

Visual Survey Report

Resident: _____

Alternate Contact: _____

Address: _____

Unit # _____ Unique ID _____

Resident Phone: _____

Visual Conducted by:

Date:

Make a checkmark (✓) if the problem appears in the room or area. For deteriorated paint and water damage, indicate the extent of the problem (see instructions) Use the extra rows to identify any other hazards you notice. Put an asterisk (*) above any room(s) where a child sleeps or plays. Circle (○) where you photograph a problem.

ROOM OR AREA

PROBLEM		Exterior	Porch	Entryway	Living Room	Dining Room	Kitchen	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom 1	Bathroom 2	Basement			
Deteriorated paint	Walls															
	Windows, door, or trim															
	Paint chips on floor															
Soil with no grass or mulch			[Hatched pattern]													
Cockroaches																
Rodents																
Holes in wall																
Mold/ Mildew	Obvious source of moisture															
	No obvious source of moisture															
Water Damage: walls wet/newly stained																
Strong musty smell																
Natural gas/sewer gas smell																
Unvented gas oven/dryer/heater																
Worn-out carpeting		[Hatched pattern]														
Other:																
Other:																
Other:																
Other:																
Other:																

If renting, received lead hazard disclosure information from landlord? Yes No
Follow-up visit scheduled for: Date _____ Time: _____