Health And Safety Notification Form

Observation Date: _____ By Subgrantee: _____

By Subgrantee Representative: _____

This is to provide notice to _____

that the following conditions may have an impact on the health and safety of residents or the integrity of the building at

_____

(Building Address) (City) (State) (ZIP Code)

☐ A possible issue has been identified in your building/home and is described in detail in the Notes box below.

While this issue will not prevent Weatherization Assistance Program (WAP) work from proceeding, and there is no indication that the WAP work on your building/home will increase the effects of this condition, we are notifying you of the situation so that you can monitor it more closely, and we advise you to take necessary actions to address this situation should it persist or worsen.

☐ A health or safety barrier to weatherization has been identified in yourbuilding/home and is described in detail in the Notes box below.

- ☐ The WAP Subgrantee will be taking the actions described below as part of its work to try and alleviate or resolve the barrier, but you must also continue to monitor the situation once the work is complete and take necessary action if it should persist or worsen.

- ☐ Correction is not possible within the constraints of the WAP. You must take action to rectify the barrier described below prior to weatherization. It is your responsibility to ensure the health and safety of the residents of this building and address these issues before any WAP work can be performed. You should notify the WAP Subgrantee when the condition has been corrected. At that time, a determination will be made regarding WAP eligibility.

Possible Barriers:

1. ☐ Unsafe heating system (include CO measurement, if possible);
2. ☐ Inoperable heating system in periods of cold weather;
   PLEASE NOTE: An unsafe heating system must not be started prior to correction of the unsafe condition. Starting this system could result in serious injury to household members.
3. ☐ Moisture/ Mold
4. ☐ Lead-based paint
5. ☐ Asbestos
6. ☐ Electrical
7. ☐ Other: _____

Description of the problem(s) (attach additional sheets, if necessary):

Notes:

Connecticut
Department of Energy &
Environmental Protection

Connecticut Weatherization Assistance Program

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WAP work intended to alleviate or resolve the problem(s):

Notes:

Certification

Subgrantee Representative Name:	Subgrantee Representative Signature:	Date:

I certify that I have been advised of the above health and safety related conditions identified in my residence and I understand that they may not / will not be corrected by the Weatherization Assistance Program.

Owner Name:

Owner Signature:	Date:

Last Modified: 02/10/2026