

Healthy Homes Assessment Checklist

Smoke Alarm(s) # _____ CO monitor(s) # _____ Childproof safety kit # _____ Radon test id # _____

Date of Assessment: _____ Date of Reassessment: _____

Inspector Name: _____ Agency/Consultant Name: _____

In conformance with assessment record? Yes No

Accompanied by: Building Official Housing Official Fire Marshal Other: _____

Property Information: Phone number _____ Time In: _____ Time Out: _____

Address: _____ Apt.: _____
street # & name city zip code

For each day the assessment was conducted consent was given by an adult occupant of the dwelling unit to enter and assess all areas of the dwelling that are under the control of that individual or to which that individual has legitimate access. Yes No

Name of person granting consent: _____ Date: _____

Name of person granting consent: _____ Date: _____

General Housing Characteristics

** can indicate housing, building or fire code violation*

Type of Ownership	<input type="checkbox"/> Owner occupied, single family	<input type="checkbox"/> Rental, single family.	<input type="checkbox"/> Rental, multi-apartments	<input type="checkbox"/> Other: (specify) _____
Age of Home	<input type="checkbox"/> Pre-1950	<input type="checkbox"/> 1950-1977	<input type="checkbox"/> 1978 or later	
Occupants of Dwelling Unit	<input type="checkbox"/> # children <6	<input type="checkbox"/> # of children ≥6	<input type="checkbox"/> # of Adults (18-64)	<input type="checkbox"/> # of Adults ≥65
Structural Foundation	<input type="checkbox"/> Basement		<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace
Holes (interior or exterior)	<input type="checkbox"/> Small holes the size of a dime	<input type="checkbox"/> Medium-sized holes the size of a quarter to a sheet of paper -OR- - No more than 3 tiles or panels missing -OR- - No hole penetrates the area above or adjacent	<input type="checkbox"/> Large holes larger than a sheet of paper; -OR- - More than 3 tiles or panels missing -OR- - There is a crack more than 1/8" x 11"; -OR- - A hole penetrates the area above or adjacent	
	<input type="checkbox"/> No holes			
Floors Lived In (per unit) <small>(check all that apply)</small>	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd or higher
Bedrooms location (per unit) <small>(check all that apply)</small>	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd or higher
Primary Heating	Control	<input type="checkbox"/> Easy to control heat		<input type="checkbox"/> Hard to control heat
	Fuel Used	<input type="checkbox"/> Natural gas /propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric
	Sources in Home	<input type="checkbox"/> Radiators/baseboard	<input type="checkbox"/> Last date of service for the furnace: _____	<input type="checkbox"/> Wood
	Filters Changed	<input type="checkbox"/> Radiators/baseboard	<input type="checkbox"/> Forced hot air	<input type="checkbox"/> Space heater or oven
Unvented Combustion Appliances* <small>(check all that apply)</small>	<input type="checkbox"/> Not Present	<input type="checkbox"/> Present <input type="checkbox"/> gas clothes dryers <input type="checkbox"/> gas fireplace (logs) <input type="checkbox"/> stoves <input type="checkbox"/> charcoal <input type="checkbox"/> fuel-fired space heaters <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refer to appropriate authority		
Cooling	<input type="checkbox"/> Windows	<input type="checkbox"/> Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None
Ventilation Systems <small>(check all that apply)</small>	<input type="checkbox"/> Open windows		<input type="checkbox"/> Central ventilation HEPA air filter <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Window AC units
Windows	Functional	<input type="checkbox"/> All window can be opened		<input type="checkbox"/> One or more windows can't be opened
	Glass	<input type="checkbox"/> All window panes intact	<input type="checkbox"/> One or more window panes cracked or broken	<input type="checkbox"/> One or more windows missing panes
	Screens	<input type="checkbox"/> All windows have screens		<input type="checkbox"/> One or more windows missing screens or screens torn

Exterior of Property						
Exterior conditions		<input type="checkbox"/> Well maintained	<input type="checkbox"/> Peeling chipping paint	<input type="checkbox"/> Uncovered trash	<input type="checkbox"/> Debris in yard	<input type="checkbox"/> Overgrown shrubs, grass
Drainage	Gutters & Downspouts	<input type="checkbox"/> Gutters, downspouts: attached, functioning, no pooling of water		<input type="checkbox"/> Gutters, downspouts: not attached/missing, not functioning, pooling of water		<input type="checkbox"/> No gutters/downspouts
	Roof Flashing	<input type="checkbox"/> Roof flashing appears to be functioning			<input type="checkbox"/> Roof flashing does not appear to be functioning	
Septic System		<input type="checkbox"/> No failure		<input type="checkbox"/> Failure evident (breakout)	<input type="checkbox"/> N/A (city sewer)	
Drinking Water Source		<input type="checkbox"/> Public water supply system			<input type="checkbox"/> Private well	
Water Quality (public water)		<input type="checkbox"/> Knowledge of Consumer Confidence Reports			<input type="checkbox"/> No knowledge of Consumer Confidence Reports	
Water Quality (private well)		<input type="checkbox"/> Water testing conducted Year: _____		<input type="checkbox"/> Water testing never been conducted	<input type="checkbox"/> Don't know	
Well Construction		<input type="checkbox"/> Tight fitting well cap	<input type="checkbox"/> Well above grade	<input type="checkbox"/> Well not visible or in pit	<input type="checkbox"/> N/A (city water)	

Indoor Environment						
General Cleanliness		Cleaning Frequency: _____ x/month	Needs cleaning and maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Visible dust on surfaces <input type="checkbox"/> Visible dirt and debris <input type="checkbox"/> Interior appears clean and well maintained	<input type="checkbox"/> Carpet in bedroom <input type="checkbox"/> Excess clutter	Trash or garbage sealed/covered <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Cleaning		<input type="checkbox"/> Standard Vacuum (non HEPA)	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> Sweep or dry mop	
Damage (Walls, ceilings, floors)		<input type="checkbox"/> No damage	<input type="checkbox"/> Damaged <input type="checkbox"/> Bulging/buckling	Locations: <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Bedroom <input type="checkbox"/> Living Room <input type="checkbox"/> Laundry Room <input type="checkbox"/> Basement <input type="checkbox"/> Other: _____		
Mold and Moisture (check all that apply)		<input type="checkbox"/> Musty odor <input type="checkbox"/> Dehumidifier present <input type="checkbox"/> No visible mold	<input type="checkbox"/> Mold growth present <input type="checkbox"/> < 4 square feet visible mold present: on any one component	Location(s): <input type="checkbox"/> Laundry Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> Bedroom <input type="checkbox"/> Living Room <input type="checkbox"/> Basement <input type="checkbox"/> Other: _____		<input type="checkbox"/> Unvented dryer <input type="checkbox"/> Hang clothes indoors to air dry <input type="checkbox"/> ≥ 4 square feet visible mold present: on any one component
Water Stains/Leaks		<input type="checkbox"/> No water stains/leaks	<input type="checkbox"/> < 4 ft ² water stains/leaks: Any one ceiling, floor, or wall	<input type="checkbox"/> ≥ 4 ft ² water stains/leaks: Any one ceiling, floor, or wall		
Condensation on Windows		<input type="checkbox"/> No condensation on windows, doors, walls			<input type="checkbox"/> Condensation on windows, doors, walls	
Ventilation	Kitchen	<input type="checkbox"/> Functioning stove exhaust fan/vent	<input type="checkbox"/> Broken stove exhaust fan/vent		<input type="checkbox"/> No stove exhaust fan/vent	
	Bathroom	<input type="checkbox"/> Functioning exhaust fan/vent	<input type="checkbox"/> Broken exhaust fan/vent	<input type="checkbox"/> Functioning window	<input type="checkbox"/> No exhaust fan/vent or functioning window	
Sleep Environment						
Resident's sleeping area(s)		# of Bedrooms: _____ # of Beds: _____		Maximum # sharing bedroom _____		
Allergen impermeable encasings		<input type="checkbox"/> On mattress <input type="checkbox"/> zippered <input type="checkbox"/> not zippered		<input type="checkbox"/> On box spring <input type="checkbox"/> zippered <input type="checkbox"/> not zippered		<input type="checkbox"/> No covers on mattress or box spring
		<input type="checkbox"/> Pillows covered <input type="checkbox"/> zippered <input type="checkbox"/> not zippered			<input type="checkbox"/> No pillow covers	
Pillows		<input type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/down	<input type="checkbox"/> Don't know	
Bedding		<input type="checkbox"/> Washable	<input type="checkbox"/> Not washable (wool)	<input type="checkbox"/> Feather/down	<input type="checkbox"/> Don't know	
Flooring		<input type="checkbox"/> Hardwood/Tile/Linoleum	<input type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> Wall-to-wall carpet	

General Home Safety * can indicate housing, building or fire code violation			
Stair Railings/Porches/Ramps*	<input type="checkbox"/> Railings in good condition, secure	<input type="checkbox"/> Broken, insecure: damaged, loose, unusable	<input type="checkbox"/> Missing <input type="checkbox"/> Refer to appropriate authority
Steps/Stairs*	<input type="checkbox"/> Not broken or missing	<input type="checkbox"/> One or more broken or missing <input type="checkbox"/> Refer to appropriate authority	<input type="checkbox"/> Does not apply. No steps.
Step/Stair/Floor Covering	<input type="checkbox"/> No covering on stairs or floors	<input type="checkbox"/> Covering on stairs and/or floors is firmly attached and is in good condition	<input type="checkbox"/> Covering on stairs and/or floor not firmly attached or is in poor condition
Exits/Stairs/walkways kept clear*	<input type="checkbox"/> Kept clear	<input type="checkbox"/> Tripping hazards, other obstructions present <input type="checkbox"/> Refer to appropriate authority	
Stairwell Lighting*	<input type="checkbox"/> Light present at top and bottom of stairs		<input type="checkbox"/> Light not present at top and bottom of stairs <input type="checkbox"/> Refer to appropriate authority
Hallway lighting	<input type="checkbox"/> Adequate, present		<input type="checkbox"/> Inadequate, not present
Living Area Lighting	<input type="checkbox"/> Adequate, present		<input type="checkbox"/> Inadequate, not present
Family fire escape plan	<input type="checkbox"/> Developed and copy is available		<input type="checkbox"/> None
Matches and lighters stored	<input type="checkbox"/> Out of children's reach	<input type="checkbox"/> Within children's reach	<input type="checkbox"/> No matches/lighters present
Bathtub/Shower Non-Slip	<input type="checkbox"/> Non-slip surface present		<input type="checkbox"/> Non-slip surface not present
Bathroom Grab Bars	<input type="checkbox"/> Installed	<input type="checkbox"/> Not installed	<input type="checkbox"/> N/A – No older adult
Poison control number (1-800-222-1222)	<input type="checkbox"/> Posted by phone	<input type="checkbox"/> Not posted by phone	<input type="checkbox"/> Number programmed into cell phone
Cleaning supplies, pesticides, other chemicals stored	<input type="checkbox"/> Out of children's reach	<input type="checkbox"/> Within children's reach	<input type="checkbox"/> N/A no children
Medicine and vitamins stored	<input type="checkbox"/> Out of children's reach	<input type="checkbox"/> Within children's reach	<input type="checkbox"/> N/A no children
*Maximum hot water temperature	<input type="checkbox"/> ____ °F (Greater than 120 °F = scalding risk)		<input type="checkbox"/> No hot water <input type="checkbox"/> Refer to appropriate authority
Stair Gates	Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Top <input type="checkbox"/> Bottom	Secured to wall: <input type="checkbox"/> Top <input type="checkbox"/> Bottom	<input type="checkbox"/> N/A - no child <6 lives there or there are no stairs
Window guards (above 1st floor)	<input type="checkbox"/> Yes and operational	<input type="checkbox"/> None or broken	<input type="checkbox"/> N/A no children or first floor dwelling unit only
Window blind cords	<input type="checkbox"/> Cordless window treatments used	<input type="checkbox"/> Split cord or cord repair devices installed	<input type="checkbox"/> Looped or can loop (accessible to children): Location: _____ <input type="checkbox"/> N/A no children
Electrical Plate Covers	<input type="checkbox"/> Installed, good condition	<input type="checkbox"/> Cover is missing (exposed wiring)	<input type="checkbox"/> Cover is broken
Child Tamper-Resistant Outlet Covers	<input type="checkbox"/> Tamper-resistant outlet covers present	<input type="checkbox"/> No tamper-resistant outlet covers	<input type="checkbox"/> N/A no children
Extension Cord Use <i>(Proper Use: Extension cords not draped across doorways or under carpets and not overloaded with too many appliances)</i>	<input type="checkbox"/> Extension cords used properly	<input type="checkbox"/> Extension cords not used properly	<input type="checkbox"/> None used
Extension Cord Condition	<input type="checkbox"/> Good: Extension cords not cracked or frayed	<input type="checkbox"/> Not good: Extension cords cracked or frayed	<input type="checkbox"/> None used

Indoor Environment Quality

** can indicate housing, building or fire code violation*

Pets	Presence	<input type="checkbox"/> No pets	<input type="checkbox"/> Cat # _____	<input type="checkbox"/> Dog # _____	<input type="checkbox"/> Other: _____
	Management	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in bedrooms	<input type="checkbox"/> Full access throughout home	<input type="checkbox"/> Sleeping location: _____
Pests	Cockroaches	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Mice	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Rats	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Bedbugs	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen	Present in <input type="checkbox"/> bedroom <input type="checkbox"/> other
Evidence of Pesticide Use		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Potential Lead Paint Hazards	Is the home undergoing active renovation or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> No damage or peeling paint	<input type="checkbox"/> <2 square feet damage in one room	<input type="checkbox"/> ≥ 2 square feet damage in one room		
	Has your landlord ever provided you with information on lead-based paint (a booklet)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, not a rental unit				
Asbestos	<input type="checkbox"/> Not tested	<input type="checkbox"/> Not tested – Suspect material present	<input type="checkbox"/> Tested – None found	<input type="checkbox"/> Tested – Present and in poor condition	
Radon	<input type="checkbox"/> Not tested	<input type="checkbox"/> Tested and <4 pCi/L	<input type="checkbox"/> Tested ≥ 4 pCi/L and mitigated	<input type="checkbox"/> ≥ 4 pCi/L but not mitigated	
Health and Safety Alarms	Smoke Alarms*	<input type="checkbox"/> Smoke alarm working, one on each level, and inside or near all bedrooms	<input type="checkbox"/> Smoke alarms installed, but no power or battery	<input type="checkbox"/> No smoke alarms <input type="checkbox"/> Refer to appropriate authority	
	CO Alarms*	<input type="checkbox"/> CO alarm working and one on each floor, and near bedrooms	<input type="checkbox"/> CO alarms installed but no power or battery	<input type="checkbox"/> No CO alarm <input type="checkbox"/> Refer to appropriate authority	
Secondhand Smoke and E-cigarette Aerosol	<input type="checkbox"/> No smoking/vaping allowed	<input type="checkbox"/> Smoking/vaping allowed indoors <input type="checkbox"/> Evidence seen	<input type="checkbox"/> Smoking/vaping allowed outdoors	<input type="checkbox"/> Total # smokers/vapers in household: _____ <input type="checkbox"/> Are visitors allowed to smoke/vape in the home	
Other Irritants	<input type="checkbox"/> None	<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Potpourri, incense, candles	<input type="checkbox"/> Other strong odors: _____	

Notes:
