Green & Healthy Homes Initiative: Baltimore
Comprehensive Environmental Health and Housing Assessment

The Comprehensive Environmental Health and Housing Assessment is a model form developed by the national Coalition To End Childhood Lead Poisoning, a non-profit organization based in Baltimore, MD that is committed to the creation of resources, programs, and policies to prevent childhood lead poisoning and home-based environmental health hazards so that every child may grow to reach his or her full potential. This Comprehensive Environmental Health and Housing Assessment form is designed as a model form with broad applicability that other organizations can use as a basis for developing environmental health assessments/energy audits that fit their specific needs.

Client Name: _____________________________________
Client #:  ____________________________
Address:  ___________________________________
Home Phone: _____________________
City, State, Zip: ___________________________________
Work Phone:  ______________________
Email:  __________________________________________
Cell Phone: ___________________________

Rental unit only
Landlord Name:  ___________________________
Address:  ________________________________
Home Phone: _______________________
City, State, Zip: ______________________________
Work Phone:  ______________________

Best time to contact: ______ am/pm

Home Owner/Tenant Interview
(Conducted by the Environmental Health Educator)

A. General Characteristics

1. Age of property
   - Pre-1950
   - 1950- 1978
   - Post - 1978
   - Don’t know

2. House Type
   - Single family Detached (1 story)
   - Single family Semi-detached
   - Townhouse
   - Row house
   - Mobile home
   - Multi-family (end or inside unit)
   - Other

3. Floors lived in
   - Basement
   - 1st floor
   - 2nd floor
   - 3rd or higher

4. Utility information
   - Electric Company Account number:
   - Gas Company Account number:
   - Heating Fuel Provider Account number:

B. Demographic Information

1. Type of ownership
   - Own house
   - Rental housing
   - Subsidized rental
   - Other

2. How long have you lived in this residence?
   _______ years

3. How many people live in the house as their primary residence? Indicate below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age/Sex</th>
<th>Disabled</th>
<th>Elderly</th>
<th>Child</th>
<th>Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Do household members have a primary care provider?  
   - Y  N  N/A

5. Does household rely on urgent care facilities/emergency room visits for healthcare?  
   - Y  N  N/A

6. Do all children in household have health insurance? What kind? ____________________  
   - Y  N  N/A

7. Do all adults in the household have health insurance? What kind? ____________________  
   - Y  N  N/A

August 2016
C. Lead Hazards  
(Home owner/tenant interview - Questions for households in which a child may have elevated blood lead (EBL) level)

1. If rental property, did landlord provide tenants with a lead hazard disclosure pamphlet? ☐ Y ☐ N ☐ N/A
2. Have any children under age six (in the home) been tested for lead poisoning? ☐ Y ☐ N ☐ N/A
3. What were their results? ____________________________________________________________ ☐ Y ☐ N ☐ N/A
4. Is anyone pregnant in the house? ☐ Y ☐ N ☐ N/A
5. Has this residence ever been tested for lead? ☐ Y ☐ N ☐ N/A
6. Has any renovation, repairs, or paint work taken place in the home in the past year? If yes, describe and indicate location(s): ____________________________________________________________ ☐ Y ☐ N ☐ N/A

- Recommend for Lead Risk Assessment? ☐ Y ☐ N
- Children under age 6 must be tested for lead ☐ Y ☐ N

D. Asthma  
(Home owner/tenant interview - Questions for households in which a child has asthma)

1. Does anyone in the residence suffer from.........?
   ☐ Allergies ☐ Frequent ear infections ☐ Frequent headaches/migraines
   ☐ Asthma ☐ Skin infections/rashes ☐ Respiratory disease
   ☐ Chronic bronchitis ☐ Eye irritations ☐ Other RT afflictions such as
   ☐ Hay fever ☐ Sinus problems ☐ __________________________
   ☐ N/A

2. In the past month:
   a. How often did the child’s asthma kept the parent home from work? ___________ times
   b. How many days of school/daycare did the child missed due to asthma? ___________ times

3. In the past 6 months:
   a. How often did the child’s asthma kept the parent home from work? ___________ times
   b. How many days of school/daycare did the child missed due to asthma? ___________ times

4. How would you rate child’s asthma? ☐ In control ☐ Out of control ☐ Somewhat in control ☐ N/A

E. Indoor Pollutants  
(Home owner/tenant interview - Questions for households on Health & Safety concerns)

1. Mold/Moisture
   a. Are there areas with mold inside the home? Indicate where: ____________________________ ☐ Y ☐ N ☐ N/A
   b. Are there areas with a moldy odor in the home? Indicate where: ____________________________ ☐ Y ☐ N ☐ N/A
   c. Has there been any major flooding event (broken water pipe, backed up sewer line, etc.) in your home in the past year? Indicate where: ____________________________ ☐ Y ☐ N ☐ N/A
   d. Is there water condensation on walls, windows, ceiling, or floor of the home? (Not including the bathroom after a shower) Indicate where: ____________________________ ☐ Y ☐ N ☐ N/A
   e. Have the occupants seen any water stains appear or grow during the past year? Where? ☐ Y ☐ N ☐ N/A
   f. Have there been any water leaks during the past year? Indicate where: ____________________________ ☐ Y ☐ N ☐ N/A
   g. Is there any CURRENT water leak in the home? Indicate where and describe: ____________________________ ☐ Y ☐ N ☐ N/A
h. Have the occupants used a dehumidifier in the past year?  
   [ ] Y [ ] N [ ] N/A

i. Is there a sump pump in the home?  
   [ ] Y [ ] N [ ] N/A

j. Is the sump pump working/draining properly?  
   [ ] Y [ ] N [ ] N/A

2. Tobacco Smoke
   a. Smoking practices in the home?  
      [ ] No smoking [ ] Outdoors [ ] Indoors
   
   Total number of smokers living in the home?  
      # ________

   ACTIONS  
   • Recommend smoking cessation program  
      [ ] Y [ ] N

3. Pets
   a. Are pets present in your home?  
      [ ] Y [ ] N [ ] N/A

   b. How many pets?  
      # ________

   c. Type of pets?  
      Cats? ______  Dogs? ______  Other? ______

   d. Where are the pets kept?  
      [ ] Full access to house [ ] Outside only  
      [ ] Inside, but not in child’s bedroom [ ] N/A

   ACTIONS  
   • Remove pet waste from: ____________________________  
   • Clean pets living areas: ____________________________

4. Pests
   a. Are there cockroaches / water-bugs inside the home? Indicate where?  
      [ ] EX Side ______  [ ] Foyer Side ______  [ ] DR Side ______  [ ] Bath Side ______  
      [ ] BR1 Side ______  [ ] BR2 Side ______  [ ] BR3 Side ______  [ ] BR4 Side ______  
      [ ] High Infestation  [ ] Low Infestation
   
   b. Are there mice inside the home? Indicate where?  
      [ ] EX Side ______  [ ] Foyer Side ______  [ ] DR Side ______  [ ] Bath Side ______  
      [ ] BR1 Side ______  [ ] BR2 Side ______  [ ] BR3 Side ______  [ ] BR4 Side ______  
      [ ] High Infestation  [ ] Low Infestation

   c. Are there rats or rat borrows outside the home?  
      [ ] Y [ ] N [ ] N/A

   d. Are there rats or rat borrows inside the home?  
      [ ] Y [ ] N [ ] N/A

   e. Are there bedbugs in the home? Where?  
      ________________________________________

   ACTIONS  
   • Needs to improve sanitation in the home  
      [ ] Y [ ] N
   • Recommend an IPM intervention?  
      [ ] Y [ ] N

5. Pesticide Usage
   a. Pesticides are used in the home?  
      [ ] Weekly [ ] Monthly [ ] Yearly  
      [ ] Not used

   b. Which type of pesticides is used?  
      [ ] Spray [ ] Liquid [ ] Pellets  
      [ ] Gel [ ] Powder [ ] None

   c. Who treats for pests in the home?  
      [ ] Certified PCO [ ] Yourself  
      [ ] Non-certified person [ ] No one

   d. If sprays/bombs are used, do occupants leave the home during its application?  
      [ ] Y [ ] N [ ] N/A
6. Asbestos-Like Materials
   a. Is there any asbestos-like material in the house? Indicate type and locations: __________
   b. Has the home ever been tested for asbestos?
      - Tested, none present
      - Tested, present, not mitigated
      - Tested, present and mitigated
      - Not tested/don’t know
   - Home needs to be inspected for asbestos
   - Inform occupants of asbestos hazards in home

7. Radon
   a. Has the home ever been tested for radon?
      - Tested, none present
      - Tested, present, not mitigated
      - Tested, present and mitigated
      - Not tested/don’t know
   - Install Radon test in basement
   - Inform occupants of radon hazards in home

8. Other Irritants
   a. Are air fresheners used in the home?
   b. Are strong fragrances or candles used in the home?
   c. Where are the cleaning solutions and pesticides stored in the home?

F. Indoor Hazards Management
   (Home owner/tenant interview - Questions for households on H&S concerns)

1. Cleaning Methods
   a. What is the preferred method for cleaning?
      - Damp mop & damp dusting
      - Vacuum (non-HEPA)
      - Sweeping, dry dusting
      - HEPA vacuum
   - Recommend to use the damp mop & damp dusting method for cleaning

2. Ventilation
   a. Does the air in the home feel stuffy? Where? ________________________________
   b. Is the home drafty? Indicate where: ________________________________
   c. Have the occupants used an air filtering/purifying device in the past year?
   d. What is the approximate time for last filter change? __________
   - Recommend to ________________________________

3. Heating
   a. Is there heat in the home? If not, explain reason: ________________________________

Green & Healthy Homes Initiative
Comprehensive Environmental Health & Housing Assessment Form
b. Have the occupants used the oven / stove to heat the home in the past year?  
   Y □ N □ N/A

c. Do the occupants use the thermostat to control the heat supplied?  
   Y □ N □ N/A

d. Do the occupants use kerosene heaters in the home?  
   Y □ N □ N/A

e. If yes, are they vented to the outside?  
   Y □ N □ N/A

Recommend to ________________________ ________________________
___________________________________________

4. Air Conditioning (See the Energy Audit for more detailed information on the cooling system)
   a. Does your apartment have air conditioning?  
      Y □ N □ N/A
   b. If yes, what type of air conditioning?  
      Window units □ Central AC □
   c. Indicate location of window units: ______________________________
   d. Are the window units or central air in good repair?  
      Y □ N □ N/A

Recommend to ________________________ ________________________
___________________________________________

G. Safety & Injury Prevention (Home owner/tenant interview)
   1. Is there electricity in the home? If not, explain reason: ________________________________
      Y □ N □ N/A
   2. Is there water in the home? If not, explain reason: ________________________________
      Y □ N □ N/A
   3. Has family developed a fire escape plan?  
      Y □ N □ N/A
   4. Do you have the poison control number posted anywhere in your home?  
      Y □ N □ N/A
   5. Have any accidents/injuries occurred in this household in the past 6 months? Describe:  
      ________________________________
      Y □ N □ N/A
   6. Do the occupants test the smoke detectors in the home? How often? ________________________________
      Y □ N □ N/A
   7. If not, explain reason why: ________________________________
      Y □ N □ N/A
   8. Do the occupants test the Carbon Monoxide detectors in the home? How often? ________________________________
      Y □ N □ N/A
   9. If not, explain reason why: ________________________________

   • Provide a Fire Escape Plan  
      Y □ N
   • Provide the Poison Control Number  
      Y □ N
   • Other: ________________________________

Audit Notes:

___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

Comprehensive Environmental Health & Housing Assessment Form
### WALK THROUGH INSPECTION

(Visual walk thru conducted by the Environmental Assessor or Energy Auditor)

Check boxes using the appropriate letters if a listed problem appears in the room.

<table>
<thead>
<tr>
<th>Outside Temp:</th>
<th>_____ °F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor CO:</td>
<td>_____ ppm</td>
</tr>
<tr>
<td>Rel. Humidity:</td>
<td>(Outside)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outside Temp:</th>
<th>_____ °F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor CO:</td>
<td>_____ ppm</td>
</tr>
<tr>
<td>Rel. Humidity:</td>
<td>(Inside)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Exterior / Interior</th>
<th>Room(s) with Hazards</th>
<th>Location of Defects/Components Affected</th>
<th>HHRS Level of Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Side A</td>
<td>Side B</td>
</tr>
<tr>
<td><strong>Chemicals Hazards</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asbestos</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. Sys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CO Hazards</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Paint (Chipping)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pesticides</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO Alarm (s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas Dryer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fire Hazards</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furnace</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas Stove</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space Heater</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combustibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Electrical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Natural Gas Leaks</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Smoke Detector (s)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Condensation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Moisture, Mold, Mildew</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musty Smell</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Damage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safety Hazards</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Falls (Stairs)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Falls (Between levels)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Falls (Leveled surfaces)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Structural</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Trip Hazards</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clutter</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Garbage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sanitation Pests</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedbugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rats</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sewage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsanitary Areas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comprehensive Environmental Health & Housing Assessment Form
Sketch of rooms in residence, showing approximate square footage.

GROUND FLOOR

Exterior Temp: _______ F
Exterior CO: _______ ppm
Exterior Rel. Hum: _______%

Inside Temp: _______ F
Indoor CO: _______ ppm
Rel. Humidity: _______ %

Length: _______
Width: _______
Height: _______
Total Vol.: _______
Total Area: _______

---

SD – Smoke Detector
CO – CO Alarm
NG – Natural Gas
Pro – Propane Gas
F – Foyer
Sf – Smoke Detector
C – Smoke Detector
CO – CO Alarm
NG – Natural Gas
Pro – Propane Gas

SIDE A

SIDE B

SIDE C

---

Green & Healthy Homes Initiative

Comprehensive Environmental Health & Housing Assessment Form
Sketch of rooms in residence, showing approximate square footage.

**BASEMENT**

SIDE A

<table>
<thead>
<tr>
<th>Exterior Temp: _______ F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior CO: ______ ppm</td>
</tr>
<tr>
<td>Exterior Rel. Hum: ______%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inside Temp: ______ F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor CO: ______ ppm</td>
</tr>
<tr>
<td>Rel. Humidity: ______%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length: ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Width: ____________</td>
</tr>
<tr>
<td>Height: ___________</td>
</tr>
<tr>
<td>Total Vol.: __________</td>
</tr>
<tr>
<td>Total Area: __________</td>
</tr>
</tbody>
</table>

SIDE B

SIDE C

SD – Smoke Detector  
CO – CO Alarm  
NG – Natural Gas  
Pro – Propane Gas  
ELECT – Electric  
FUR – Furnace  
BOI – Boiler  
WH – Water Heater  
WM – Washing Machine  
DR – Dryer  
FRI – Fridge  
FRE – Freezer  
ST – Stove  
BT – Bath Tub  
S – Sink  
D – Door  
DF – Door Frame  
W – Window  
WV – Window Vinyl  
Ww – Window Wood  
WM – Window Metal  
CA – Carpet  
W – Wood  
CONC – Concrete  
Ti – Tile  
EHZ – Elect. Hazard  
THZ – Trip Hazard  
SHZ – Struct. Hazard  
FHZ – Falling Hazard  
CPHZ – Chipping Paint  
M – Mold  
WL – Water Leak  
WD – Water Damage  
WS – Water Stain  
AL – Air Leaks  
GL – Gas Leak  
LB – Light Bulb  
CFL – CFL Bulbs  
F – Foyer  
BA – Basement  
K – Kitchen  
LR – Living Room  
DR – Dinning Room  
B – Bathroom  
BR# – Bedroom 1, etc.  
GFCI – Outlet  
V – Mechanical Vent  
PT – Program. Thermostat  
NPT – Non Prog. Therm.  
ROA – Cockroaches  
ROAF – Roach Frass  
MICED – Mouse Droppings  
RATD – Rat Droppings  

Green & Healthy Homes Initiative

Comprehensive Environmental Health & Housing Assessment Form
Sketch of rooms in residence, showing approximate square footage.

2ND LEVEL

SIDE A

SIDE B

SIDE C

Exterior Temp: _____ F
Exterior CO: _____ ppm
Exterior Rel. Hum: _____%

Inside Temp: _____ F
Indoor CO: _____ ppm
Rel. Humidity: _____%
Sketch of rooms in residence, showing approximate square footage.

3RD LEVEL OR ATTIC

SIDE A

Exterior Temp: _______ F
Exterior CO: _______ ppm
Exterior Rel. Hum: _______ %

Inside Temp: _______ F
Indoor CO: _______ ppm
Rel. Humidity: _______ %

Length: __________
Width: ___________
Height: ___________
Total Vol.: __________
Total Area: __________

SIDE B

SIDE C

Comprehensive Environmental Health & Housing Assessment Form
Health & Safety Audit
(In depth audit to be conducted by the Environmental Health Assessor)

A. Lead Hazards
1. Is there chipping, flaking, or peeling paint anywhere in the home? Indicate locations: □ Y □ N □ N/A
   - LR Side □ Bath Side □ BR1 Side □ BR3 Side □ K Side □
   - DR Side □ BA Side □ BR2 Side □ BR4 Side □ EX Side □
   HOURS Hazard Level
   (High, Medium, Low)

   ACTIONS
   Recommend to ____________________________________________

B. Smoke Detectors
1. Smoke detectors present in the home? □ Y □ N □ N/A
   How Many? __________

2. Indicate location of Smoke detectors (Circle those units that are non-functional or need new batteries)
   - LR Side □ Bath Side □ BR1 Side □ BR3 Side □ K Side □
   - DR Side □ BA Side □ BR2 Side □ BR4 Side □ Hallway Side □

3. If battery operated, do the batteries need to be replaced? □ Y □ N □ N/A

4. Are the smoke detectors hard-wired? □ Y □ N □ N/A

   ACTIONS
   - Install smoke detectors: (Where? ____________) __________
   - Replace batteries in smoke detectors: __________

C. Carbon Monoxide (CO) Alarms
1. Are there unvented combustion appliances in the home? (Stove, space heater, etc.)? Indicate type and number ____________ □ Y □ N □ N/A

2. CO Alarms present in the home? □ Y □ N □ N/A
   How Many? __________

3. Indicate locations of CO detectors (Circle those units that are non-functional or need new batteries)
   - LR Side □ Bath Side □ BR1 Side □ BR3 Side □ K Side □
   - DR Side □ BA Side □ BR2 Side □ BR4 Side □ Hallway Side □

4. If battery operated, do the batteries need replacement? □ Y □ N □ N/A

5. Are the CO Alarms hard-wired? □ Y □ N □ N/A

   ACTIONS
   - Install CO alarms: (Where? ____________) __________
   - Replace batteries in CO alarms: __________

D. Mold/Moisture
1. Are there areas with mold inside the home? Indicate where: ____________________________________________________________________________ □ Y □ N □ N/A
   - LR Side □ Bath Side □ BR1 Side □ BR3 Side □ K Side □
   - DR Side □ BA Side □ BR2 Side □ BR4 Side □ Hallway Side □

2. Is the mold contamination > 10 ft²? □ Y □ N □ N/A

3. Is there water condensation on walls, windows, ceiling, or floor of the home? Indicate where: ____________________________________________________________________________ □ Y □ N □ N/A
   - LR Side □ Bath Side □ BR1 Side □ BR3 Side □ K Side □
   - DR Side □ BA Side □ BR2 Side □ BR4 Side □ Hallway Side □

4. Is there any water stain (WS) or water damage (WD) in the home? Describe and indicate where: ____________________________________________________________________________ □ Y □ N □ N/A
   - LR Side □ Bath Side □ BR1 Side □ BR3 Side □ K Side □
   - DR Side □ BA Side □ BR2 Side □ BR4 Side □ Hallway Side □
5. Is there any CURRENT water leak in the home? Describe and indicate where: ________________________________  □ Y □ N □ N/A  
   - LR Side _____  □ Bath Side _____  □ BR1 Side _____  □ BR3 Side _____  □ K Side _____  
   - DR Side _____  □ BA Side _____  □ BR2 Side _____  □ BR4 Side _____  □ Hallway Side _____  

6. Is there a sump pump in the home?  □ Y □ N □ N/A  

7. Is the sump pump working/drainage properly? If not, why?  □ Y □ N □ N/A  

**D. Fire Safety**

1. Are there acceptable fire exits in the home?  □ Y □ N □ N/A  
2. Most acceptable fire exit (s) in the home are:  
   - Front/back doors  □  □  □  □  □  □  
   - Fire ladder/stairs  □  □  □  □  □  □  
   - Windows 1st Floor  □  □  □  □  □  □  
   - Other ____________________________  □ Y □ N □ N/A  

3. Are the fire exits blocked?  □ Y □ N □ N/A  
4. If yes, indicate reason:  
   - Debris blocking exit  □  □  □  □  □  □  
   - Locked  □  □  □  □  □  □  
   - Nailed shut  □  □  □  □  □  □  
   - Other ____________________________  

**E. Electrical Hazards**

1. Is there any electric wiring exposed in the home? Indicate where:  □ Y □ N □ N/A  
   - LR Side _____  □ Bath Side _____  □ BR1 Side _____  □ BR3 Side _____  □ K Side _____  
   - DR Side _____  □ BA Side _____  □ BR2 Side _____  □ BR4 Side _____  □ Hallway Side _____  

2. Are electrical outlets near water sources of the GFCI-type? Describe and indicate where not:  □ Y □ N □ N/A  

3. Any electric outlet without a cover? Indicate where:  □ Y □ N □ N/A  
   - LR Side _____  □ Bath Side _____  □ BR1 Side _____  □ BR3 Side _____  □ K Side _____  
   - DR Side _____  □ BA Side _____  □ BR2 Side _____  □ BR4 Side _____  □ Hallway Side _____  

4. Other electrical hazard in the house? Describe and indicate where:  □ Y □ N □ N/A  

5. Any overloaded electric outlet or power strip in the home? Indicate where:  □ Y □ N □ N/A  

**F. Children Safety**

1. Are cleaning products, pesticides, or toxic chemicals accessible to children? If YES, describe:  □ Y □ N □ N/A  
2. Any choking hazards within reach of a toddler? (i.e. window cords, etc.) Describe and indicate where:  □ Y □ N □ N/A  
3. Are radiators covered with “radiator covers”? Indicate which ones are not:  □ Y □ N □ N/A  
   - LR Side _____  □ Bath Side _____  □ BR1 Side _____  □ BR3 Side _____  □ K Side _____  
   - DR Side _____  □ BA Side _____  □ BR2 Side _____  □ BR4 Side _____  □ Hallway Side _____  

4. If there is a crib in the home, does the crib mattress fit securely? (If infants under 1 year old)  □ Y □ N □ N/A  
5. Is the crib located in a safe place? If not describe hazard:  □ Y □ N □ N/A
6. Is the crib located near/below a wooden window? (In homes constructed before 1978) [ ] Y [ ] N [ ] N/A

7. If yes, what is the condition of the window frame: [ ] Good [ ] Poor

8. Are there safety cabinet locks in the kitchen and bathroom cabinets? [ ] Y [ ] N [ ] N/A

9. Are there safety covers for electrical outlets in the home? [ ] Y [ ] N [ ] N/A

10. Are matches and lighters accessible to children? [ ] Y [ ] N [ ] N/A

11. Are drugs and medicine accessible to children? [ ] Y [ ] N [ ] N/A

- Install safety cabinet locks
- Install outlet covers
- Store toxic products in a safe area
- Install radiator covers
- Relocate crib away from hazards

G. Clutter

1. Presence of clutter in the home? Indicate where: [ ] Y [ ] N [ ] N/A
   - LR Side [ ]
   - Bath Side [ ]
   - BR1 Side [ ]
   - BR3 Side [ ]
   - K Side [ ]

2. Does it present a mobility hazard within the house? Indicate where: [ ] Y [ ] N [ ] N/A
   - LR Side [ ]
   - Bath Side [ ]
   - BR1 Side [ ]
   - BR3 Side [ ]
   - K Side [ ]

3. Presence of pests in the clutter? Describe: ________________________________
   [ ] Y [ ] N [ ] N/A

H. Structural Hazards

1. What is the condition of the roof? [ ] Good [ ] Poor
   If poor, describe defects and their location: ______________________________________

2. Any defective flashing? Describe location: ________________________________
   [ ] Y [ ] N [ ] N/A

3. What is the condition of the ceiling? [ ] Good [ ] Poor
   If poor, describe defects/hazards and their location: ________________________________

4. What is the condition of the floors? [ ] Good [ ] Poor
   If poor, describe defects/hazards and their location: ________________________________

5. What is the condition of the walls? [ ] Good [ ] Poor
   If poor, describe defects/hazards and their location: ________________________________

6. What is the condition of the foundation? [ ] Good [ ] Poor
   If poor, describe hazards and its location: ______________________________________

HHRS Hazard Level (High, Medium, Low) [ ]
7. Are there any other structural hazards on the exterior of home? Describe and indicate location:

Recommend to ____________________________________________________________

HHRS Hazard Level (High, Medium, Low)

I. Stairs & Railings Safety

1. Exterior stairs with more than 3 steps present? □ Front □ Back □ Y □ N □ N/A

2. Condition of exterior stairs?
□ Front □ Good □ Poor □ Y □ N □ N/A
□ Back □ Good □ Poor □ Y □ N □ N/A

3. Interior stairs with more than 3 steps present?
□ Basement □ 2nd Floor □ Attic □ Y □ N □ N/A

4. Condition of interior stairs? If poor explain why?
□ Basement □ Good □ Poor □ Y □ N □ N/A
□ 2nd Floor □ Good □ Poor □ Y □ N □ N/A
□ Attic □ Good □ Poor □ Y □ N □ N/A

5. Are there unsafe hand rails present on stairs of more than 3 steps? Indicate stairs and describe hazards: ________________________________________________________________

Recommend to ____________________________________________________________

HHRS Hazard Level (High, Medium, Low)

J. Lighting

1. Is outdoor lighting present? □ Front □ Back □ Y □ N □ N/A

2. Is there appropriate lighting on the stairs? If not, which stair (s):

Recommend to ____________________________________________________________

HHRS Hazard Level (High, Medium, Low)

K. Waste Management

1. Area of the house □ Kitchen □ Bathrooms □ Outside □ Other

Presence of trash □ Y □ N
Trash can present □ Y □ N
Covered trash can □ Y □ N

Provide metal trash cans (2) w/ lids □ Y □ N

Recommend to ____________________________________________________________

HHRS Hazard Level (High, Medium, Low)
# Comprehensive Environmental Health & Housing Assessment Form

## Energy Audit
(To be conducted by an Energy Auditor)

<table>
<thead>
<tr>
<th>Building type:</th>
<th>Volume:</th>
<th># Occupants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Square footage:</td>
<td># Stories:</td>
<td>Year built:</td>
</tr>
</tbody>
</table>

## A. Exterior Inspection

1. Exterior composite:
   - Asbestos/cement
   - Block
   - Wood
   - Vinyl
   - Aluminum
   - Board
   - Other

2. General condition of the exterior surfaces?
   - Good
   - Poor

3. Is the exterior painted?
   - Y
   - N
   - N/A

4. Condition of paint:
   - Good
   - Poor

5. Is there chipping, peeling or flaking paint? If yes, where?
   - Y
   - N
   - N/A

## B. Gutters & Downspouts

1. Presence of gutters & downspouts?
   - Y
   - N
   - N/A

2. General condition of gutters & downspouts?
   - Good
   - Poor

3. Describe defects:
   ____________________________

4. Location of missing or defective gutters & downspouts:
   - Side A
   - Side B
   - Side C
   - Side D

5. Do downspouts drain water away from dwelling?
   - Y
   - N
   - N/A

6. Are gutters aligned for proper drainage?
   - Y
   - N
   - N/A

7. Are gutters clogged?
   - Y
   - N
   - N/A

8. Drainage Plane: Does the land slope toward the dwelling?
   - Y
   - N
   - N/A

## C. Windows

1. What is the general condition of the windows?
   - Y
   - N
   - N/A

2. What is the general condition of the window frames?
   - Good
   - Poor

3. If poor or missing, describe hazards and their location:
   ____________________________

4. Total number of windows? #
   - Side A #
   - Side B #
   - Side C #
   - Side D #

5. Type of windows:
   - Single pane wood
   - Single pane metal
   - Glass block
   - Double pane wood
   - Double pane vinyl
   - Other

6. Indicate where windows are non-functional: Broken glass (BG), non-functional (NF)
   - LR Side
   - DR Side
   - Other

7. Any signs of condensation? Indicate where:
   - LR Side
   - DR Side

---

[Recommend to ____________________________]
Comprehensive Environmental Health & Housing Assessment Form

**D. Exterior Doors**

1. General condition of the doors?  
   - Interior  
   - Exterior  
   - Good  
   - Poor  

2. Types of doors?  
   - Solid wood  
   - Hollow steel  
   - Hollow core

3. If poor or missing, describe hazards and its location: __________________________________________

4. Is weather-stripping present?  
   - Yes  
   - No

5. Condition of weather stripping?  
   - Good  
   - Poor

6. Are thresholds present?  
   - Yes  
   - No

7. Condition of the thresholds?  
   - Good  
   - Poor

- Install weather stripping. Which door?  
- Install door sweepers. Which door?  
- Install threshold. Which door?  
- Replace door. Which door?

**E. Crawlspace & Basement**

1. Type of basement?  
   - Unfinished  
   - Finished  
   - Crawlspace  
   - Partially finished  
   - Combo (full/crawl)  
   - Combo (full/crawl)

2. Foundation wall composite:  
   - Block  
   - Wood  
   - Brick  
   - Other

3. Is the foundation vented? How?  
   - Explain: ____________________________________________  
   - Y  
   - N  
   - N/A

4. Type of crawlspace?  
   - Open  
   - Enclosed

5. Is the crawlspace heated?  
   - Intentionally  
   - Unintentionally  
   - Not heated  
   - Y  
   - N  
   - N/A

6. Is there any insulation in the crawlspace?  
   - Y  
   - N  
   - N/A

7. Type of Insulation?  
   - Walls  
   - Ceiling

8. Condition of Insulation?  
   - Good  
   - Poor

9. Amount? / R-Value?  
   - Inches? / R = _____  
   - inches? / R = _____

10. Does the access hatch need to be treated?  
    - Y  
    - N  
    - N/A

11. Are ducts sealed / insulated?  
    - Yes  
    - No

12. Are water pipes wrapped?  
    - Yes  
    - No

13. Is a vapor/moisture barrier present?  
    - Y  
    - N  
    - N/A

14. If yes, is it continuous?  
    - Yes  
    - No

- Replace door. Which door?

**Recommend to** ____________________________________________

---

**Basement**

15. Are windows present in the basement?  
    - Y  
    - N  
    - N/A

16. Type of windows?  
    - Single pane wood  
    - Double pane wood  
    - Glass block  
    - Single pane metal  
    - Double pane vinyl  
    - Other

17. If wooden windows, what’s the condition of the paint?  
    - Good  
    - Poor
### Comprehensive Environmental Health & Housing Assessment Form

#### Basement

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Selections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition of the windows?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
<tr>
<td>Condition of the window frames?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
<tr>
<td>Is there any insulation in the basement?</td>
<td>Walls, Ceiling</td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Type of Insulation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition of Insulation?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
<tr>
<td>Any moisture barrier in the basement?</td>
<td>Y ☐ N ☐ N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Recommend to**

### F. Attic/Roof

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Selections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of roof?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof conditions?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
<tr>
<td>Chimney Condition?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
<tr>
<td>Flashing Condition?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
<tr>
<td>Type of attic?</td>
<td>Finished, Un-finished, Partially finished, Crawlspace, No attic space</td>
<td>☐ Finished ☐ Un-finished ☐ Partially finished ☐ Crawlspace ☐ No attic space</td>
</tr>
<tr>
<td>Attic Area:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attic flats:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collar beam:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slopes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee walls:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an existing access? Type:</td>
<td></td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Does the access have to be treated?</td>
<td></td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Is there any existing ventilation? Describe</td>
<td></td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Is knob and tube wiring present? If yes, describe</td>
<td></td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Any signs of leaks/water damage in the attic? Describe</td>
<td></td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Recess lights?</td>
<td>How many?</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>Condition?</td>
<td></td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Is the attic air sealed?</td>
<td>Y ☐ N ☐ N/A</td>
<td></td>
</tr>
<tr>
<td>Is there insulation?</td>
<td>Type?</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>Air ducts in the attic?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
<tr>
<td>Condition of air ducts?</td>
<td></td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Condition of insulation?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
</tbody>
</table>

**Actions**

- Repair roof leak
- Repair flashing / chimney
- Add insulation: _____ inches
- Add ventilation (Type? ____________)  
- Treat access
- Other: ____________________________

### G. Sewer Lines

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Selections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition of main sewer line?</td>
<td>Good, Poor</td>
<td>☐ Good ☐ Poor</td>
</tr>
<tr>
<td>Indications of sewage backups?</td>
<td></td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Does the clean-out have a cap?</td>
<td>Size?</td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
<tr>
<td>Is there any other plumbing missing a cap?</td>
<td>Where?</td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
</tbody>
</table>

**Actions**

- Repair main sewer line
- Fix sewage backup
- Repair clean-out cap
- Install missing plumbing cap

---

**Green & Healthy Homes Initiative**

Comprehensive Environmental Health & Housing Assessment Form
### H. Heating System

1. **Primary system type:**
   - [ ] Forced air furnace
   - [ ] Gravity furnace
   - [ ] Boiler
   - [ ] Space heater
   - [ ] Heat pump
   - [ ] Wall furnace
   - [ ] Fixed Elect Resist
   - [ ] Other _______

2. **Secondary heating system:**
   - ____________________________________________________

3. **1st System Location:** __________________

4. **System age:** _________________________

5. **Is the system in a:**
   - [ ] Heated space
   - [ ] Not conditioned
   - [ ] Unintentional heated

6. **Heating System Manufacturer:**______________
   **Model #:** _____________________________

7. **System size:** _________________________
   **Last service date:** _________________________

8. **Output (Btuh):** _________________________
   **Input (Btuh):** _________________________
   **Efficiency:** _________________________
   **Set point Temp:** _________________________

9. **Condition of heating system?**
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Broken
   - [ ] None

10. **If broken, for how long has not been working?**

11. **If broken, how is house heated?**

12. **Condition of the burners?**
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Broken
   - [ ] None

13. **Any gas Leaks? If yes, indicate location:**

14. **Type of thermostat?**
   - [ ] Mechanical
   - [ ] Programmable

15. **Thermostat location?**

16. **Is the flue properly designed? If not, indicate problem:**
   - [ ] Y
   - [ ] N
   - [ ] N/A

17. **Improper pipe type**
   - [ ] Not ¼" rise per ft.

18. **Corroded/with holes**
   - [ ] Excessive elbows

19. **Flue: Type:** ____________
   **Size:** ______ inches
   **Run:** ______ feet

20. **Is flue sealed at chimney?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

21. **Does the chimney show signs of deterioration?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

22. **Does the chimney appear to be blocked?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

23. **Does the chimney need a cap?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

24. **Space heater(s) present?**
   - [ ] How many? ____________
   **Wattage?** ____________

25. **If yes, what type of space heater?**
   - [ ] Natural gas
   - [ ] Electric
   - [ ] Other _______

26. **If natural gas, are the space heaters vented to the outside?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

27. **Indicate locations for space heaters:**

28. **Does the chimney share the flue and supply ducts?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

29. **Does it have an air return duct?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

30. **Is the furnace’s blower clean?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

31. **Does the fan make noises?**
   - [ ] Y
   - [ ] N
   - [ ] N/A

32. **Condition of the boiler?**
   - [ ] Good
   - [ ] Poor

33. **Pressure relief valve?**
   - [ ] Y
   - [ ] N
   - [ ] N/A
<table>
<thead>
<tr>
<th>Comprehensi</th>
<th>en Environmental Health &amp; Housing Assessment Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.</td>
<td>Is the pressure relief in good condition? Y N N/A</td>
</tr>
<tr>
<td>35.</td>
<td>Does the unit make noises upon startup? Y N N/A</td>
</tr>
<tr>
<td>36.</td>
<td>PSI rating? If yes, what is the low limit set point? ____________________</td>
</tr>
</tbody>
</table>

**Recommend to**

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide Clean &amp; Tune to furnace/boiler Y N</td>
</tr>
<tr>
<td>Replace furnace/boiler Y N</td>
</tr>
<tr>
<td>Replace air filter Y N</td>
</tr>
<tr>
<td>Repair Flue/Seal to chimney Y N</td>
</tr>
</tbody>
</table>

**I. Distribution System**

<table>
<thead>
<tr>
<th>1.</th>
<th>Type of heat distribution system?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Radiator hot water Y N</td>
</tr>
<tr>
<td></td>
<td>Gravity system Y N</td>
</tr>
<tr>
<td></td>
<td>Circulator Y N</td>
</tr>
<tr>
<td></td>
<td>Baseboards Y N</td>
</tr>
<tr>
<td></td>
<td>Radiator steam Y N</td>
</tr>
<tr>
<td></td>
<td>Forced air vents Y N</td>
</tr>
<tr>
<td></td>
<td>Gravity duct Y N</td>
</tr>
<tr>
<td></td>
<td>Other Y N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>Condition of distribution ducts?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good Y N</td>
</tr>
<tr>
<td></td>
<td>Poor Y N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.</th>
<th>If poor, describe defects and its location:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>Are there any ducts/pipes inside unconditioned spaces? Y N N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5.</th>
<th>If yes, do they need to be insulated? How much? Y N N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6.</th>
<th>If boiler, does visible steam/water escape from the piping? Y N N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7.</th>
<th>If boiler, are the steam distribution pipes insulated? How many feet? Y N N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8.</th>
<th>If boiler, are pipes wrapped? If not, what size? Y N N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9.</th>
<th>If boiler, do radiators heat completely? Y N N/A</th>
</tr>
</thead>
</table>

| 10. | If not, indicate locations of problem radiators (by room) |
|     | LR Side Y N | Bath Side Y N | BR1 Side Y N | BR3 Side Y N | Hallway Side Y N |
|     | DR Side Y N | BA Side Y N | BR2 Side Y N | K Side Y N | Ext. Side Y N |

<table>
<thead>
<tr>
<th>11.</th>
<th>If boiler, is asbestos present in the system? Y N N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12.</th>
<th>If yes, where? In the distribution Y N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>13.</th>
<th>What is the condition of the asbestos? Poor/disturbed Y N</th>
</tr>
</thead>
</table>

**J. Cooling System**

<table>
<thead>
<tr>
<th>1.</th>
<th>Type of cooling system? Central AC Y N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean distribution ducts Y N</td>
</tr>
<tr>
<td>Repair radiators Y N</td>
</tr>
<tr>
<td>Test for presence of asbestos Y N</td>
</tr>
<tr>
<td>Seal heating Y N pipes: (Length _____ ft.) Y N</td>
</tr>
<tr>
<td>Other Y N</td>
</tr>
</tbody>
</table>

---

Green & Healthy Homes Initiative

Comprehensive Environmental Health & Housing Assessment Form
2. Is the Freon line insulated?  □ Y □ N □ N/A

3. If window units are used, indicate locations:
   □ LR Side ______ □ Bath Side ______ □ BR1 Side ______ □ BR3 Side ______ □ Hallway Side ______
   □ DR Side ______ □ BA Side ______ □ BR2 Side ______ □ K Side ______ □ Ext. Side ______

4. Are window units angled down to drain out condensation?  □ Y □ N □ N/A

5. Are window units treated (insulated)?  □ Y □ N □ N/A

6. How many window units need to be treated (insulated)?  □ Y □ N □ N/A

7. AC Type of system:  □ Gas  □ Electric
   Model #: ___________________________  Efficiency: ___________________________

8. System age? _______ years  Output: _______  Set point: _______

9. Provide service to central air  □ Y □ N
   Install programmable thermostat  □ Y □ N
   Insulate window units: # _______  □ Y □ N
   Insulate Freon line  □ Y □ N

K. Domestic Water Heater

1. Location of the water heater: ____________________________

2. Condition of water heater  □ Good □ Poor

3. If poor, describe defects: ____________________________

4. Type of fuel: □ Natural Gas □ Electric

5. Water Heater
   Make: ___________________________  BTU/kW Input:
   Model: ___________________________  Hot water heater size: _______ gallons
   Serial #: ___________________________  Type of System:
   Measured hot water temp. _______ °F  New temp. setting: _______ °F

6. Any gas leaks? If yes, indicate location: ____________________________  □ Y □ N □ N/A

7. Any water leaks? If yes, indicate location: ____________________________  □ Y □ N □ N/A

8. Is there evidence of flame roll out?  □ Y □ N □ N/A

9. Is the flue properly designed or connected to the chimney? If not describe problem:
   □ Improper pipe type  □ Not ¼” rise per ft.  □ Not proper clearance
   □ Corroded/with holes  □ Excessive elbows  □ Sections not connected
   □ Not connected to chimney


11. Any gas leaks? If yes, indicate location: ____________________________  □ Y □ N □ N/A

12. Any water leaks? If yes, indicate location: ____________________________  □ Y □ N □ N/A

13. Is there evidence of flame roll out?  □ Y □ N □ N/A

14. Is the flue properly designed or connected to the chimney? If not describe problem:
   □ Improper pipe type  □ Not ¼” rise per ft.  □ Not proper clearance
   □ Corroded/with holes  □ Excessive elbows  □ Sections not connected
   □ Not connected to chimney


16. Is a drop tube present?  □ Y □ N □ N/A

17. Is a pressure relief valve present?  □ Y □ N □ N/A

18. What is the condition of the pressure relief valve?  □ Good □ Poor

19. What is the material of the water pipes?  □ Galvanized □ Copper □ PVC

20. Is an insulation blanket present?  □ Y □ N □ N/A

21. Is pipe insulation present?  □ For hot water line? □ Y □ N □ N/A  □ For cold water line? □ Y □ N □ N/A

22. Replace water heater tank (__________ gallons)  □ Y □ N
   Repair flue  □ Y □ N
   Install insulation blanket  □ Y □ N
   Install a drop tube  □ Y □ N
   Install a pressure relief valve  □ Y □ N
   Install pipe insulation, length: ___________  □ Y □ N

   ACTION
L. Water Conservation

1. Does bathroom need low flow toilet? Which bathroom? _____________________________ □ Y □ N □ N/A
2. Does bathroom need low flow shower heads? Which bathroom? ______________________ □ Y □ N □ N/A
3. Does bathroom need low flow aerators? Which bathroom? ________________________ □ Y □ N □ N/A
4. Does the kitchen sink need a low flow aerator? ______ ______ □ Y □ N □ N/A

ACTION
- Install shower heads # ______ □ Y □ N
- Install a low flow toilet # ______ □ Y □ N
- Install low flow aerators # ______ □ Y □ N

M. Mechanical Ventilation

<table>
<thead>
<tr>
<th>Present?</th>
<th>Operational?</th>
<th>Vented to the outside?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Vent for dryer? □ Y □ N □ Y □ N □ Y □ N
2. Kitchen exhaust? □ Y □ N □ Y □ N □ Y □ N
3. Bathroom #1 vent? □ Y □ N □ Y □ N □ Y □ N
4. Bathroom #2 vent? □ Y □ N □ Y □ N □ Y □ N
5. Other: □ Y □ N □ Y □ N

ACTION
- Install or repair exhaust fans in bath(s) □ Y □ N
- Install or repair exhaust fan in kitchen □ Y □ N
- Install or repair exhaust vent for dryer □ Y □ N
- Other: ______________________________

N. Appliances Assessment

1. Stove Inspection
   a. Type of Stove? □ Natural Gas □ Electric
   b. Condition? □ Good □ Poor □ Y □ N □ N/A
   c. Is the stove clean? □ Y □ N □ N/A
   d. Type of fuel? □ Natural Gas □ Propane □ Electric □ Y □ N □ N/A
   e. Make of stove? ____________________________________________
   f. Model number? ____________________________________________
   g. Vented range hood? □ Y □ N □ N/A
   h. Flex connector □ Stainless steel □ Epoxy coated □ Copper □ Brass (replace) □ Hard piped
   i. Gas Leaks? □ Y □ N □ N/A

ACTION
- Recommend to _____________________________________________

2. Refrigerator
   a. Refrigerator present? □ Y □ N □ Y □ N □ N/A
   b. Condition of the gaskets? □ Good □ Poor □ Y □ N □ N/A
   c. Location? ____________________________ Type of fridge? ____________________________
   d. Make of refrigerator? ____________________________________________
   e. Energy Star? □ Y □ N □ N/A
### Comprehensive Environmental Health & Housing Assessment Form

**f. Model number? ___________________ Serial Number? ___________________**

**g. Temperatures:**
- Fridge: ______ °F
- Freezer: ______ °F

**h. Dimensions**
- Size cu ft.
- Height (in) ______
- Width (in) ______
- Depth (in) ______

**i. Metering kWh**
- kWh: ______
- Duration: ____ min
- Peak Watts: ______

**j. Other fridge/freezer?**
- Refrigerators # ____
- Freezers # ______
- Temperatures: ______ °F
- Y [ ] N [ ] N/A [ ]

---

### 3. Washing Machine and Dryer

**a. Washing Machine?**
- Y [ ] N [ ]
- Condition? [ ] Good [ ] Poor

**b. Location?**

**c. Make of WM?**

**d. Energy Star?**
- Y [ ] N [ ] N/A [ ]

**e. Model number? ___________________ Serial Number? ___________________**

### 4. Clothes Dryer

**a. Clothes Dryer?**
- Y [ ] N [ ]
- Condition? [ ] Good [ ] Poor

**b. Location?**

**c. Make of Dryer?**

**d. Energy Star appliance?**
- Y [ ] N [ ] N/A [ ]

**e. Model number? ___________________ Serial Number? ___________________**

**f. Is the dryer vented to the outside?**
- Y [ ] N [ ] N/A [ ]

**Type of duct work?**

---

### 5. Other Appliance

**a. Type of appliance?**

**b. Location?**

**c. Energy Star appliance?**
- Y [ ] N [ ] N/A [ ]

**d. Model number? ___________________ Serial Number? ___________________**

---

### Audit Notes:

- Recommend to

---

---

---

---

---

---

---

---

---
### O. Lighting Assessment

<table>
<thead>
<tr>
<th>Room</th>
<th># Light bulbs present</th>
<th>CFL or INCAND</th>
<th>Type of fixture</th>
<th>Wattage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Living Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Dining Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Bedroom 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Bedroom 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Bedroom 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Bedroom 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Hall 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Hall 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Main bathroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Bathroom 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Bathroom 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Basement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Crawlspace</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Porch/exterior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Other ______</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Replace light bulbs (# ______) with CFL

Fixture code: wm – wall mount, oh – overhead, tb – table, f - floor, deco – decorative, n/a - other

---

### P. Combustible Systems Diagnostics

#### CAZ Worst Case Test

<table>
<thead>
<tr>
<th></th>
<th>Baseline Pa</th>
<th>All exhaust fans on</th>
<th>CAZ Worst Case</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Wx</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Post-Wx</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Spillage, Draft and Carbon Monoxide Testing Results

<table>
<thead>
<tr>
<th></th>
<th>Spillage (Enter PASS or FAIL below)</th>
<th>Draft Test</th>
<th>Carbon Monoxide Stand Alone Test (Enter units in PPM below)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Wx</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Heater</td>
<td>Pass/Fail</td>
<td>___ ppm</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Heating</td>
<td>Pass/Fail</td>
<td>___ ppm</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td><strong>Post-Wx</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Heater</td>
<td>Pass/Fail</td>
<td>___ ppm</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Heating</td>
<td>Pass/Fail</td>
<td>___ ppm</td>
<td>Pass/Fail</td>
</tr>
</tbody>
</table>

Comprehensive Environmental Health & Housing Assessment Form
## Combustion Analysis Testing Results

<table>
<thead>
<tr>
<th>Pre - Wx</th>
<th>Stack Temp.</th>
<th>CO₂ %</th>
<th>% Effic.</th>
<th>Ex. Air %</th>
<th>O₂%</th>
<th>CO ppm (Flue Gases)</th>
<th>CO (AF) ppm (Flue Gases)</th>
<th>Ambient Temp.</th>
<th>CO ppm (Living Area)</th>
<th>Draft</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post - Wx</th>
<th>Stack Temp.</th>
<th>CO₂ %</th>
<th>% Effic.</th>
<th>Ex. Air %</th>
<th>O₂%</th>
<th>CO ppm (Flue Gases)</th>
<th>CO (AF) ppm (Flue Gases)</th>
<th>Ambient Temp.</th>
<th>CO ppm (Living Area)</th>
<th>Draft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Gas Stove Burner/Oven Assessment

### Pre-Wx (CO ppm)

<table>
<thead>
<tr>
<th>Oven (pre air dilution)</th>
<th>Burner #1</th>
<th>Burner #2</th>
<th>Burner #3</th>
<th>Burner #4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Post-Wx (CO ppm)

|                        |           |           |           |           |

Comments:__________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

## Q. Air Infiltration Reduction

### 1. Blower Door / Pre-Test

a. Pre-Test _______________ CFM₅₀
b. Ring Used _____ Tester:____________________________ Date: ________________
c. Reduction target: _______________ CFM₅₀
d. Difference _______________ CFM₅₀

e. House volume _______________ ft³
f. Calculate Building Airflow = (0.35)(house volume)/60 = _______________
g. Calculate People Airflow = (# bedrooms + 1)(15) = _______________
h. Between b & c, which is larger? (This is the BAS) _______________
i. Multiply BAS x 0.7 = _______________
j. Enter the blower door reading from section above _______________ CFM₅₀
k. Divide by N (N = ________) _______________
l. Is mechanical Ventilation recommended / required per BAS scale? □ Y □ N

### Calculations to determine BAS (Building Airflow Standard = amount of ventilation the house should have)

a. Blower door reading = _______________ CFM₅₀
b. House volume = _______________ ft³
c. ACH₅₀ = (CFM₅₀)(60)/(house volume) = _______________ ACH₅₀
d. ACH₅₀ = (ACH₅₀)/N = _______________ ACH₅₀

### 2. Blower Door / Post-Test

a. Post-Test _______________ CFM₅₀
b. Ring Used _____ Tester:____________________________ Date: ________________
3. Duct Diagnostics (Pressure Pan Readings)

<table>
<thead>
<tr>
<th>Room</th>
<th>Pre - Wx</th>
<th>Post - Wx</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Duct Diagnostics (Duct Blaster Readings)

<table>
<thead>
<tr>
<th>Room</th>
<th>Pre - Wx</th>
<th>Post - Wx</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Audit Notes/Calculations

<table>
<thead>
<tr>
<th>Room</th>
<th>Pre - Wx</th>
<th>Post - Wx</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**R. Scope of Work for Energy Audit (EA), Health and Safety Audits (H&S)**

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 
13. 
14. 
15. 
16. 
17. 
18. 
19. 

**OCCUPANT/OWNER ACKNOWLEDGEMENT**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*I am the owner or occupant of the above property and I confirm that an Environmental Health & Safety Assessment-Energy Audit was conducted in my home today.*