?)

—

It is recommended to use a pleated filter in the furnace that has a Minimum Efficiency Rating Value (MERV) rating of at least 8 in order to capture those smaller particles that are typically breathed in easily and one that is the correct size. Change fiberglass filters every month and pleated ones every 3 months or per manufactures instructions.

Keep it Dry - Central Air

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The condensate hose for the air conditioning should be placed inside the drain and not away from it to help prevent pooling of water that could potentially lead to slip and trip hazards.

Keep it Safe - Water Heater (Surgeon General's Call to Action)

—

- Water heaters can unintentionally be set at higher temperatures. Scalding can occur at 130 degrees F. Adjusting the dial down on your water heater can help prevent a child from being badly burned.

Keep it Maintained - Stove (Help Yourself to a Healthy Home Book - pg 15, 24-28)

—

If a gas stove is present, having a licensed professional inspect it yearly for gas leaks and determine it is working properly is encouraged. If gas leaks are occurring, they should be addressed immediately to prevent safety and health issues.

Keep it Maintained - Washer and/or Dryer (Help Yourself to a Healthy Home Book - pg 19)

—

- A dryer should be ducted outside the home. If the ducting is loose or detached, this should be fixed right away to prevent lint build-up.
 - Waste water from the washer should flow easily into the drain. If the drain is clogged, a licensed plumber should inspect and address this to prevent moisture issues around the washer.

2.0 Appliance Assessment:

EHA ID #: _____ Date of Site Visit: _____ # of Health/Safety Hazards

Stove Type: _____	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Burners/oven operating properly								
Gas stoves - Any CO detected								
Steel or brass gas line								
Working exhaust system								
Exhausted to outside								
Cord condition								
	100	50	0	Score:		# Identified:		

Refrigerator	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Unit clear of dust and debris								
Pre-1980:Evaporation pan in place								
	100	50	0	Score:		# Identified:		

Washer	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Water draining properly								
Any reported/visible water leaks								
Cord condition								
	100	50	0	Score:		# Identified:		

Dryer Type: _____	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Steel or brass gas line								
Dryer ducting condition								
Dryer duct exhausts to outside								
Cord condition								
	100	50	0	Score:		# Identified:		

Window AC	Unit 1				Score	Unit 2				Score	# of Health/Safety Hazards	
	OK	C	TA	NA		OK	C	TA	NA		Chronic	Acute
Operating correctly												
Any reported/visible water leaks												
Cord condition												
Filter condition												
Tilted to drain outside												
Evaporator pan drain working												
	100	50	0	Score:		100	50	0	Score:		# Identified:	

Air Cleaner	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Condition of air cleaner								
Appropriate size for location								
Allergen filtration present								
Filter condition								
Any Electronic Observed								
	100	50	0	Score:		# Identified:		

Humidifier	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Condition of humidifier								
Hot water/steam type humidifier								
Rinsed, water changed daily								
Disinfected weekly (minimum)								
	100	50	0	Score:		# Identified:		

Portable Fans	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Operational								
Any accumulated dust on blades								
Blade protection in place								
Cord condition								
	100	50	0	Score:		# Identified:		

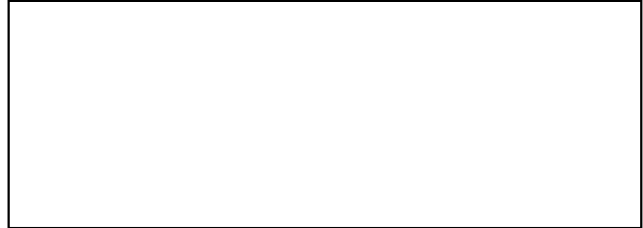
Space Heaters	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Any unvented fuel heaters								
Tilt safety shut-off switch								
Cord condition								
	100	50	0	Score:		# Identified:		

Safety Equipment	EHA ID #:				Score	Comments	# of Health/Safety Hazards	
	OK	C	TA	NA			Chronic	Acute
Working smoke detectors								
Working CO detectors								
Kitchen fire extinguisher								
Handrails on inside stairs with >3 steps								
	100	50	0	Score:		# Identified:		

Total Hazards Identified:

Keep it Maintained - Stove (Help Yourself to a Healthy Home Book - pg 15, 24-28)

If a gas stove is present, having a licensed professional inspect it yearly for gas leaks and determine it is working properly is encouraged. If gas leaks are occurring, they should be addressed immediately to prevent safety and health issues.



Keep it Maintained - Washer and/or Dryer (Help Yourself to a Healthy Home Book - pg 19)

- A dryer should be ducted outside the home. If the ducting is loose or detached, this should be fixed right away to prevent lint build-up.
- Waste water from the washer should flow easily into the drain. If the drain is clogged, a licensed plumber should inspect and address this to prevent moisture issues around the washer.



3.0 EHA Room Survey: Child's Bedroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Note airflow readings	100	50	0		Score:		# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score:		# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
	100	50	0		Score:		# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
0 <1 >1								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
	100	50	0		Score:		# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score:		# Identified:	

Home Assessment Room Score: Total Hazards Identified:

Keep it Ventilated

Keep all air vents in the room open and clear of clutter and furniture to allow fresh air flow and circulation and to promote health and comfort.

[Empty box for notes]

Keep it Clean (What are Asthma Triggers?)

- To reduce the chances of having allergens present in the room, it is recommended to launder all bedding and stuffed toys in hot water.
- Vacuum hard surface and especially carpeting routinely with a High Efficiency Particulate Air (HEPA) filtered vacuum to

[Empty box for notes]

Keep it Pest-Free (Asthma Education Booklet - pg 7)

If pests are present in the room, it is recommended to install allergen mattress covers to protect the integrity of the bed, to prevent nesting inside the bed, and to reduce the allergen exposure for the child.

[Empty box for notes]

Keep it Dry (Help Yourself to a Healthy Home Book - pg 20)

- If a leak is noticed, cleaning it up within 24 to 48 hours can help prevent mold and bacteria growth.
- Cleaning upholstered and hard surfaces with a detergent and water solution can help combat moldy issues in the home.

[Empty box for notes]

Keep it Contaminant-Free/Maintained (Help Yourself to a Healthy Home Book - pg 29-32)

It is common to see flaking paint inside windows and around doorways of older homes (pre-1978). There can be a risk of lead based paint exposure for younger children and pregnant mothers. Maintaining these areas and damp wiping them with a detergent and water solution can help reduce a family's exposure to lead dust.

[Empty box for notes]

Keep it Safe

Overloaded outlets in a bedroom can be a potential fire hazard. Adding a surge protector or reducing the amount of items plugged in can help reduce this electrical hazard.

[Empty box for notes]

3.0 EHA Room Survey: Master Bedroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Anyte airflow readings	100	50	0		Score: _____		# Identified: _____	_____

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score: _____		# Identified: _____	_____

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
0 <10 >10								
Area affected: _____ total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
0 <10 >10								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
0 <1 >1								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score: _____		# Identified: _____	_____

Home Assessment Room Score: _____

Total Hazards Identified: _____

Keep it Ventilated

Windows can be leaky in older homes and plastic is common to see on the inside of windows when this occurs. It is recommended to have someone determine where the air leaks are coming from so they can be repaired to prevent unwanted air infiltration.

Keep it Clean (De-clutter - Kansas City Housing Authority - pg 1-4)

Keeping the room clutter-free or reducing the amount of clutter can help keep the room cleaner by reducing the amount of dust that could be collected on those items.

Keep it Pest-Free (Help Yourself to a Healthy Home Book - pg 42-45)

Keeping food out of the room or at least cleaned up can reduce the likelihood of attracting pests.

Keep it Dry (Help Yourself to a Healthy Home Book - pg 17-22)

Presence of mold in a closet may indicate there is a moisture source. Drying out and cleaning those surfaces within 24 to 48 hours can help keep any mold issues under control. Determining the moisture source and repairing the issue(s) can help prevent future mold issues from occurring.

Keep it Contaminant-Free/Maintained (Help Yourself to a Healthy Home Book - pg 48-54)

Medications should be placed in a locked or out of reach location, such as an upper closet shelf to prevent any accidental poisonings from occurring of young children.

Keep it Safe

Installing window guards in the rooms that are higher than 6 foot off the ground can help protect young children (<6 years of age) from accidental falls.

3.0 EHA Room Survey: Family/Living Room

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent condition								
If return vent present - working								
Return vent(s) Condition								
Room under (+) pressure								
*Anyte airflow readings	100	50	0		Score: _____		# Identified: _____	_____

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any excessive visible dust								
Any carpeting present								
Carpet condition								
Any upholstered furniture								
Upholstered furniture condition								
Mattress condition								
Bedding condition								
Any stuffed toys/animals present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0		Score: _____		# Identified: _____	_____

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10								
Area affected: _____ total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemical supplies								
Any flaking paint on any surface								
Flaking Paint Ranking:								
Area affected: <input type="text"/> 0 <input type="text"/> <1 <input type="text"/> >1								
Area affected: _____ total sq. ft.								
	100	50	0		Score: _____		# Identified: _____	_____

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Any blind/curtain cords w/in reach								
Window guards (2nd Floor) present								
Chemicals stored in locked cabinets								
Medicines stored in locked cabinets								
	100	50	0		Score: _____		# Identified: _____	_____

Home Assessment Room Score: _____

Total Hazards Identified: _____

Keep it Ventilated

Adjust furniture away from vents to allow fresh air to circulate into the room.

Keep it Clean (What are Asthma Triggers?)

- Vacuuming the room and upholstered surfaces with High Efficiency Particulate Air (HEPA) filtered vacuum routinely can help reduce allergens.
 - Steam cleaning carpeting can help destroy allergens that may be present in the flooring.
 - "Damp dust" surfaces in the home with a damp cloth using non-toxic cleaners can help reduce the amount of dust that may be

Keep it Pest-Free (Safe Cleaning for People with Asthma)

- If pest droppings are present, it is recommended to clean these up with a detergent and water solution as soon as possible and use non-toxic approaches like sticky traps or snap traps in appropriate locations.

Keep it Dry (Help Yourself to a Healthy Home Book - pg 17-22)

Keep areas around windows dry to reduce the chances of mold growth and any deterioration of building materials.

Keep it Contaminant-Free/Maintained (Safer Cleaning Book - pg 1)

Reduce the amount of air fresheners and candles used in the home since they can be a respiratory irritant for people with Asthma or sensitive individuals. These products can contain Volatile Organic Compounds (VOC's) and can produce high levels of particles. It is a good practice to ventilate the area (s) well if using these types of items during and after each use.

Keep it Safe (Help Yourself to a Healthy Home Book - pg 48-54)

Installing a smoke and carbon monoxide detector in-between bedrooms for gas and fire sources to help alert the families in case of an emergency. Testing those detectors every month and changing the batteries twice a year is recommended.

3.0 EHA Room Survey: Kitchen

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent open								
Supply vent unobstructed								
If return vent present - working								
Return vent(s) unobstructed								
Exhaust fan present/operational								
Exhaust fan used during cooking								
Room under (-) pressure*								
*Note airflow readings	100	50	0	Score:			# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any visible dust								
Any carpeting/upholstery present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Bulk food in containers								
Trash stored in container w/ lid								
Any cracks/gaps around cabinets								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0	Score:			# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:							MM Read	
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>							*Note any moisture meter readings	
total sq. ft.								
Any reported/visible window leaks								
Any room humidifier								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:	100	50	0					
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
	100	50	0	Score:			# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Chemicals stored in orig. container								
Food stored away from chemicals								
Any flaking paint on any surface								
Flaking Paint Ranking:	100	50	0					
0 <1 >1								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
	100	50	0	Score:			# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Fire extinguisher present & working								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Chemicals stored in childproof cab.								
GFCI near water sources								
Measured Water Temp. (deg. F) _____								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Cabinet locks on doors								
Any blind/curtain cords w/in reach								
Medicines stored in locked cabinets								
	100	50	0	Score:			# Identified:	

Home Assessment Room Score: Total Hazards Identified:

Keep it Ventilated (Help Yourself to a Healthy Home Book - pg 19)

While cooking, operating the exhaust fan above your stove can help remove unwanted particles and other contaminants. It is recommended to install ducting to the outside of the home.

[Empty box for notes]

Keep it Clean (Maintaining a Healthy Home - Kansas City Housing Authority)

- Routinely vacuum or damp mop hard surface flooring to reduce dust and debris in the room.
- Pick up any clutter in the room to help reduce allergen build-up and to help access those areas of the kitchen easily.

[Empty box for notes]

Keep it Pest-Free (Help Yourself to a Healthy Home Book - pg 42-45; Safer Cleaning for People with Asthma)

- Closing up any gaps and cracks around plumbing and electrical chases, behind countertops, and around doorways can help keep pests from coming inside and nesting.
- Spraying pesticides inside the home and around food prep areas can lead to unnecessary exposure to harmful chemicals. Use safer alternatives when possible. Such as baits or traps when necessary.

[Empty box for notes]

Keep it Dry (Safer Cleaning Book - pg 6-8)

- Repair any water leaks under the sink within 24 to 48 hours to prevent mold and bacterial growth.
- Operate an exhaust fan above the stove during cooking to help remove any unwanted humidity.

[Empty box for notes]

Keep it Contaminant-Free/Maintained (Help Yourself to a Healthy Home Book - pg 15)

- Routinely check gas appliances for leaks due to the health and safety risk of a leak being present.
- To prevent cross contamination, remove food items from where chemicals are stored. For any foods exposed to chemicals, disposal of those foods

[Empty box for notes]

Keep It Safe (Help Yourself to a Healthy Home Book - pg 38-41)

Chemicals can be a health hazard and a safety risk for young children. It is recommended to install safety latches or locks on all cabinets that store chemicals to prevent accidental poisonings.

[Empty box for notes]

3.0 EHA Room Survey: Bathroom

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Working supply vent								
Supply vent open								
Supply vent unobstructed								
If return vent present - working								
Return vent(s) unobstructed								
Exhaust fan present								
Exhaust fan used during/after showers								
Room under (-) pressure*								
*Note airflow readings	100	50	0	Score:			# Identified:	

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any visible dust								
Any carpeting/upholstery present								
Any cloth window coverings								
Any furry/feathered pets in room								
Any clutter								
Trash stored in container w/ lid								
Any cracks/gaps around cabinets								
Any reported/visible evid. of rodents								
Any reported/visible evid. of insects								
Any trash/debris on surfaces								
	100	50	0	Score:			# Identified:	

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any damp smell								
Any visible moisture stains								
If present, visible moisture ranking:							MM Read	
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
Any reported/visible window leaks								
Any mold smell								
Any suspect visible mold								
Visible mold ranking:	100	50	0					
0 <10 >10								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
Score:							# Identified:	

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Any smoking allowed in room								
Any chemical odors								
Any air fresheners								
Any candles or incense								
Any reported/visible chemicals								
Chemicals stored in orig. container								
Any flaking paint on any surface								
Flaking Paint Ranking:	100	50	0					
0 <1 >1								
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>								
total sq. ft.								
Score:							# Identified:	

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards	
							Chronic	Acute
Smoke detector in /near room								
CO detector near room								
Fire extinguisher present & working								
Any overloaded/small gauge ext. cords								
If windows present-operational								
Chemicals stored in childproof cab.								
GFCI near water sources								
Measured Water Temp. (deg. F) _____								
Any slip/trip/fall hazards								
Small Children (<7 yrs old):								
Receptacle plug covers								
Cabinet locks on doors								
Any blind/curtain cords w/in reach								
Medicines stored in locked cabinets								
	100	50	0	Score:			# Identified:	

Home Assessment Room Score: Total Hazards Identified:

Keep it Ventilated (Help Yourself to a Healthy Home Book - pg 19)

To reduce the chance of having moisture and humidity build-up, it is recommended to use an exhaust fan that is exhausted outside the home. If no fan is available, cracking a window or operating the heating or cooling system to allow fresh air into the room can

--

Keep it Clean (What are Asthma Triggers?)

Routinely damp dusting and keeping surfaces dry can help reduce allergens that may be present.

--

Keep it Pest-Free (Help Yourself to a Healthy Home Book - pg 42-45)

Placing a lid on the trash can and dumping it routinely can help keep smells down and reduce the chances of attracting pests.

--

Keep it Dry (Help Yourself to a Healthy Home Book - pg 19)

- _____
- Operating a bath exhaust fan can help reduce humidity and moisture, which could possibly lead to future mold growth.
 - Use a detergent and water solution that has a surfactant to clean moldy areas around tub, sink, or shower.

--

Keep it Contaminant-Free/Maintained(Help Yourself to a Healthy Home Book-pg 15,24; What are Asthma Triggers?)

Environmental tobacco smoke can be a serious health risk and especially dangerous for children with asthma or other health conditions. It is recommended to smoke outside the home.

--

Keep it Safe (Surgeon General's Call to Action)

Remove any medications from easy to reach areas and place together in a locked or out of reach location in the home to prevent accidental poisonings from occurring.

--

3.0 EHA Room Survey: Basement

EHA ID #: _____

Date of Site Visit: _____

Air Flow and Circulation	OK-Good	Concern	Take Action	Not Applic.	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Working supply vent									
Supply vent open									
Supply vent unobstructed									
Any return vent(s) present									
Any crawlspace open to room									
Room under (-) pressure									
*Note airflow readings	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Allergens & Dust	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any visible dust									
Any carpeting/upholstery present									
Any cloth window coverings									
Any furry/feathered pets in room									
Any reported/visible evid. of rodents									
Any reported/visible evid. of insects									
Any clutter									
Bulk food in containers									
Trash stored in container w/ lid									
Any trash/debris on surfaces									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Moisture Control	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any damp smell									
Any visible moisture stains									
If present, visible moisture ranking:							MM Read		
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10							*Note any moisture meter readings		
total sq. ft.									
Any reported/visible window leaks									
Any visible cracks in floor & walls									
Any seepage / standing water									
Floor drain functioning properly									
Any mold smell									
Any suspect visible mold									
Visible mold ranking:	100	50	0						
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10									
total sq. ft.									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Chemical Exposure	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Any smoking allowed in room									
Any chemical odors									
Any air fresheners									
Any candles or incense									
Chemicals stored in orig. container									
Food stored away from chemicals									
Any flaking paint on any surface									
Flaking Paint Ranking:	100	50	0						
Area affected: <input type="text"/> 0 <input type="text"/> <1 <input type="text"/> >1									
total sq. ft.									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Safety & Injury Prevention	OK	C	TA	NA	HH Score	Description	# of Health/Safety Hazards		
							Chronic	Acute	
Smoke detector in /near room									
CO detector near room									
Chemicals stored in childproof cab.									
GFCI near water sources									
Any overloaded/small gauge ext. cords									
Any open junction box/outlets									
If windows present-operational									
Any slip/trip/fall hazards									
Handrails on stairs									
Stair lighting Present/Operational									
Small Children (<7 yrs old):									
Receptacle plug covers									
Cabinet locks on doors									
Any blind/curtain cords w/in reach									
Medicines stored in locked cabinets									
	100	50	0	Score:			# Identified:	<input type="text"/>	<input type="text"/>

Home Assessment Room Score: Total Hazards Identified:

Keep it Ventilated

- If air vents are present, keep open and unobstructed to allow fresh air to enter the room.
 - Close off any openings or gaps around basement walls or crawl space(s) that may be present to help reduce air infiltration.

--

Keep it Clean (Help Yourself to a Healthy Home Book - pg 11-16)

- Reduce the amount of cardboard boxes in basements since they can hold dust, contribute to clutter, and can allow a great place for pests to hide and nest.
 - Basements can often times be damp. Reducing the amount of upholstered items can help keep allergens from being present

--

Keep it Pest-Free (Rodent Proofing your Home - Kansas City Housing Authority)

- If pests are seen in the basement, perform integrated pest management to holistically and safely address the issue by practicing a non-toxic approach by using sticky traps or snap traps where necessary, closing up gaps or cracks around plumbing/electrical chases and any visible gaps to the outside.

--

Keep it Dry (Help Yourself to a Healthy Home Book - pg 19; What are Asthma Triggers?)

- Installing a dehumidifier can help keep basements dry by reducing the humidity.
 - If cracks are present on walls or floor, it is recommended to use an appropriate water sealant on those concrete areas where necessary.

--

Keep it Contaminant-Free/Maintained (Help Yourself to a Healthy Home Book - pg 8-9, 42-45)

- Avoid using pesticides anywhere in the home due to the hazardous chemicals from which they are made and the exposure potential to young children and animals.
 - Testing for radon can provide an idea of what level may be present in the home. Radon is a health risk. Closing up gaps and cracks is a start to helping reducing those levels.

--

Keep it Safe (Help Yourself to a Healthy Home Book - pg 48-54)

Installing a light and working handrails on stairways can allow easy access in and out of the basement, which can help reduce safe issues related to trips and falls.

--

5.0 EHA Attached Structure Assessment

EHA ID #: _____ Date of Site Visit: _____

Attached Garage

Air Flow and Circulation

	OK-Good	Concern	Take Action	Not Applic.	HH Score
Any crawlspace open to room	_____	_____	_____	_____	_____
Garage Door Condition	_____	_____	_____	_____	_____
Any openings to living space	_____	_____	_____	_____	_____
Any return vent(s) present	_____	_____	_____	_____	_____
Room under (-) pressure	_____	_____	_____	_____	_____
*Note airflow readings	100	50	0		Score: _____

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Allergens & Dust

	OK	C	TA	NA	Score
Any reported/visible evidence of rodents	_____	_____	_____	_____	_____
Any reported/visible evidence of insects	_____	_____	_____	_____	_____
Any open/unused cardboard boxes	_____	_____	_____	_____	_____
Any trash/debris/clutter	_____	_____	_____	_____	_____
	100	50	0		Score: _____

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Moisture Control

	OK	C	TA	NA	Score
Any damp smell	_____	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____
Any suspect visible mold	_____	_____	_____	_____	_____
Visible mold ranking:	100	50	0		Score: _____
Area affected: <input type="text"/> 0 <input type="text"/> <10 <input type="text"/> >10	100	50	0		Score: _____
total sq. ft.					

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Chemical Exposure

	OK	C	TA	NA	Score
Any smoking allowed in room	_____	_____	_____	_____	_____
Any reported/observed idling vehicles	_____	_____	_____	_____	_____
Any chemical odors	_____	_____	_____	_____	_____
Chemicals stored in orig. container	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____
	100	50	0		Score: _____

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Safety & Injury Prevention

	OK	C	TA	NA	Score
Chemicals stored in childproof cab.	_____	_____	_____	_____	_____
Any overloaded/small gauge ext. cords	_____	_____	_____	_____	_____
Fire Extinguisher present/working	_____	_____	_____	_____	_____
Adequate stairwell lighting	_____	_____	_____	_____	_____
	100	50	0		Score: _____

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Enclosed Porches/Decks

	OK	C	TA	NA	Score
Any reported/visible evid. of rodents	_____	_____	_____	_____	_____
Any reported/visible evid. of insects	_____	_____	_____	_____	_____
Any open/unused cardboard boxes	_____	_____	_____	_____	_____
Any trash/debris/clutter	_____	_____	_____	_____	_____
	100	50	0		Score: _____

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Moisture Control

	OK	C	TA	NA	Score
Any visible moisture stains*	_____	_____	_____	_____	_____
Any Visible Leaks*	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____
Any suspect visible mold	_____	_____	_____	_____	_____
*Note any moisture meter readings	100	50	0		Score: _____

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Chemical Exposure

	OK	C	TA	NA	Score
Any smoking allowed on porch	_____	_____	_____	_____	_____
Any chemical odors	_____	_____	_____	_____	_____
Chemicals stored in orig. container	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____
Flaking Paint Ranking:	100	50	0		Score: _____
Area affected: <input type="text"/> 0 <input type="text"/> <1 <input type="text"/> >1	100	50	0		Score: _____
total sq. ft.					

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Safety & Injury Prevention

	OK	C	TA	NA	Score
Any open junction box/outlets	_____	_____	_____	_____	_____
Any slip/trip/fall hazards	_____	_____	_____	_____	_____
Handrails on Stairs	_____	_____	_____	_____	_____
Stair lighting Present/Operational	_____	_____	_____	_____	_____
	100	50	0		Score: _____

Description	# of Health/Safety Hazards	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	_____	_____

Keep it Ventilated -Garage

No opening should be present between the garage and the living space of the home. If so, close up any gaps with walls, doors, or trim to prevent unwanted air infiltration.

[Empty box for In-Home Actions]

Keep it Clean - Garage and Porch/Decks (Help Yourself to a Healthy Home Book - pg 42-45)

- Pests can come inside through small openings around garage doors or gaps. If pest droppings are noticed, place sticky traps or snap traps where necessary and close up those gaps.
- Remove any unwanted boxes or trash from garages or outside areas to keep from attracting pests.

[Empty box for In-Home Actions]

Keep it Dry - Garage and Porch/Decks

- If leaks are present in a garage, determine the source and fixing the problem can help prevent future mold issues and the deterioration of building materials.
- Non-treated boards on porches or decks can deteriorate over time when exposed to the weather. Inspecting them routinely and making necessary repairs can help re-support them and keep those areas safe.

[Empty box for In-Home Actions]

Keep it Maintained - Garage and Porch/Decks

- Seals around and at the bottom of garage doors can weather overtime . Repairing these areas when necessary can help keep out cold/warm air, pests, and moisture.
- Loose boards or handrails on porches or decks should be repaired for safety precautions.

[Empty box for In-Home Actions]

Keep it Contaminant-Free - Garage and Porch/Decks (Help Yourself to a Healthy Home Book - pg 38-41)

Gasoline and pesticides are commonly stored in garages where odors can linger and possibly come inside the home. It is recommended to reduce the amount of chemicals stored in and around the home and never store them within reach of young children.

[Empty box for In-Home Actions]

Keep it Safe - Garage and Porch/Decks (Help Yourself to a Healthy Home Book - pg 48-54)

- Having handrails on stairs that have three or more steps are help prevent accidental slips and falls.
- Remove any unnecessary clutter from stairs and entrances to allow safe travel in and out of the home.

[Empty box for In-Home Actions]

3.0 House/Floor/Room Plan Drawings

EHA ID #: _____

Date: _____

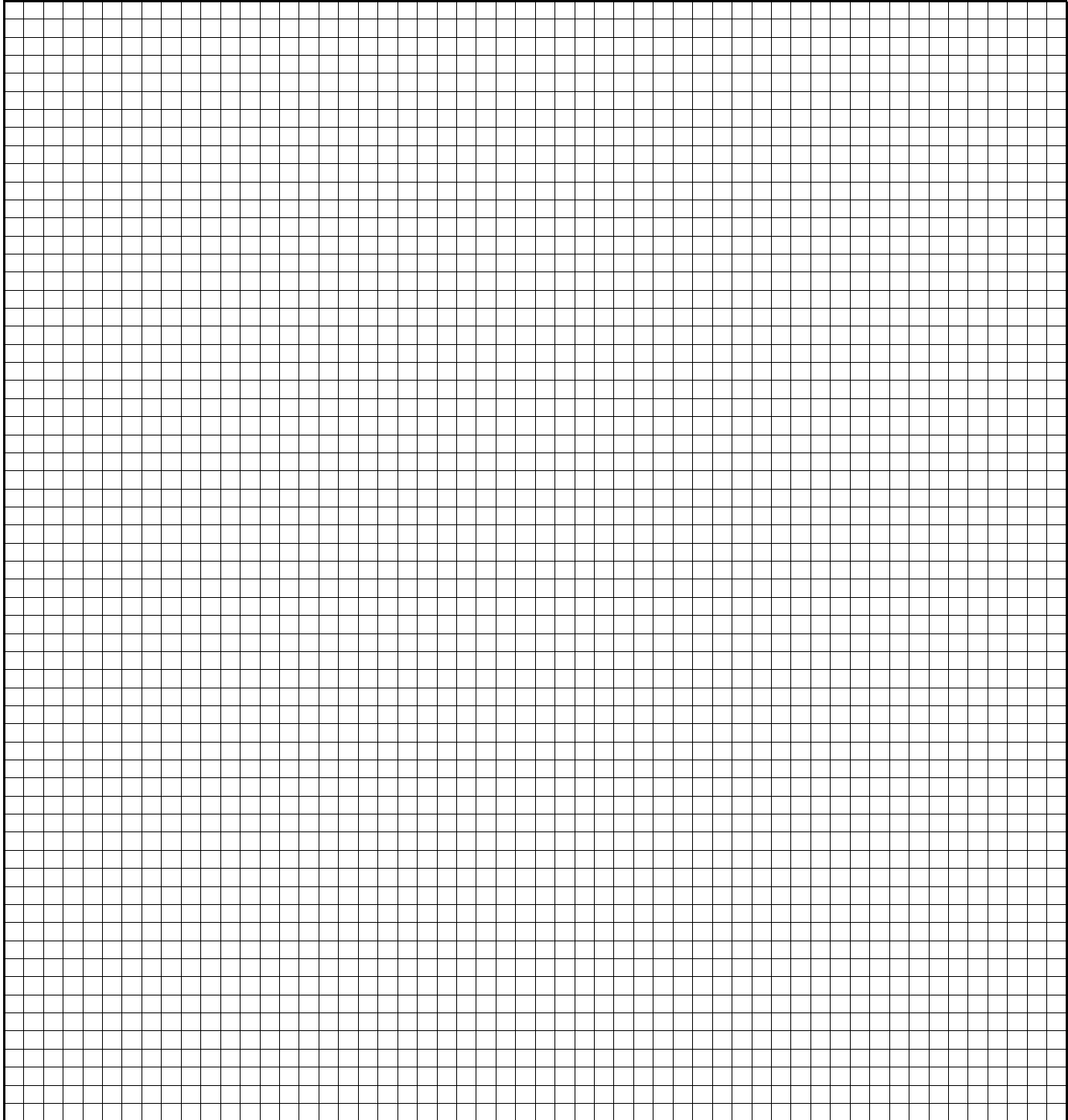
Items to be included on floor plan drawing:

- * 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	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

3.0 House/Floor/Room Plan Drawings

EHA ID #: _____

Date: _____

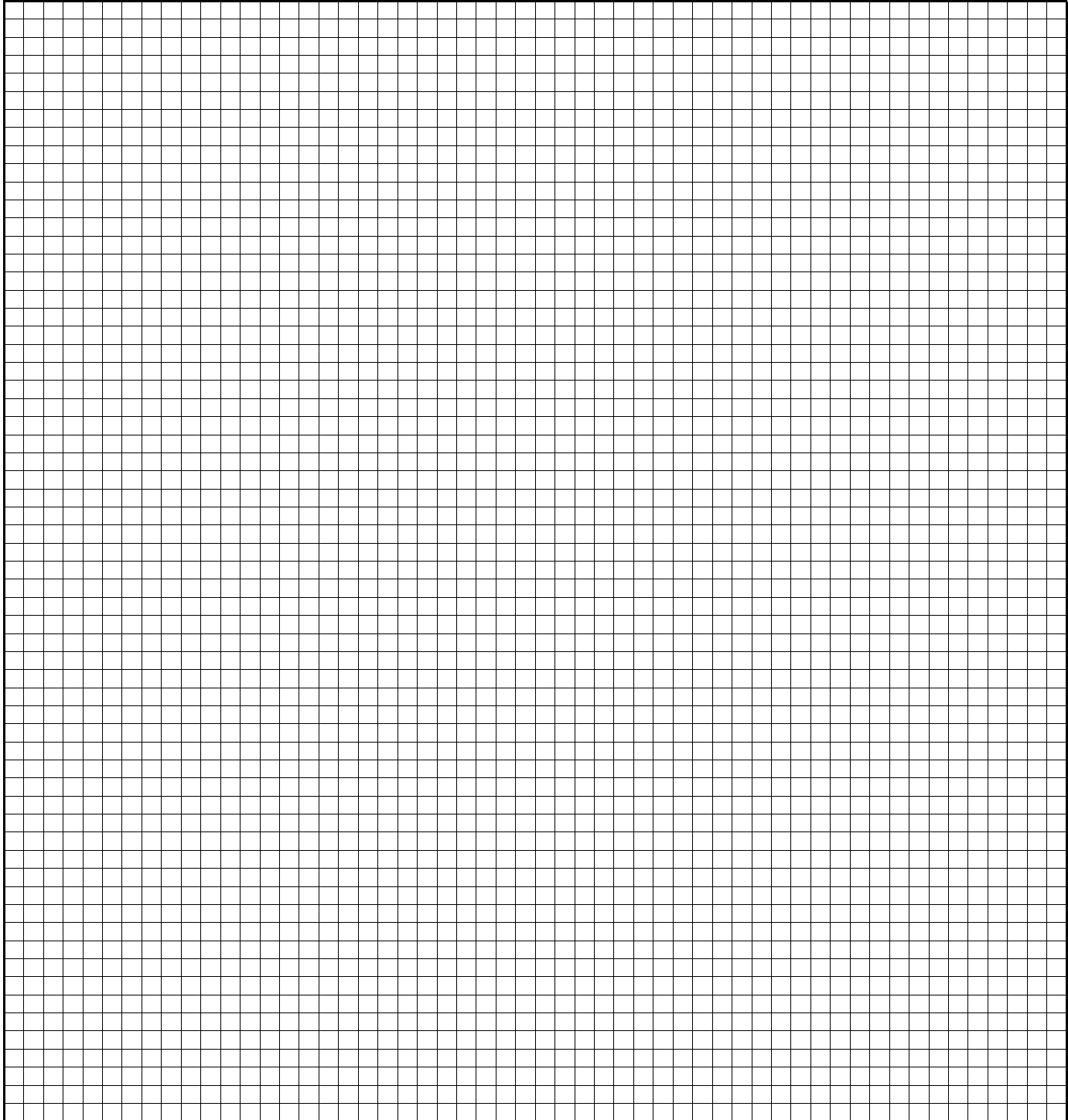
Items to be included on floor plan drawing:

- * 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	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

6.0 Environmental Measurements:

EHA# _____

Date of Site Visit: _____

Exhaust Vents

Kitchen Exhaust 1

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Bath Exhaust 1

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Kitchen Exhaust 2

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Bath Exhaust 2

Exhaust test Method Paper check
Pass Fail Vapor/smoke
 Manometer _____ cfm

Gas Appliance Testing

OK C TA NA Comments Chronic Acute

No reported/observed gas leak

Measurement Performed?

Yes No Measurement Type: _____

!!! If no gas is detected, it is now safe to perform combustion appliance testing !!!

Home Heating System 1: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Home Heating System 2: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Gas Water Heater 1: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Gas Water Heater 2: Natural Gas LP Gas

Spillage Test Method Vapor/smoke tube
 CO _____ ppm
Pass Fail Mnmtr. _____ cfm
 Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

Combustion Appliance Zone (CAZ) Test

Pass Fail
Method CO _____ ppm Other _____

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

CAZ- Worst-case Depressurization Test

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Gas Stove: Natural Gas LP Gas

Combustion Appliance Zone (CAZ) Test
Pass Fail
Method CO _____ ppm Other _____
CAZ- Worst-case Depressurization Test
Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Gas Dryer: Natural Gas LP Gas

Combustion Appliance Zone (CAZ) Test
Pass Fail
Method CO _____ ppm Other _____
CAZ- Worst-case Depressurization Test
Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

4.0 Field Notes and Calculations

EHA ID #: _____ Date: _____

Home Assessor Name(s): _____

Home Environment Lead Risk Assessment

Date of Site Visit: _____ EHA ID #: _____

CMH Education Provider: _____ Year Home Built: _____

Ages of children: _____

Education Provided

Background, Behavioral, and Household Risk Factors

- What is the age of the home? If pre-1978, there may be concerns of lead-based paint hazards.
- How long have you and your family lived in the home?
- Has the residence ever been tested for any lead hazards?
- Does the child / Do the children spend time frequently at any other locations?
- Has the child / have the children ever had their blood lead levels tested?
- Does the child / Do the children display hand-to-mouth behaviors?
Examples: Sucking on thumb/fingers, putting objects in mouth, chewing on surfaces
- Does the child / Do the children eat without washing hands before meals and snacks?
- Are toys and pacifiers washed frequently?
- Have there been any changes in behavior or in the child's sleep patterns?
- Does the family have pets that could track in contaminated soil or dust from the outside?

Yes	No	Not Applicable	Education Provided
<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"/>
<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"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occupational / Hobby Risk Factors

- Does anyone living with, or caring for the child have an occupation or hobby that could result in lead exposure?
Examples: Auto body repair, battery plant, brass/copper foundry, building repair, remodeling, or demolition, oil field work, etc.
- Does the child have access to areas where hobbies or occupational activities takes place?
- Are work/hobby clothes and shoes worn into the house?
- Are work/hobby clothes washed separately from other laundry?
- Does the child greet or have contact with above individuals before they change clothes, shower?

Y	N	NA	Ed
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dietary Risk Factors

- Is food prepared, served, or stored in containers that contain or could release lead?
- Does the family use home remedies, folk medicines, or herbal treatments?
- Has the child / Have the children had a change in appetite?
- Is the child / Are the children suffering from nausea / vomiting?
- Has the child / Have the children exhibited any changes in weight?
- Approximate number of times per day that child is / children are eating?
- Is child / Are children eating food that contain adequate amount of calcium and iron?

Y	N	NA	Ed
<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"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water Risk Factors

- Is the family's primary source of water municipal?
If no, circle primary source: private well, rural, bottled, other
- Is a filtration method in place for water used for drinking, cooking, and formula preparation?
- Is first-draw or hot water used for drinking, cooking, or formula preparation?
- Has plumbing been installed, repaired, or modified within the last 5 years?
- Does the home have lead pipes or copper pipes that may contain lead soldering?

Y	N	NA	Ed
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Soil Risk Factors

- Are there areas of bare soil where the child likes to play?
- Are there visible paint chips around building perimeters, under fences, adjacent to out buildings?
- Are there any areas where ash from burned painted wood has been deposited?
- Have nearby buildings or structures (bridge, water tower, etc.) been repainted or demolished within the last ten years? If so, approximate distance from residence?
- Are there any major roadways within two blocks of the home?
- Is the home located near any lead-producing industries?
Examples: Auto body repair, battery plant, brass/copper foundry, building repair, remodeling, or demolition, oil field work, etc.
- Does the family consume food grown in gardens adjacent to painted structures?

Y	N	NA	Ed
<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"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paint / Remodeling Risk Factors

- Have you noticed any flaking paint on the exterior of the home?
- Have you noticed any flaking paint on the interior of the home?
- Has there been any repainting, remodeling, renovation, window replacement, sanding or scraping of painted surfaces inside or outside of the home in the last six months?
If yes, circle entity that performed work: you, landlord/owner, contractor
- If landlord, owner, or contractor performed work did they distribute the lead pamphlet, *Protect Your Family from Lead in the Home*, and a renovation notice to the owner/tenant?
- Did you sign a form documenting your receipt of the lead pamphlet and renovation notice?

Y	N	NA	Ed
<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"/>
<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"/>

5.0 EHA Lead Risk Visual Assessment

EHA ID #: _____ Date of Site Visit: _____

Exterior Building Component	Paint condition				Deterioration Cause				Estimated Area Affected (sq. ft.)	Location of painted component(s) with visible bite marks
	OK - Intact	Fair - Concern	Poor - TA	Not Present	Friction	Impact	Moisture	Not Present		
<u>Front of Building</u>										
Building siding/exterior surface										
Exterior trim										
Exterior windows										
Exterior doors										
Railings										
Porch floors										
Other porch surfaces										
Comments:	100	50	0	Score: <input type="text"/>	Total Area <input type="text"/> sq ft					

<u>Left Side of Building</u>	I	F	P	NP						
Building siding/exterior surface										
Exterior trim										
Exterior windows										
Exterior doors										
Railings										
Porch floors										
Other porch surfaces										
Comments:	100	50	0	Score: <input type="text"/>	Total Area <input type="text"/> sq ft					

<u>Right Side of Building</u>	I	F	P	NP						
Building siding/exterior surface										
Exterior trim										
Exterior windows										
Exterior doors										
Railings										
Porch floors										
Other porch surfaces										
Comments:	100	50	0	Score: <input type="text"/>	Total Area <input type="text"/> sq ft					

<u>Back of Building</u>	I	F	P	NP						
Building siding/exterior surface										
Exterior trim										
Exterior windows										
Exterior doors										
Railings										
Porch floors										
Other porch surfaces										
Comments:	100	50	0	Score: <input type="text"/>	Total Area <input type="text"/> sq ft					

<u>Garage (if present)</u>	I	F	P	NP						
Building siding/exterior surface										
Exterior trim										
Exterior windows										
Exterior doors										
trim										
other surfaces										
Comments:	100	50	0	Score: <input type="text"/>	Total Area <input type="text"/> sq ft					

5.0 EHA Lead Risk Visual Assessment

EHA ID #: _____

Date of Site Visit: _____

Residential Flaking Paint

Visual Assessment

Child's Bedroom

- None on interior doors
- interior windows
- ceilings
- walls
- floors
- trim
- on radiator or cover
- other surfaces _____

	Paint condition				Deterioration Cause				Estimated Area Affected (sq. ft.)	Location of painted component(s) with visible bite marks
	OK - Intact	Fair - Concern	Poor - TA	Not Present	Friction	Impact	Moisture	Not Present		
	100	50	0	Score:						

Master Bedroom

- interior doors
- interior windows
- ceilings
- walls
- floors
- trim
- on radiator or cover
- other surfaces _____

	I	F	P	NP	Score:	Fr	Imp	M	NP	Estimated Area Affected (sq. ft.)	Location of painted component(s) with visible bite marks
	100	50	0	Score:							

Family Room

- interior doors
- interior windows
- ceilings
- walls
- floors
- trim
- on radiator or cover
- other surfaces _____

	I	F	P	NP	Score:	Fr	Imp	M	NP	Estimated Area Affected (sq. ft.)	Location of painted component(s) with visible bite marks
	100	50	0	Score:							

Kitchen

- interior doors
- interior windows
- ceilings
- walls
- floors
- trim
- on radiator or cover
- on kitchen cabinets
- other surfaces _____

	I	F	P	NP	Score:	Fr	Imp	M	NP	Estimated Area Affected (sq. ft.)	Location of painted component(s) with visible bite marks
	100	50	0	Score:							

Bathroom

- interior doors
- interior windows
- ceilings
- walls
- floors
- trim
- on radiator or cover
- on bathroom cabinets
- other surfaces _____

	I	F	P	NP	Score:	Fr	Imp	M	NP	Estimated Area Affected (sq. ft.)	Location of painted component(s) with visible bite marks
	100	50	0	Score:							

Basement

- interior doors
- interior windows
- ceilings
- walls
- floors
- trim
- on radiator or cover
- on cabinets/shelves
- Stairways, railings, risers, treads
- other surfaces _____

	I	F	P	NP	Score:	Fr	Imp	M	NP	Estimated Area Affected (sq. ft.)	Location of painted component(s) with visible bite marks
	100	50	0	Score:							

4.0 Field Notes and Calculations

EHA ID #: _____ Date: _____

Home Assessor Name(s): _____