Iame: Phone(s):			Assessment	EHA I	D #:		- Date	e of Sit	e Visit:			
	Front of House	Name:			Ph	one(s):						
Front of House	Compass	ldress:										
Front of House	Compass											
		Compass										
		· · ·										
mary Ground Cover: Grass Dirt Gravel Concrete Other		mary Ground Cover:	Grass D			\equiv						
mary Ground Cover: Grass Dirt Gravel Concrete Other		mary Ground Cover:	Grass D			\equiv						
mary Ground Cover: Grass Dirt Gravel Concrete Other	dary Ground Cover: Grass Dirt Gravel Concrete Other	mary Ground Cover:	Grass D Grass D	irt Gra	avel	Cor	ncrete		Other			_
ndary 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 <u>arby Pollution Sources</u> within 500 ft. Busy Street Highways Interstate H. Way Railroad Other _	dary Ground Cover: Grass Dirt Gravel Concrete Other rainage: Away from Found. Toward Found. F to R R to F L to R R to L by Pollution Sources Interstate H. Way Busy Street Highways Interstate H. Way Railroad Other _	imary Ground Cover: ndary Ground Cover: Drainage: Away from F arby Pollution Sources within 500 ft.	Grass D Grass D Found. Toward	irt Gra d Found. ighways	avel	Cor R	ncrete	F ay	Other	R road		 to L :her
imary Ground Cover: Grass Dirt Gravel Concrete Other ndary 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 <u>irby Pollution Sources</u> within 500 ft. Busy Street Highways Interstate H. Way Railroad Other	dary Ground Cover: Grass Dirt Gravel Concrete Other rainage: Away from Found. Toward Found. F to R R to F L to R R to L by Pollution Sources Interstate H. Way Railroad Other	imary Ground Cover:	Grass D Grass D Found. Toward	irt Gra d Found. ighways	avel	Cor R	ncrete	F ay	Other	R road		 to L :her
imary Ground Cover: Grass Dirt Gravel concrete Other Indary Ground Cover: Grass Dirt Gravel Concrete Other Other Other Drainage: Away from Found. Toward Found. F to R R to F L to R R to L Interstate H. Way Railroad Other	dary Ground Cover: Grass Dirt Gravel Concrete Other rainage: Away from Found. Toward Found. F to R R to F L to R R to L oy Pollution Sources ithin 500 ft. Busy Street Highways Interstate H. Way Railroad Other ithin 0.25 mi. Factory Industrial Powerplant Retail Retail Other	imary Ground Cover:	Grass D Grass D Found. Toward sy Street H ctory Indus	irt Gra d Found. ighways	avel	Cor R	ncrete	F ay	Other	R road		 to L :her
imary Ground Cover: Grass Dirt Gravel Concrete Other ndary 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 arby Pollution Sources within 500 ft. Busy Street Highways Interstate H. Way Railroad Other within 0.25 mi. Factory Industrial Powerplant Retail Retail Other heral Description of the Building uilding Location: Urban Suburban Rural Other Building Type: House Duplex Triplex Townhome Other:	dary Ground Cover: Grass Dirt Gravel Concrete Other rainage: Away from Found. Toward Found. F to R R to F L to R R to L oy Pollution Sources ithin 500 ft. Busy Street Highways Interstate H. Way Railroad Other ithin 0.25 mi. Factory Industrial Powerplant Retail Retail Other eral Description of the Building ilding Location: Urban Suburban Rural Other Building Type: House Duplex Triplex Townhome Other:	imary Ground Cover:	Grass D Grass D Found. Toward sy Street H ctory Indust Che Building Urban Su House D	irt Gra d Found. ighways trial uburban uplex	avel	Cor R Intersta Dlant Rural	ncrete R to ate H. Wa Reta	F ay ail Oth	Other	R road		to L :her :her
imary Ground Cover: Grass Dirt Gravel Concrete Other ndary 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 arby Pollution Sources within 500 ft. Busy Street Highways Interstate H. Way Railroad Other within 0.25 mi. Factory Industrial Powerplant Retail Retail Other heral Description of the Building uilding Location: Urban Suburban Rural Other Building Type: House Duplex Triplex Townhome Other:	dary Ground Cover: Grass Dirt Gravel Concrete Other rainage: Away from Found. Toward Found. F to R R to F L to R R to L oy Pollution Sources ithin 500 ft. Busy Street Highways Interstate H. Way Railroad Other ithin 0.25 mi. Factory Industrial Powerplant Retail Retail Other eral Description of the Building ilding Location: Urban Suburban Rural Other Building Type: House Duplex Triplex Townhome Other:	imary Ground Cover: ndary Ground Cover: Drainage:Away from F arby Pollution Sources within 500 ftBu within 0.25 miFau neral Description of t Building Location: Building Type:	Grass D Grass D Found. Toward sy Street H ctory Indust Che Building Urban Su House D	irt Gra d Found. ighways trial uburban uplex	avel	Cor R Intersta Dlant Rural	ncrete R to ate H. Wa Reta	F ay ail Oth	Other	R road		to L :her :her
imary Ground Cover: Grass Dirt Gravel Concrete Other ndary 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 arby Pollution Sources within 500 ft. Busy Street Highways Interstate H. Way Railroad Other within 0.25 mi. Factory Industrial Powerplant Retail Retail Other heral Description of the Building wilding Location: Urban Suburban Rural Other Building Type: House Duplex Triplex Townhome Other:	dary Ground Cover: Grass Dirt Gravel Concrete Other rainage: Away from Found. Toward Found. F to R R to F L to R R to L oy Pollution Sources ithin 500 ft. Busy Street Highways Interstate H. Way Railroad Other ithin 0.25 mi. Factory Industrial Powerplant Retail Retail Other iding Location: Urban Suburban Rural Other Other Building Type: House Duplex Triplex Townhome Other: proximate Age: Unknown Before 1940 1940-1959 1960-1977 After 1978	imary Ground Cover:	Grass D Grass D Grass D Found. Toward sy Street H ctory Indus :he Building Urban Su House D Unknown B	irt Gra d Found. ighways trial uburban uplex efore 1940	avel	Cor R Intersta Dlant Rural Triplex 1940-19	ncrete R to ate H. Wa Reta	F ay ail Oth Tow 196	Other L to Rail Reta er vnhome 0-1977	R road ail	C R 1 C O R O R O R O R O R O R O R O R O R O R	
imary Ground Cover: Grass Dirt Gravel Concrete Other Indary Ground Cover: Grass Dirt Gravel Concrete Other <	dary Ground Cover: Grass Dirt Gravel Concrete Other Other Other Other Other Other R to L Dirt Toward Found. Towar	imary Ground Cover:	Grass D Grass D Grass D Found. Toward sy Street H ctory Indus Ctory Indus Ctory D House D Urban Su House D Unknown B	irt Gra d Found. ighways trial uburban uplex efore 1940	avel	Cor R Intersta Dlant Rural Triplex 1940-19 ors:	ncrete R to ate H. Wa Reta	F ay ail Tow 196 # of	Other L to Rail Reta (nhome 0-1977 Rooms:	R road ail	C R 1 C O R O R O R O R O R O R O R O R O R O R	

Home Assessor Name(s): Children's Mercy Hospital © 2010

2 O Building Assessment:

Exercise #5: Field Assessment Form

EHA ID #:	

2.0	Dulluing Assessment	••				·		Date of Si					
Any Any Drip Flas	f face intact occupant reported/visible evidence of water damage o edge condition OK shing condition OK mney flashing condition OK		Yes	No	Not Applic.	What iss	ues were	observed		this a H	ealth/Safe Chronic 	Acute	? Take Action?
	tilation present												
Suri Visi	erior Siding face condition OK ble flaking paint leaks/Moisture retention		Yes	No	NA	What iss	ues were	observed		entified:	Chronic	Acute	Take Action?
	atherized w/ no visible gaps	5				***	······						
Pro	tering perly attached and sealed		Yes	No	NA	-	noisture met UES WERE	-		entified:	Chronic	Acute	Take Action?
Any Dov	ble flaking paint leaks/Moisture retention vnspouts condition OK ash block/tile condition OK												
						*Note any r	noisture met	er readings	# Ide	entified:			Take
Any Any	Foundation Any visible cracks? Any occupant reported/visible leaks Weatherized w/ no visible gaps Any flaking paint on wall surface		Yes	No	NA 	What iss	ues were	observed	?		Chronic	Acute	Action?
	rawlspace open to living spa sement w/ floor	ace:											
-	visible cracks?	ing wat											
	rprtd/vsbl. seepage/standi or drain functioning properly												
Any	flaking paint on floor					*Note any r	noisture met	er readings					
Surf	e <mark>rior Doors/Windows/S</mark> face condition OK ble flaking paint	<u>teps</u>	Yes	No	NA		ues were	•		entified:	Chronic	Acute	Take Action?
Any	leaks/Moisture retention												
	atherized / No visible gaps side stairs condition OK												
Hom	ne Plumbing					*Note any r	noisture met	er readings	# Ide	entified:			
		No.	Supply		-	Maria	Waste		T 13	Ι.			
	<u>Main</u> Any reported/visible leaks	Yes	No	NA	TA?	Yes	No	NA	TA?	Issue	s observe	ed?	
	Line/Pipe condition OK Operating properly												
	Kitchen Sink												
	Any reported/visible leaks Line/Pipe condition OK												
	Operating properly												
	Tub/Shower Any reported/visible leaks												
	Line/Pipe condition OK												
E	Operating properly Toilet												
Jroc	Any reported/visible leaks												
Bathroom	Line/Pipe condition OK Operating properly												
ш	Sink												
	Any reported/visible leaks Line/Pipe condition OK												
	Operating properly												

2.0 Mechanical Assessment:	#5: F		sses		Form Site Visit: Is this a Hea	lth/Safetv	Hazard?
				Take			
Furnace System Type: Main box intact	Yes	No	NA	Action?	What issues were observed?	Chronic	Acute
Exhaust properly attached & sealed Exhaust system works (neg. flow) Dust covered components Returns properly attached and sealed Supplies properly attached and sealed					*Note CO readings: *Spillage test results: Pass Fail		
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)							
Furnace Filter Size X					# Identified	d:	
Humidifier Properly attached & sealed Any reported/visible leaks Any suspect mold visible Water supply line connected properly	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute
					# Identified	d:	
<u>Central Air</u> Any reported/visible leaks Condition of coolant line OK Condition of condensate hose OK	Yes	No	NA	TA?	What issues were observed?	Chronic	Acute
Condensate hose extends into drain							
Water Heater Type: Any reported/visible leaks	Yes	No	NA	TA?	# Identified What issues were observed?	Chronic	Acute
Condition of pressure relief valve Water temp set <u><</u> 120°F					Measured Temp. (°F):		
Steel orbrass gas line Exhaust attached properly Exhaust system works (neg. flow)					*Note CO readings:	·	
Exhaust system works (neg. now)					*Spillage test results: Pass Fail *Note any moisture meter readings # Identified		
2.0 Appliance Assessment:							
Stove Type: Burners/oven operating properly Gas stoves - No CO detected Steel orbrass gas line	Yes	No	NA	Take Action?	Is this a Health What issues were observed?		Hazard? Chronic
Working exhaust system Exhausted to outside Cord condition OK		······					
Washer Water draining properly No reported/visible water leaks GCFI Installed/working Cord condition OK	Yes	No	NA	TA?	# Identified What issues were observed?	d: []	

Dryer Type: Steel or brass gas line Dryer ducting condition Dryer duct exhausts to outside Cord condition OK Yes

No

NA TA? What issues were observed?

Identified:

Identified:

Acute Chronic

Exercise #5: Field Assessment Form

3.0 EHA Room Survey: Child's Bedroom EHA ID #: Date of Site Visit:

			-		
Keep it Ventilated Working supply vent	Yes	No	Not Applic.	· •	Take ction?
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:	
Keep it Clean Excessive visible dust Is carpeting present Carpet condition OK Upholstered furniture present Upholstered furniture condition OK Mattress condition OK Bedding condition OK	Yes	No	NA	What issues were observed? Chronic Acute Acute	Take ction?
cloth window coverings present Furry/feathered pets allowed in room Observed clutter Observed trash/debris on surfaces			· · · · · · · · · · · · · · · · · · ·		
Keep it Pest-Free Any reported/visible evidence of rodents Any reported/visible evidence of insects	Yes	No	NA		Take ction?
Any food observed in room					Take
Keep it Dry Observed damp smell Any visible moisture stains Any reported/visible window leaks Observed room humidifier	Yes	No	NA	What issues were observed? Chronic Acute Ac	ction?
Any mold smell Any observed suspect visible mold Visible mold ranking:				*Note any moisture meter readings	
Area affected: $0 < 2 \text{ sq.ft.} < 10$	>10	>30	>100		
		l			Take
Keep it Contaminant-Free Is smoking allowed in room Observed chemical odors Any Observed air fresheners Any observed candles or incense	Yes	No	NA	What issues were observed? Chronic Acute Acute	ction?
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:] []	# Identified:	Take
Keep it Safe Smoke detector in /near room CO detector near room Observed overloaded/small gauge ext. cord	Yes	No	NA		ction?
Observed loose flooring Small Children (<7 yrs old): Receptacle plug covers Any blind/curtain cords w/in reach	J		 		
Window guards (2nd Floor) present Medicines out of reach			· · · · · · · · · · · · · · · · · · ·		
				# Identified:	
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Exercise #5: Field Assessment Form3.0 EHA Room Survey: Master BedroomEHA ID #:Date of Site Visit:

·			_		_
Keep it Ventilated	Yes	No	Not Applic.	Is this a Health/Safety Haza What issues were observed? Chronic Acute	r d? Take Action?
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:	Take
Keep it Clean	Yes	No	NA	What issues were observed? Chronic Acute	Action?
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				# 14	5
.				# Identified:	_ Take Action?
Keep it Pest-Free Any reported/visible evidence of rodents	Yes	No	NA	What issues were observed? Chronic Acute	ACTION
Any reported/visible evidence of insects					
Any food observed in room					
				# Identified:	Take
Keep it Dry	Yes	No	NA	What issues were observed? Chronic Acute	Action?
Observed damp smell				······································	
Any visible moisture stains Any reported/visible window leaks					
Observed room humidifier					
Any mold smell					
Any observed suspect visible mold				*Note any moisture meter readings	
Visible mold ranking: 0 <2 sq.ft. <10	>10	>30	>100	Note any mostere meter readings	
Area affected:			100	7	
	}]	{{	3	# Identified:	1
Koon it Contaminant-Froo	Yes	No	NA	What issues were observed? Chronic Acute	_ Take Action?
Keep it Contaminant-Free Is smoking allowed in room	ies	NU	NA 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:	2.4	4.40	10		
0 <1 sq.ft. 1-2 Area affected:	2-4	4-10	>10	1	
Area arrected.		[]	l) 	5
				# Identified:	_ Take
Keep it Safe	Yes	No	NA	What issues were observed?Chronic Acute	Action?
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				· ·····	
medicines out of reach				# Identified:	ī
					4
				Total Hazards Identified:	

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Exercise #5: Field Assessment Form

3.0 EHA Room Survey: Family R	oom		_EHA ID #:	Date of Site Visit:			
Keep it Ventilated Working supply vent Supply vent open Supply vent unobstructed If return vent present - working	Yes	No	Not Applic.	Is this a He What issues were observed?	ealth/Saf Chronic	ety Hazard? Acute	Take Action?
Return vent(s) unobstructed If windows present-operational Room under (+) pressure				*Note airflow readings # Identified			Take Action?
Keep it Clean 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	Yes	No	NA	What issues were observed?	Chronic	Acute	Action:
Observed trash/debris on surfaces							
Keep it Pest-Free Any reported/visible evidence of rodents	Yes	No	NA	# Identified What issues were observed?	l: Chronic	Acute	Take Action?
Any reported/visible evidence of insects Any food observed in room			······································				
Keep it Dry Observed damp smell	Yes	No	NA	# Identified What issues were observed?	Chronic	Acute	Take Action?
Any visible moisture stains Any reported/visible window leaks Observed room humidifier Any mold smell Any observed suspect visible mold			· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Visible mold ranking: 0 <2 sq.ft. <10 Area affected:	>10	>30	>100	*Note any moisture meter readings			
]				
Keep it Contaminant-Free Is smoking allowed in room Observed chemical odors Any Observed air fresheners	Yes	No	NA	# Identified What issues were observed?	Chronic	Acute	Take Action?
Any observed an mesheners Any observed candles or incense							
Any reported/visible chemical supplies							
Any flaking paint on any surface Flaking Paint Ranking:							
Area affected:	2-4	4-10	>10				
				# Identified	l:		Take
Keep it Safe Smoke detector in /near room CO detector near room	Yes	No	NA	What issues were observed?	Chronic	Acute	Action?
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	1:		
				Total Hazards Identified			
					· I I		

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	Ex	ercise	e #5: F	Field Assessment Form	
3.0 EHA Room Survey: Kitchen			EHA ID #	: Date of Site Visit:	
Keep it Ventilated Working supply vent Supply vent open Supply vent unobstructed If return vent present - working	Yes	No	Not Applic.		Take ction?
Return vent(s) unobstructed Exhaust fan present/operational If windows present-operational Room under (-) pressure*		······		Airflow Check: PassFail	
Keep it Clean Excessive visible dust Is any carpeting/upholstery present Any cloth window coverings present	Yes	No	NA	*Note airflow readings # Identified: What issues were observed? Chronic Acute	TA?
Any furry/feathered pets in room Observed clutter Observed trash/debris on surfaces				# Identified:	
Keep it Pest-Free 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 Keep it Dry	Yes	No	NA		TA?
				# Identified:	
Keep It Dry Observed damp smell Any visible moisture stains Any reported/visible window leaks Observed room humidifier Any mold smell	Yes	No	NA	What issues were observed? Chronic Acute	TA?
Any observed suspect visible mold Visible mold ranking: 0 <2 sq.ft. <10 Area affected:	>10	>30	>100	*Note any moisture meter readings	
Keep it Contaminant-Free Is smoking allowed in room Observed chemical odors	Yes	No	NA	# Identified:	TA?
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: 0 <1 sq.ft. 1-2	2-4	4-10	>10	·	
Area affected:	Yes	No	NA	# Identified:	TA?
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:	
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Exercise #5: Field Assessment Form 3.0 EHA Room Survey: Bathroom EHA ID #: Date of Site Visit: Is this a Health/Safety Hazard? Take Not Yes No Applic. Keep it Ventilated What issues were observed? Chronic Acute Action? Working supply vent Supply vent open Supply vent unobstructed If return vent present - working Return vent(s) unobstructed Fail Exhaust fan present/operational Airflow Check: Pass _____ If windows present-operational Room under (-) pressure *Note airflow readings # Identified: Keep it Clean NA TA? Yes No What issues were observed? Chronic Acute 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: Keep it Pest-Free Yes No NΔ What issues were observed? Chronic Acute 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: Keep it Dry Yes No NA What issues were observed? Chronic Acute 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: *Note any moisture meter readings >10 >30 >100 <2 sq.ft. <10 Area affected: # Identified: Keep it Contaminant-Free Yes No NA What issues were observed? Chronic Acute 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: 2-4 4-10 >10 <1 sq.ft. 1-2 Area affected: # Identified:

<u>Keep it Safe</u>	Yes	No	NA	What issues were observed?	Chronic	Acute	TA?
Smoke detector in /near room							
CO detector near room							
Chemicals stored in childproof cab.							
Water temp set <u><</u> 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:			
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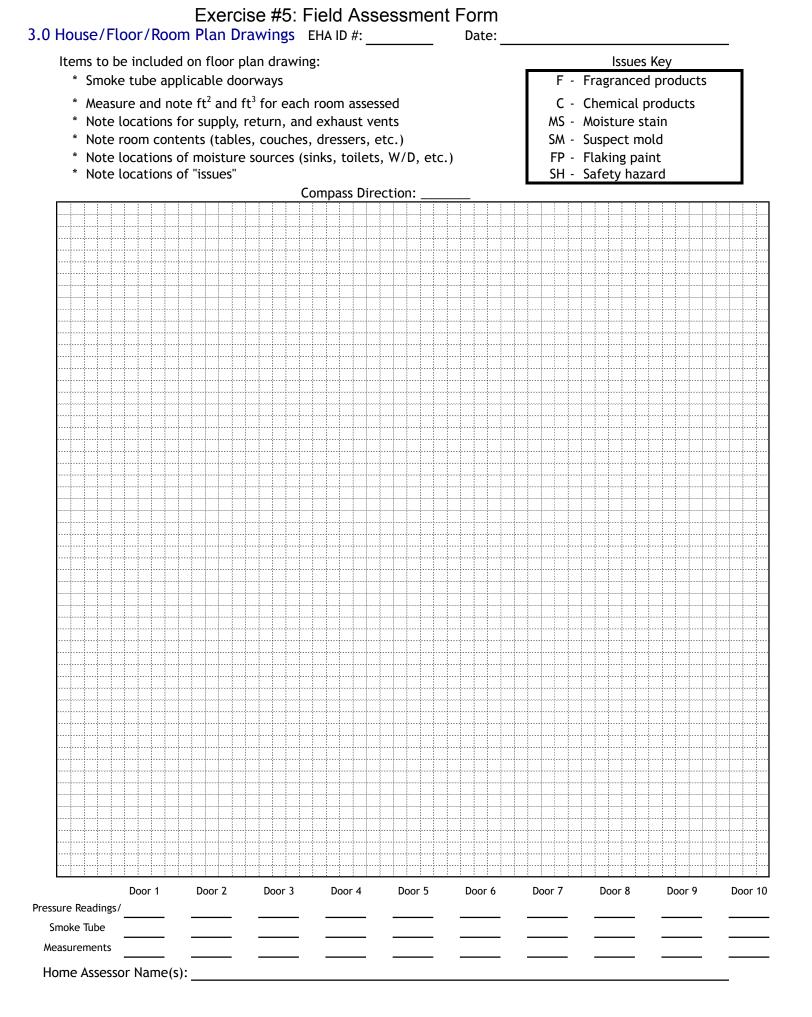
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		#5: F	ield A	ssessment Form				
3.0 EHA Room Survey: Basem	nent		EHA ID #:	Date of Site Visit:				
Keep it Ventilated Working supply vent Supply vent open Supply vent unobstructed No return vent(s) present	Yes	No	Not Applic.	What issues were observed?	Is this a Hee	alth/Safet Chronic 		Take Action?
No crawlspace open to room If windows present-operational Room under (-) pressure								
Keep it Clean 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	Yes	No	NA	*Note airflow readings What issues were observed?	# Identified:	Chronic	Acute	TA?
Observed open/unused cardboard boxes Observed trash/debris on surfaces					# Identified:			
Keep it Pest-Free Any reported/visible evidence of rodents Any reported/visible evidence of insects Bulk food in containers Trash stored in container w/ lid	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Any observed cracks/gaps around cabinets								
Keep it Dry Observed damp smell Any visible moisture stains	Yes	No	NA	What issues were observed?	# Identified:	Chronic	Acute	TA?
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	3				
Keep it Contaminant-Free Is smoking allowed in room	Yes	No	NA	What issues were observed?	# Identified:	Chronic	Acute	TA?
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	7				
Area affected:	L							
Safety & Injury Prevention Smoke detector in /near room CO detector near room Chemicals stored in childproof cab.	Yes	No	NA	What issues were observed?	# Identified:	Chronic	Acute	TA?
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				· · · · · · · · · · · · · · · · · · ·				
	-		_	Total Hazards	# Identified:		\vdash	

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	Ex	ercis	e #5: I	Field Assessment Fo	orm			
5.0 EHA Attached Structure Asse	essme	nt	EHA ID #:	Date of Site Visit:				
Attached Garage	Maria	м.	Not		Is this a He	alth/Safet	y Hazard?	Take
Keep it Ventilated	Yes	No	Applic.	What issues were observed?		Chronic	Acute	Action?
Is crawlspace open to room								
Garage Door Condition OK Any openings to living space								
Any return vent(s) present								
Room under (-) pressure*								
				*Note airflow readings	# Identified	:		
Keep it Clean	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Any reported/visible evidence of rodents Any reported/visible evidence of insects								
Observed open/unused cardboard boxes								
Any observed trash/debris/clutter								
					# Identified	:		
Keep it Dry	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Observed damp smell Any visible moisture stains								
Any mold smell								
Any observed suspect visible mold Visible mold ranking:				*Note any moisture meter readin	ac			
<u> </u>	>10	>30	>100		20			
Area affected:		{] [)				
					# Identified			T 4 3
Keep it Contaminant-Free Is smoking allowed in room	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Any reported/observed idling vehicles								
Observed chemical odors								
Any reported/visible chemicals Chemicals stored in orig. container								
Observed flaking paint on any surface								
					# Identified	:		
Keep it Safe	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Chemicals stored in childproof cab. Any overloaded/small gauge ext. cords								
Fire Extinguisher present/working								
Adequate stair lighting								
Davida as (Da alva					# Identified	:		
Porches/Decks Keep it Clean & Pest-Free	Yes	No	NA	What issues were observed?		Chronic	Acuto	TA?
Any reported/visible evidence of rodents	les	NU	NA	what issues were observed:		Chilonic	Acute	IA:
Any reported/visible evidence of insects			· ·····					
An observed open/unused cardboard boxe Any observed trash/debris/clutter	S							
					# Identified			
Keep it Dry	Yes	No	NA	What issues were observed?	,,	Chronic	Acute	TA?
Any visible moisture stains						_		
Any Visible Leaks* Observed mold smell								
Any observed suspect visible mold								
				*Note any moisture meter readin		:		
Keep it Contaminant-Free	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Any observed chemical odors								
Any reported/visible chemicals Chemicals stored in orig. container								
Any flaking paint on any surface								
Flaking Paint Ranking:0<1 sq.ft1-2	2-4	4-10	>10	`				
Area affected:		[] []				
					# Identified	·		_
Keep it Safe	Yes	No	NA	What issues were observed?		Chronic	Acute	TA?
Any Observed Loose Flooring Handrails on Stairs								
Adequate Stair lighting								
Children's Mercy Hospital © 2010	Forn	ns May	Be Repro	duced with Permission	# Identified:			



Exercise #5: Field Assessment Form

4.0 Field Notes and Calculations EHA ID #: ____ Date: ____

Home Assessor Name(s): _