

Exercise #5  
CEHRC Visual Survey

# 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															
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															
Other:															
Other:															
Other:															
Other:															
Other:															

If renting, received lead hazard disclosure information from landlord?    Yes    No

Follow-up visit scheduled for:    Date \_\_\_\_\_    Time: \_\_\_\_\_

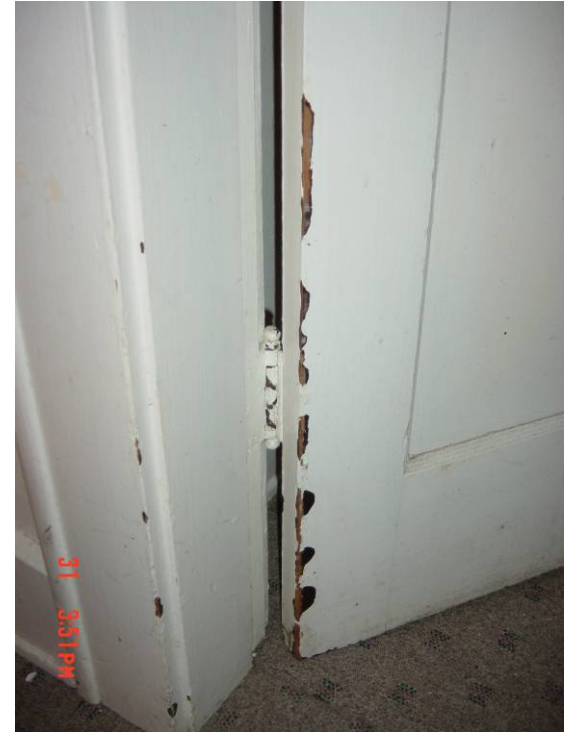
# Exterior



# Exterior



# Entryway





# Living Room



# Dining Room



# Kitchen

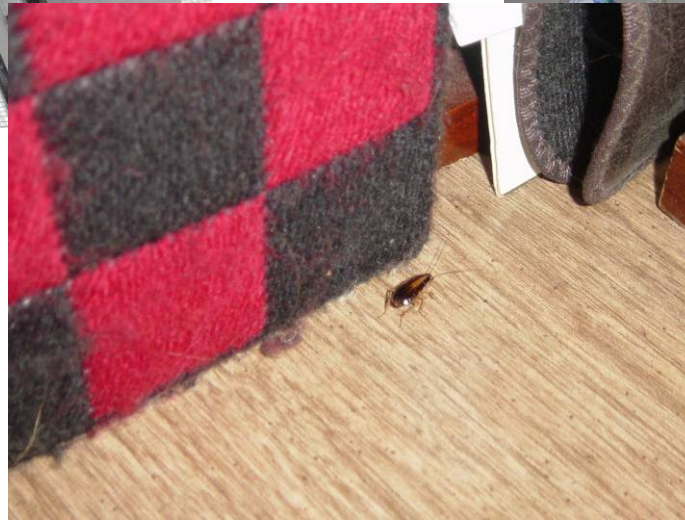




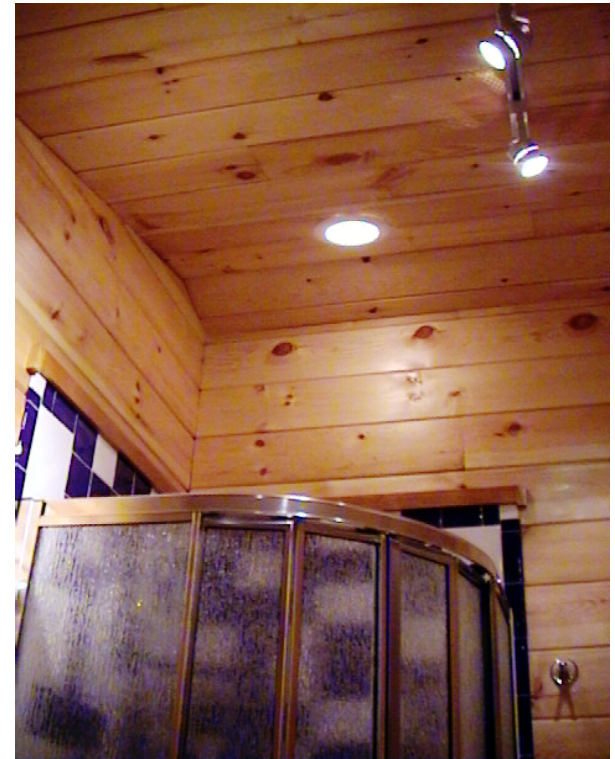
# Bedroom 1



# Bedroom 2



# Bathroom





# Basement



# Laundry Room





# Crawlspace



# Completed Visual Survey Report

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PROBLEM		ROOM OR AREA													
		Exterior	Porch	Entryway	Living Room*	Dining Room	Kitchen *	Bedroom 1	Bedroom 2 *	Bedroom 3	Bathroom 1	Bathroom 2	Basement	Laundry Room	Crawlspace
Deteriorated paint	Walls	(H)											(E)		
	Windows, door, or trim	(M)		(L)									(M)		
	Paint chips on floor	(✓)													
Soil with no grass or mulch		(✓)													
Cockroaches						(✓)		(✓)							
Rodents							(✓)								
Holes in wall								(✓)							
Mold/ Mildew	Obvious source of moisture					(✓)				(✓)		(✓)	(✓)	(✓)	
	No obvious source of moisture			(✓)			(✓)	(✓)		(✓)		(✓)	(✓)	(✓)	
Water Damage: walls wet/newly stained		(H)		(H)						(L)			(M)		
Strong musty smell				(✓)											(✓)
Natural gas/sewer gas smell												(✓)			
Unvented gas oven/dryer/heater						(✓)							(✓)		
Worn-out carpeting															
Other: Trash at Corner		(✓)													
Other: Asbestos Insulation?														(✓)	
Other:															
Other:															
Other:															