

# Exercise #5: Field Assessment Form

## Safe & 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: \_\_\_\_\_ ft<sup>2</sup> # 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): \_\_\_\_\_



# Exercise #5: Field Assessment Form

## 2.0 Mechanical Assessment:

	EHA ID #:	Date of Site Visit:	<i>Is this a Health/Safety Hazard?</i>					
<b>Furnace System</b> Type: _____	Yes	No	NA	Take Action?	What issues were observed?	Chronic	Acute	
Main box intact	.....	.....	.....	.....	.....	.....	.....	
Exhaust properly attached & sealed	.....	.....	.....	.....	*Note CO readings:	.....	.....	
Exhaust system works (neg. flow)	.....	.....	.....	.....	*Spillage test results: Pass_____ Fail_____	.....	.....	
Dust covered components	.....	.....	.....	.....	.....	.....	.....	
Returns properly attached and sealed	.....	.....	.....	.....	.....	.....	.....	
Supplies properly attached and sealed	.....	.....	.....	.....	.....	.....	.....	
Any suspect material present?	.....	.....	.....	.....	.....	.....	.....	
Filter properly seated and sealed	.....	.....	.....	.....	.....	.....	.....	
Correct filter size	.....	.....	.....	.....	.....	.....	.....	
Pleated filter in use(min. MERV=8)	.....	.....	.....	.....	.....	.....	.....	
Filter condition OK	.....	.....	.....	.....	.....	.....	.....	
Filter changed quarterly (min)	.....	.....	.....	.....	.....	.....	.....	
<b>Furnace Filter Size</b> _____ X _____						# Identified:		
<b>Humidifier</b>	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute	
Properly attached & sealed	.....	.....	.....	.....	.....	.....	.....	
Any reported/visible leaks	.....	.....	.....	.....	.....	.....	.....	
Any suspect mold visible	.....	.....	.....	.....	.....	.....	.....	
Water supply line connected properly	.....	.....	.....	.....	.....	.....	.....	
						# Identified:		
<b>Central Air</b>	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute	
Any reported/visible leaks	.....	.....	.....	.....	.....	.....	.....	
Condition of coolant line OK	.....	.....	.....	.....	.....	.....	.....	
Condition of condensate hose OK	.....	.....	.....	.....	.....	.....	.....	
Condensate hose extends into drain	.....	.....	.....	.....	.....	.....	.....	
						# Identified:		
<b>Water Heater</b> Type: _____	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute	
Any reported/visible leaks	.....	.....	.....	.....	.....	.....	.....	
Condition of pressure relief valve	.....	.....	.....	.....	.....	.....	.....	
Water temp set ≤ 120°F	.....	.....	.....	.....	Measured Temp. (°F):	.....	.....	
___Steel or ___brass gas line	.....	.....	.....	.....	.....	.....	.....	
Exhaust attached properly	.....	.....	.....	.....	*Note CO readings:	.....	.....	
Exhaust system works (neg. flow)	.....	.....	.....	.....	*Spillage test results: Pass_____ Fail_____	.....	.....	
						*Note any moisture meter readings # Identified:		

## 2.0 Appliance Assessment:

	EHA ID #:	Date of Site Visit:	<i>Is this a Health/Safety Hazard?</i>					
<b>Stove</b> Type: _____	Yes	No	NA	Take Action?	What issues were observed?	Acute	Chronic	
Burners/oven operating properly	.....	.....	.....	.....	.....	.....	.....	
Gas stoves - No CO detected	.....	.....	.....	.....	.....	.....	.....	
___Steel or ___brass gas line	.....	.....	.....	.....	.....	.....	.....	
Working exhaust system	.....	.....	.....	.....	.....	.....	.....	
Exhausted to outside	.....	.....	.....	.....	.....	.....	.....	
Cord condition OK	.....	.....	.....	.....	.....	.....	.....	
						# Identified:		
<b>Washer</b>	Yes	No	NA	TA?	What issues were observed?	Acute	Chronic	
Water draining properly	.....	.....	.....	.....	.....	.....	.....	
No reported/visible water leaks	.....	.....	.....	.....	.....	.....	.....	
GCFI Installed/working	.....	.....	.....	.....	.....	.....	.....	
Cord condition OK	.....	.....	.....	.....	.....	.....	.....	
						# Identified:		
<b>Dryer</b> Type: _____	Yes	No	NA	TA?	What issues were observed?	Acute	Chronic	
Steel or brass gas line	.....	.....	.....	.....	.....	.....	.....	
Dryer ducting condition	.....	.....	.....	.....	.....	.....	.....	
Dryer duct exhausts to outside	.....	.....	.....	.....	.....	.....	.....	
Cord condition OK	.....	.....	.....	.....	.....	.....	.....	
						# Identified:		

# Exercise #5: Field Assessment Form

3.0 EHA Room Survey: Child's Bedroom

EHA ID #: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

	Yes	No	Not Applic.	What issues were observed?	<i>Is this a Health/Safety Hazard?</i>		Take Action?
					Chronic	Acute	
<b>Keep it Ventilated</b>							
Working supply vent	_____	_____	_____	_____	_____	_____	_____
Supply vent open	_____	_____	_____	_____	_____	_____	_____
Supply vent unobstructed	_____	_____	_____	_____	_____	_____	_____
If return vent present - working	_____	_____	_____	_____	_____	_____	_____
Return vent(s) unobstructed	_____	_____	_____	_____	_____	_____	_____
If windows present-operational	_____	_____	_____	_____	_____	_____	_____
Room under (+) pressure	_____	_____	_____	_____	_____	_____	_____
				*Note airflow readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
							Take Action?
<b>Keep it Clean</b>							
Excessive visible dust	_____	_____	NA	_____	_____	_____	_____
Is carpeting present	_____	_____	_____	_____	_____	_____	_____
Carpet condition OK	_____	_____	_____	_____	_____	_____	_____
Upholstered furniture present	_____	_____	_____	_____	_____	_____	_____
Upholstered furniture condition OK	_____	_____	_____	_____	_____	_____	_____
Mattress condition OK	_____	_____	_____	_____	_____	_____	_____
Bedding condition OK	_____	_____	_____	_____	_____	_____	_____
cloth window coverings present	_____	_____	_____	_____	_____	_____	_____
Furry/feathered pets allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed clutter	_____	_____	_____	_____	_____	_____	_____
Observed trash/debris on surfaces	_____	_____	_____	_____	_____	_____	_____
					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
							Take Action?
<b>Keep it Pest-Free</b>							
Any reported/visible evidence of rodents	_____	_____	NA	_____	_____	_____	_____
Any reported/visible evidence of insects	_____	_____	_____	_____	_____	_____	_____
Any food observed in room	_____	_____	_____	_____	_____	_____	_____
					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
							Take Action?
<b>Keep it Dry</b>							
Observed damp smell	_____	_____	NA	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any reported/visible window leaks	_____	_____	_____	_____	_____	_____	_____
Observed room humidifier	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____
Visible mold ranking:				*Note any moisture meter readings			
	0	<2 sq.ft.	<10	>10	>30	>100	
Area affected:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
						# Identified:	<input style="width: 40px; height: 20px;" type="text"/>
							Take Action?
<b>Keep it Contaminant-Free</b>							
Is smoking allowed in room	_____	_____	NA	_____	_____	_____	_____
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any Observed air fresheners	_____	_____	_____	_____	_____	_____	_____
Any observed candles or incense	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemical supplies	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____
Flaking Paint Ranking:							
	0	<1 sq.ft.	1-2	2-4	4-10	>10	
Area affected:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
						# Identified:	<input style="width: 40px; height: 20px;" type="text"/>
							Take Action?
<b>Keep it Safe</b>							
Smoke detector in /near room	_____	_____	NA	_____	_____	_____	_____
CO detector near room	_____	_____	_____	_____	_____	_____	_____
Observed overloaded/small gauge ext. cords	_____	_____	_____	_____	_____	_____	_____
Observed loose flooring	_____	_____	_____	_____	_____	_____	_____
Small Children (<7 yrs old):							
Receptacle plug covers	_____	_____	_____	_____	_____	_____	_____
Any blind/curtain cords w/in reach	_____	_____	_____	_____	_____	_____	_____
Window guards (2nd Floor) present	_____	_____	_____	_____	_____	_____	_____
Medicines out of reach	_____	_____	_____	_____	_____	_____	_____
						# Identified:	<input style="width: 40px; height: 20px;" type="text"/>
							Take Action?

**Total Hazards Identified:**

# Exercise #5: Field Assessment Form

3.0 EHA Room Survey: Master Bedroom

EHA ID #: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

	Yes	No	Not Applic.	What issues were observed?	<i>Is this a Health/Safety Hazard?</i>		Take Action?	
					Chronic	Acute		
<b>Keep it Ventilated</b>								
Working supply vent	.....	.....	.....	.....	.....	.....	.....	
Supply vent open	.....	.....	.....	.....	.....	.....	.....	
Supply vent unobstructed	.....	.....	.....	.....	.....	.....	.....	
If return vent present - working	.....	.....	.....	.....	.....	.....	.....	
Return vent(s) unobstructed	.....	.....	.....	.....	.....	.....	.....	
If windows present-operational	.....	.....	.....	.....	.....	.....	.....	
Room under (+) pressure	.....	.....	.....	.....	.....	.....	.....	
				*Note airflow readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
							Take Action?	
<b>Keep it Clean</b>			NA					
Excessive visible dust	.....	.....	.....	.....	.....	.....	.....	
Is carpeting present	.....	.....	.....	.....	.....	.....	.....	
Carpet condition OK	.....	.....	.....	.....	.....	.....	.....	
Upholstered furniture present	.....	.....	.....	.....	.....	.....	.....	
Upholstered furniture condition OK	.....	.....	.....	.....	.....	.....	.....	
Mattress condition OK	.....	.....	.....	.....	.....	.....	.....	
Bedding condition OK	.....	.....	.....	.....	.....	.....	.....	
cloth window coverings present	.....	.....	.....	.....	.....	.....	.....	
Furry/feathered pets allowed in room	.....	.....	.....	.....	.....	.....	.....	
Observed clutter	.....	.....	.....	.....	.....	.....	.....	
Observed trash/debris on surfaces	.....	.....	.....	.....	.....	.....	.....	
					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
							Take Action?	
<b>Keep it Pest-Free</b>			NA					
Any reported/visible evidence of rodents	.....	.....	.....	.....	.....	.....	.....	
Any reported/visible evidence of insects	.....	.....	.....	.....	.....	.....	.....	
Any food observed in room	.....	.....	.....	.....	.....	.....	.....	
					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
							Take Action?	
<b>Keep it Dry</b>			NA					
Observed damp smell	.....	.....	.....	.....	.....	.....	.....	
Any visible moisture stains	.....	.....	.....	.....	.....	.....	.....	
Any reported/visible window leaks	.....	.....	.....	.....	.....	.....	.....	
Observed room humidifier	.....	.....	.....	.....	.....	.....	.....	
Any mold smell	.....	.....	.....	.....	.....	.....	.....	
Any observed suspect visible mold	.....	.....	.....	.....	.....	.....	.....	
Visible mold ranking:	*Note any moisture meter readings							
	0	<2 sq.ft.	<10	>10	>30	>100		
Area affected:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>		
							# Identified: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
							Take Action?	
<b>Keep it Contaminant-Free</b>			NA					
Is smoking allowed in room	.....	.....	.....	.....	.....	.....	.....	
Observed chemical odors	.....	.....	.....	.....	.....	.....	.....	
Any Observed air fresheners	.....	.....	.....	.....	.....	.....	.....	
Any observed candles or incense	.....	.....	.....	.....	.....	.....	.....	
Any reported/visible chemical supplies	.....	.....	.....	.....	.....	.....	.....	
Any flaking paint on any surface	.....	.....	.....	.....	.....	.....	.....	
Flaking Paint Ranking:	*Note any moisture meter readings							
	0	<1 sq.ft.	1-2	2-4	4-10	>10		
Area affected:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>		
							# Identified: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
							Take Action?	
<b>Keep it Safe</b>			NA					
Smoke detector in /near room	.....	.....	.....	.....	.....	.....	.....	
CO detector near room	.....	.....	.....	.....	.....	.....	.....	
Observed overloaded/small gauge ext. cords	.....	.....	.....	.....	.....	.....	.....	
Observed loose flooring	.....	.....	.....	.....	.....	.....	.....	
Small Children (<7 yrs old):								
Receptacle plug covers	.....	.....	.....	.....	.....	.....	.....	
Any blind/curtain cords w/in reach	.....	.....	.....	.....	.....	.....	.....	
Window guards (2nd Floor) present	.....	.....	.....	.....	.....	.....	.....	
Medicines out of reach	.....	.....	.....	.....	.....	.....	.....	
							# Identified: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
							Take Action?	

**Total Hazards Identified:**

# Exercise #5: Field Assessment Form

3.0 EHA Room Survey: Family Room

EHA ID #: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
<b>Keep it Ventilated</b>							
Working supply vent							
Supply vent open							
Supply vent unobstructed							
If return vent present - working							
Return vent(s) unobstructed							
If windows present-operational							
Room under (+) pressure							
				*Note airflow readings	# Identified:	<input type="text"/>	<input type="text"/>
							Take Action?
<b>Keep it Clean</b>							
Excessive visible dust			NA				
Is carpeting present							
Carpet condition OK							
Upholstered furniture present							
Upholstered furniture condition OK							
Mattress condition OK							
Bedding condition OK							
cloth window coverings present							
Furry/feathered pets allowed in room							
Observed clutter							
Observed trash/debris on surfaces							
					# Identified:	<input type="text"/>	<input type="text"/>
							Take Action?
<b>Keep it Pest-Free</b>							
Any reported/visible evidence of rodents			NA				
Any reported/visible evidence of insects							
Any food observed in room							
					# Identified:	<input type="text"/>	<input type="text"/>
							Take Action?
<b>Keep it Dry</b>							
Observed damp smell			NA				
Any visible moisture stains							
Any reported/visible window leaks							
Observed room humidifier							
Any mold smell							
Any observed suspect visible mold							
Visible mold ranking:							
Area affected:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						# Identified:	<input type="text"/>
							Take Action?
<b>Keep it Contaminant-Free</b>							
Is smoking allowed in room			NA				
Observed chemical odors							
Any Observed air fresheners							
Any observed candles or incense							
Any reported/visible chemical supplies							
Any flaking paint on any surface							
Flaking Paint Ranking:							
Area affected:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						# Identified:	<input type="text"/>
							Take Action?
<b>Keep it Safe</b>							
Smoke detector in /near room			NA				
CO detector near room							
Observed overloaded/small gauge ext. cords							
Observed loose flooring							
Small Children (<7 yrs old):							
Receptacle plug covers							
Any blind/curtain cords w/in reach							
Window guards (2nd Floor) present							
Medicines out of reach							
						# Identified:	<input type="text"/>
							Take Action?

**Total Hazards Identified:**

# Exercise #5: Field Assessment Form

3.0 EHA Room Survey: Kitchen

EHA ID #: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
<b>Keep it Ventilated</b>							
Working supply vent	_____	_____	_____	_____	_____	_____	_____
Supply vent open	_____	_____	_____	_____	_____	_____	_____
Supply vent unobstructed	_____	_____	_____	_____	_____	_____	_____
If return vent present - working	_____	_____	_____	_____	_____	_____	_____
Return vent(s) unobstructed	_____	_____	_____	_____	_____	_____	_____
Exhaust fan present/operational	_____	_____	_____	Airflow Check: Pass _____ Fail _____	_____	_____	_____
If windows present-operational	_____	_____	_____	_____	_____	_____	_____
Room under (-) pressure*	_____	_____	_____	_____	_____	_____	_____
				*Note airflow readings	# Identified: <input type="text"/>	<input type="text"/>	
<b>Keep it Clean</b>			NA				
Excessive visible dust	_____	_____	_____	_____	_____	_____	_____
Is any carpeting/upholstery present	_____	_____	_____	_____	_____	_____	_____
Any cloth window coverings present	_____	_____	_____	_____	_____	_____	_____
Any furry/feathered pets in room	_____	_____	_____	_____	_____	_____	_____
Observed clutter	_____	_____	_____	_____	_____	_____	_____
Observed trash/debris on surfaces	_____	_____	_____	_____	_____	_____	_____
					# Identified: <input type="text"/>	<input type="text"/>	
<b>Keep it Pest-Free</b>			NA				
Any reported/visible evidence of rodents	_____	_____	_____	_____	_____	_____	_____
Any reported/visible evidence of insects	_____	_____	_____	_____	_____	_____	_____
Bulk food in containers	_____	_____	_____	_____	_____	_____	_____
Trash stored in container w/ lid	_____	_____	_____	_____	_____	_____	_____
Any observed cracks/gaps around cabinets	_____	_____	_____	_____	_____	_____	_____
					# Identified: <input type="text"/>	<input type="text"/>	
<b>Keep it Dry</b>			NA				
Observed damp smell	_____	_____	_____	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any reported/visible window leaks	_____	_____	_____	_____	_____	_____	_____
Observed room humidifier	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____
Visible mold ranking:					*Note any moisture meter readings		
Area affected:	0	<2 sq.ft.	<10	>10	>30	>100	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
							# Identified: <input type="text"/>
<b>Keep it Contaminant-Free</b>			NA				
Is smoking allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any Observed air fresheners	_____	_____	_____	_____	_____	_____	_____
Any observed candles or incense	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemical supplies	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in orig. container	_____	_____	_____	_____	_____	_____	_____
Food stored away from chemicals	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____
Flaking Paint Ranking:							
Area affected:	0	<1 sq.ft.	1-2	2-4	4-10	>10	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
							# Identified: <input type="text"/>
<b>Keep it Safe</b>			NA				
Smoke detector in /near room	_____	_____	_____	_____	_____	_____	_____
CO detector near room	_____	_____	_____	_____	_____	_____	_____
Fire extinguisher present & working	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in childproof cab.	_____	_____	_____	_____	_____	_____	_____
Water temp set < 120°F	_____	_____	_____	_____	_____	_____	_____
GFCI near water sources	_____	_____	_____	_____	_____	_____	_____
No overloaded/small gauge ext. cords	_____	_____	_____	_____	_____	_____	_____
No loose flooring	_____	_____	_____	_____	_____	_____	_____
Small Children (<7 yrs old):							
Receptacle plug covers	_____	_____	_____	_____	_____	_____	_____
Cabinet locks on doors	_____	_____	_____	_____	_____	_____	_____
No blind/curtain cords w/in reach	_____	_____	_____	_____	_____	_____	_____
Medicines out of reach	_____	_____	_____	_____	_____	_____	_____
							# Identified: <input type="text"/>

**Total Hazards Identified:**

# Identified:

# Exercise #5: Field Assessment Form

3.0 EHA Room Survey: Bathroom

EHA ID #: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
<b>Keep it Ventilated</b>							
Working supply vent							
Supply vent open							
Supply vent unobstructed							
If return vent present - working							
Return vent(s) unobstructed							
Exhaust fan present/operational				Airflow Check: Pass _____ Fail _____			
If windows present-operational							
Room under (-) pressure							
				*Note airflow readings	# Identified:	<input type="text"/>	<input type="text"/>
<b>Keep it Clean</b>			NA				TA?
Excessive visible dust							
Is any carpeting/upholstery present							
Any cloth window coverings present							
Any furry/feathered pets in room							
Observed clutter							
Observed trash/debris on surfaces							
					# Identified:	<input type="text"/>	<input type="text"/>
<b>Keep it Pest-Free</b>			NA				TA?
Any reported/visible evidence of rodents							
Any reported/visible evidence of insects							
Trash stored in container w/ lid							
Any observed cracks/gaps around cabinets							
					# Identified:	<input type="text"/>	<input type="text"/>
<b>Keep it Dry</b>			NA				TA?
Observed damp smell							
Any visible moisture stains							
Any reported/visible window leaks							
Observed room humidifier							
Any mold smell							
Any observed suspect visible mold							
Visible mold ranking:							
0   <2 sq.ft.   <10   >10   >30   >100							
Area affected: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
					# Identified:	<input type="text"/>	<input type="text"/>
<b>Keep it Contaminant-Free</b>			NA				TA?
Is smoking allowed in room							
Observed chemical odors							
Any Observed air fresheners							
Any observed candles or incense							
Any reported/visible chemical supplies							
Chemicals stored in orig. container							
Any flaking paint on any surface							
Flaking Paint Ranking:							
0   <1 sq.ft.   1-2   2-4   4-10   >10							
Area affected: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
					# Identified:	<input type="text"/>	<input type="text"/>
<b>Keep it Safe</b>			NA				TA?
Smoke detector in /near room							
CO detector near room							
Chemicals stored in childproof cab.							
Water temp set ≤ 120°F							
GFCI near water sources							
No overloaded/small gauge ext. cords							
No loose flooring							
Small Children (<7 yrs old):							
Receptacle plug covers							
Cabinet locks on doors							
No blind/curtain cords w/in reach							
Medicines out of reach							
					# Identified:	<input type="text"/>	<input type="text"/>

**Total Hazards Identified:**



# Exercise #5: Field Assessment Form

**3.0 EHA Room Survey: Basement**

EHA ID #: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

	Yes	No	Not Applic.	What issues were observed?	<i>Is this a Health/Safety Hazard?</i>		
					Chronic	Acute	Take Action?
<b>Keep it Ventilated</b>							
Working supply vent	.....	.....	.....	.....	.....	.....	.....
Supply vent open	.....	.....	.....	.....	.....	.....	.....
Supply vent unobstructed	.....	.....	.....	.....	.....	.....	.....
No return vent(s) present	.....	.....	.....	.....	.....	.....	.....
No crawlspace open to room	.....	.....	.....	.....	.....	.....	.....
If windows present-operational	.....	.....	.....	.....	.....	.....	.....
Room under (-) pressure	.....	.....	.....	.....	.....	.....	.....
				*Note airflow readings	# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

	Yes	No	NA	What issues were observed?			
					Chronic	Acute	TA?
<b>Keep it Clean</b>							
Excessive visible dust	.....	.....	.....	.....	.....	.....	.....
Is any carpeting/upholstery present	.....	.....	.....	.....	.....	.....	.....
Any cloth window coverings present	.....	.....	.....	.....	.....	.....	.....
Any furry/feathered pets in room	.....	.....	.....	.....	.....	.....	.....
Observed clutter	.....	.....	.....	.....	.....	.....	.....
Observed plant pots filled with dirt	.....	.....	.....	.....	.....	.....	.....
Observed open/unused cardboard boxes	.....	.....	.....	.....	.....	.....	.....
Observed trash/debris on surfaces	.....	.....	.....	.....	.....	.....	.....
					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

	Yes	No	NA	What issues were observed?			
					Chronic	Acute	TA?
<b>Keep it Pest-Free</b>							
Any reported/visible evidence of rodents	.....	.....	.....	.....	.....	.....	.....
Any reported/visible evidence of insects	.....	.....	.....	.....	.....	.....	.....
Bulk food in containers	.....	.....	.....	.....	.....	.....	.....
Trash stored in container w/ lid	.....	.....	.....	.....	.....	.....	.....
Any observed cracks/gaps around cabinets	.....	.....	.....	.....	.....	.....	.....
					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

	Yes	No	NA	What issues were observed?			
					Chronic	Acute	TA?
<b>Keep it Dry</b>							
Observed damp smell	.....	.....	.....	.....	.....	.....	.....
Any visible moisture stains	.....	.....	.....	.....	.....	.....	.....
Any reported/visible window leaks	.....	.....	.....	.....	.....	.....	.....
Observed room humidifier	.....	.....	.....	.....	.....	.....	.....
Any mold smell	.....	.....	.....	.....	.....	.....	.....
Any observed suspect visible mold	.....	.....	.....	.....	.....	.....	.....
Visible mold ranking:					*Note any moisture meter readings		
0   <2 sq.ft.   <10   >10   >30   >100							
Area affected: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

	Yes	No	NA	What issues were observed?			
					Chronic	Acute	TA?
<b>Keep it Contaminant-Free</b>							
Is smoking allowed in room	.....	.....	.....	.....	.....	.....	.....
Observed chemical odors	.....	.....	.....	.....	.....	.....	.....
Any Observed air fresheners	.....	.....	.....	.....	.....	.....	.....
Any observed candles or incense	.....	.....	.....	.....	.....	.....	.....
Any reported/visible chemical supplies	.....	.....	.....	.....	.....	.....	.....
Chemicals stored in orig. container	.....	.....	.....	.....	.....	.....	.....
Any flaking paint on any surface	.....	.....	.....	.....	.....	.....	.....

Flaking Paint Ranking:							
0   <1 sq.ft.   1-2   2-4   4-10   >10							
Area affected: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

	Yes	No	NA	What issues were observed?			
					Chronic	Acute	TA?
<b>Safety &amp; Injury Prevention</b>							
Smoke detector in /near room	.....	.....	.....	.....	.....	.....	.....
CO detector near room	.....	.....	.....	.....	.....	.....	.....
Chemicals stored in childproof cab.	.....	.....	.....	.....	.....	.....	.....
GFCI near water sources	.....	.....	.....	.....	.....	.....	.....
No overloaded/small gauge ext. cords	.....	.....	.....	.....	.....	.....	.....
No loose flooring	.....	.....	.....	.....	.....	.....	.....
Handrails on stairs (>3 steps)	.....	.....	.....	.....	.....	.....	.....
Adequate stair lighting	.....	.....	.....	.....	.....	.....	.....
Small Children (<7 yrs old):							
Receptacle plug covers	.....	.....	.....	.....	.....	.....	.....
Cabinet locks on doors	.....	.....	.....	.....	.....	.....	.....
					# Identified:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

# Exercise #5: Field Assessment Form

## 5.0 EHA Attached Structure Assessment

EHA ID #: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_

### Attached Garage

#### Keep it Ventilated

- Is crawlspace open to room
- Garage Door Condition OK
- Any openings to living space
- Any return vent(s) present
- Room under (-) pressure\*

Yes No Not  
Applic.

What issues were observed?

*Is this a Health/Safety Hazard?*

Chronic Acute

Take  
Action?


\*Note airflow readings # Identified:

#### Keep it Clean

- Any reported/visible evidence of rodents
- Any reported/visible evidence of insects
- Observed open/unused cardboard boxes
- Any observed trash/debris/clutter

Yes No NA

What issues were observed?

Chronic Acute

TA?


# Identified:

#### Keep it Dry

- Observed damp smell
- Any visible moisture stains
- Any mold smell
- Any observed suspect visible mold

Yes No NA

What issues were observed?

Chronic Acute

TA?

Visible mold ranking:

0	<2 sq.ft.	<10	>10	>30	>100

\*Note any moisture meter readings


# Identified:

#### Keep it Contaminant-Free

- Is smoking allowed in room
- Any reported/observed idling vehicles
- Observed chemical odors
- Any reported/visible chemicals
- Chemicals stored in orig. container
- Observed flaking paint on any surface

Yes No NA

What issues were observed?

Chronic Acute

TA?


# Identified:

#### Keep it Safe

- Chemicals stored in childproof cab.
- Any overloaded/small gauge ext. cords
- Fire Extinguisher present/working
- Adequate stair lighting

Yes No NA

What issues were observed?

Chronic Acute

TA?


# Identified:

### Porches/Decks

#### Keep it Clean & Pest-Free

- Any reported/visible evidence of rodents
- Any reported/visible evidence of insects
- An observed open/unused cardboard boxes
- Any observed trash/debris/clutter

Yes No NA

What issues were observed?

Chronic Acute

TA?


# Identified:

#### Keep it Dry

- Any visible moisture stains
- Any Visible Leaks\*
- Observed mold smell
- Any observed suspect visible mold

Yes No NA

What issues were observed?

Chronic Acute

TA?


\*Note any moisture meter readings # Identified:

#### Keep it Contaminant-Free

- Any observed chemical odors
- Any reported/visible chemicals
- Chemicals stored in orig. container
- Any flaking paint on any surface

Yes No NA

What issues were observed?

Chronic Acute

TA?

Flaking Paint Ranking:

0	<1 sq.ft.	1-2	2-4	4-10	>10


# Identified:

#### Keep it Safe

- Any Observed Loose Flooring
- Handrails on Stairs
- Adequate Stair lighting

Yes No NA

What issues were observed?

Chronic Acute

TA?


# Identified:

# Exercise #5: Field Assessment Form

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 ft<sup>2</sup> and ft<sup>3</sup> 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	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Home Assessor Name(s): \_\_\_\_\_

# Exercise #5: Field Assessment Form

## 4.0 Field Notes and Calculations

EHA ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Home Assessor Name(s): \_\_\_\_\_