

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 extreme risk and high risk hazards identified during the assessment. Extreme Risk hazards are those hazards that represent an immediate threat to health and safety and need to be addressed as soon as possible. High 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 816-960-8918.

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 categories 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

A large rectangular grid for site assessment, approximately 25 units wide by 35 units high. To the left of the grid, the text 'Front of House' is written. Below it, a horizontal line is drawn, followed by the text '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 _____

Home Assessor Name(s): _____

2.0 Building Assessment:

EHA ID #: _____

Date of Site Visit: _____

Roof	Type: _____	OK-Good	Concern	Take Action	Not Applic.	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 #: _____	Type(s): _____								Chronic	Acute
		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 #: _____	Type(s): _____								Chronic	Acute
		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:									_____	_____	

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:

2.0 Appliance Assessment:

EHA ID #: _____

Date of Site Visit: _____

of Health/Safety Hazards

Stove Type: _____

- Burners/oven operating properly
- Gas stoves - Any CO detected
- Steel or brass gas line
- Working exhaust system
- Exhausted to outside
- Cord condition

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Chronic _____ Acute _____

Identified:

Refrigerator

- Unit clear of dust and debris
- Pre-1980:Evaporation pan in place

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Chronic _____

Identified:

Washer

- Water draining properly
- Any reported/visible water leaks
- Cord condition

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Chronic _____

Identified:

Dryer Type: _____

- Steel or brass gas line
- Dryer ducting condition
- Dryer duct exhausts to outside
- Cord condition

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Chronic _____ Acute _____

Identified:

Window AC

- Operating correctly
- Any reported/visible water leaks
- Cord condition
- Filter condition
- Tilted to drain outside
- Evaporator pan drain working

OK	C	TA	NA	Score
100	50	0	Score:	

Unit 2

OK	C	TA	NA	Score
100	50	0	Score:	

Chronic _____

Identified:

Air Cleaner

- Condition of air cleaner
- Appropriate size for location
- Allergen filtration present
- Filter condition
- Any Electronic Observed

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Chronic _____

Identified:

Humidifier

- Condition of humidifier
- Hot water/steam type humidifier
- Rinsed, water changed daily
- Disinfected weekly (minimum)

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Chronic _____

Identified:

Portable Fans

- Operational
- Any accumulated dust on blades
- Blade protection in place
- Cord condition

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Chronic _____

Identified:

Space Heaters

- Any unvented fuel heaters
- Tilt safety shut-off switch
- Cord condition

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Chronic _____ Acute _____

Identified:

Safety Equipment

- Working smoke detectors
- Working CO detectors
- Kitchen fire extinguisher
- Handrails on inside stairs with >3 steps

OK	C	TA	NA	Score
100	50	0	Score:	

Comments _____

Battery Check: Pass____ Fail____

Battery Check: Pass____ Fail____

Chronic _____ Acute _____

Identified:

Total Hazards Identified:

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: _____ 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: _____

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: _____

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: _____

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:

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:

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	<input type="text"/>	
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:

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	_____	_____	_____	_____	Score: <input type="text"/>
Garage Door Condition	_____	_____	_____	_____	
Any openings to living space	_____	_____	_____	_____	
Any return vent(s) present	_____	_____	_____	_____	
Room under (-) pressure	_____	_____	_____	_____	
*Note airflow readings	100	50	0		

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

Allergens & Dust

	OK	C	TA	NA	Score
Any reported/visible evidence of rodents	_____	_____	_____	_____	Score: <input type="text"/>
Any reported/visible evidence of insects	_____	_____	_____	_____	
Any open/unused cardboard boxes	_____	_____	_____	_____	
Any trash/debris/clutter	_____	_____	_____	_____	
	100	50	0		

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

Moisture Control

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

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

Chemical Exposure

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

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

Safety & Injury Prevention

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

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

Enclosed Porches/Decks

Allergens & Dust

	OK	C	TA	NA	Score
Any reported/visible evid. of rodents	_____	_____	_____	_____	Score: <input type="text"/>
Any reported/visible evid. of insects	_____	_____	_____	_____	
Any open/unused cardboard boxes	_____	_____	_____	_____	
Any trash/debris/clutter	_____	_____	_____	_____	
	100	50	0		

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

Moisture Control

	OK	C	TA	NA	Score
Any visible moisture stains*	_____	_____	_____	_____	Score: <input type="text"/>
Any Visible Leaks*	_____	_____	_____	_____	
Any mold smell	_____	_____	_____	_____	
Any suspect visible mold	_____	_____	_____	_____	
*Note any moisture meter readings	100	50	0		

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

Chemical Exposure

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

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

Safety & Injury Prevention

	OK	C	TA	NA	Score
Any open junction box/outlets	_____	_____	_____	_____	Score: <input type="text"/>
Any slip/trip/fall hazards	_____	_____	_____	_____	
Handrails on Stairs	_____	_____	_____	_____	
Stair lighting Present/Operational	_____	_____	_____	_____	
	100	50	0		

Description	# of Health/Safety Hazar	
	Chronic	Acute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
# Identified:	<input type="text"/>	<input type="text"/>

6.0 Environmental Measurements:

EHA# _____

Date of Site Visit: _____

Exhaust Vents

Kitchen Exhaust 1

Bath Exhaust 1

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

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

Kitchen Exhaust 2

Bath Exhaust 2

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

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

Home Heating System 2: Natural Gas LP Gas

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

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

Gas Water Heater 2: Natural Gas LP Gas

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

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

Gas Dryer: Natural Gas LP Gas

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

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

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

Measured Pressure: _____ pascals
Pass Fail CO _____ ppm

3.0 House/Floor/Room Plan Drawings

EHA ID #: _____

Date: _____

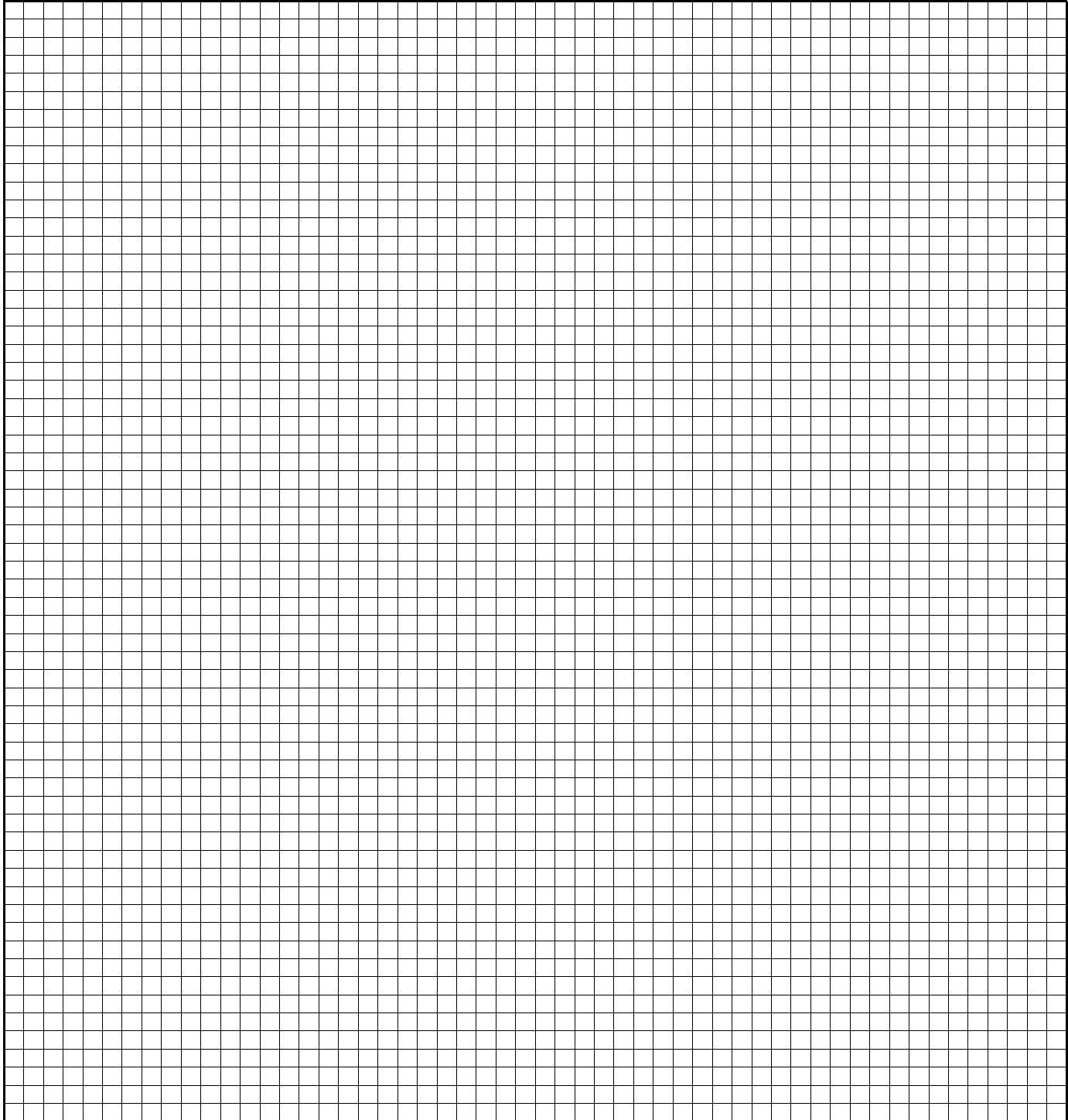
Items to be included on floor plan drawing:

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

4.0 Field Notes and Calculations

EHA ID #: _____ Date: _____

Home Assessor Name(s): _____