

Level I Environmental Health Assessment

AFP ID #: _____

Contact: _____

Site Address: _____

Contact Phone: _____

Date of Site Visit: _____

CDC Partner signature

Date

Family Signature

Date

2.0 Building Assessment:

EHA ID #: _____ Date of Site Visit: _____

Roof	Observations	Yes	No	Not Appli c.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
						Acute	Chronic	
	Surface intact	_____	_____	_____	_____	_____	_____	_____
	Any occupant reported/visible leaks	_____	_____	_____	_____	_____	_____	_____
	Any evidence of water damage	_____	_____	_____	_____	_____	_____	_____
	Drip edge condition OK	_____	_____	_____	_____	_____	_____	_____
	Flashing condition OK	_____	_____	_____	_____	_____	_____	_____
	Chimney flashing condition OK	_____	_____	_____	_____	_____	_____	_____
						# Identified:	<input type="text"/>	<input type="text"/>

Exterior Siding	Observations	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
						Acute	Chronic	
	Surface condition OK	_____	_____	_____	_____	_____	_____	_____
	Visible flaking paint	_____	_____	_____	_____	_____	_____	_____
	Any leaks/Moisture retention	_____	_____	_____	_____	_____	_____	_____
	Weatherized w/ no visible gaps	_____	_____	_____	_____	_____	_____	_____
						# Identified:	<input type="text"/>	<input type="text"/>

Guttering	Observations	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
						Acute	Chronic	
	Properly attached and sealed	_____	_____	_____	_____	_____	_____	_____
	Visible flaking paint	_____	_____	_____	_____	_____	_____	_____
	Any leaks/Moisture retention	_____	_____	_____	_____	_____	_____	_____
	Downspouts condition OK	_____	_____	_____	_____	_____	_____	_____
						# Identified:	<input type="text"/>	<input type="text"/>

Foundation	Observations	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
						Acute	Chronic	
	Any visible cracks?	_____	_____	_____	_____	_____	_____	_____
	Any occupant reported/visible leaks	_____	_____	_____	_____	_____	_____	_____
	Weatherized w/ no visible gaps	_____	_____	_____	_____	_____	_____	_____
	Any flaking paint on wall surface	_____	_____	_____	_____	_____	_____	_____
	Is crawlspace open to living space?	_____	_____	_____	_____	_____	_____	_____
						# Identified:	<input type="text"/>	<input type="text"/>

Doors/Windows/Steps	Observations	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
						Acute	Chronic	
	Surface condition OK	_____	_____	_____	_____	_____	_____	_____
	Visible flaking paint	_____	_____	_____	_____	_____	_____	_____
	Any leaks/Moisture retention	_____	_____	_____	_____	_____	_____	_____
	Weatherized / No visible gaps	_____	_____	_____	_____	_____	_____	_____
	Outside stairs condition OK	_____	_____	_____	_____	_____	_____	_____
						# Identified:	<input type="text"/>	<input type="text"/>

Home Plumbing	Observations	Supply				Waste				Issues observed?	Acute	Chronic
		Yes	No	NA	TA?	Yes	No	NA	TA?			
Bathroom	<u>Main</u>											
	Any reported/visible leaks	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Line/Pipe condition OK	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Operating properly	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	<u>Kitchen Sink</u>											
	Any reported/visible leaks	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Line/Pipe condition OK	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Operating properly	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	<u>Tub/Shower</u>											
	Any reported/visible leaks	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Line/Pipe condition OK	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Operating properly	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Toilet</u>												
Any reported/visible leaks	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Line/Pipe condition OK	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Operating properly	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
<u>Sink</u>												
Any reported/visible leaks	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Line/Pipe condition OK	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Operating properly	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

Identified:

Total Hazards Identified:

Keep it Maintained - Roof (Help Yourself to a Healthy Home Book - pg 19)

If moisture stain are present inside the home on ceilings, this may indicate a roof leak. It is recommended to have a roofing professional assess the roof for leaks and make the necessary repairs, as needed.

[Empty box for notes]

Keep it Maintained - Siding (How to control pests safely - pg 6-7)

- Repair any damaged siding to prevent moisture, pests, and cold air from coming into the home by sealing up any gaps or cracks.
- If performing renovations and the siding has suspect asbestos containing material, it is recommended to leave it alone and have a licensed asbestos expert assess it before proceeded.

[Empty box for notes]

Keep it Maintained - Gutters (Help Yourself to a Healthy Home Book - pg 19)

- Any loose or missing gutters should be replaced and repaired to allow water to flow through them and away from the foundation.
- Install plastic drain tile and/or splash blocks under gutters to help divert water away from the foundation.

[Empty box for notes]

Keep it Maintained - Foundation

Any cracks or gaps on the outside or inside of the home should be filled with a mortar or another appropriate material to seal off any moisture, air, or pests from coming inside the home.

[Empty box for notes]

Keep it Maintained - Windows and/or doors (Help Yourself to a Healthy Home Book - pg 29-32)

Flaking paint on older homes, pre-1978, could have lead based paint. It is recommended to have the surfaces tested by a licensed lead risk assessor. If lead is detected and determined that it needs to be removed, lead-safe work practices should be used.

[Empty box for notes]

Keep it Maintained - Home Plumbing

Repairing any leaks within 24 to 48 hours can help prevent mold and bacterial growth. Higher water bills may indicate a leak is present. Having this assessed by a licensed plumber is recommended.

[Empty box for notes]

5.0 EHA Attached Structure Assessment

EHA ID #: _____

Date of Site Visit: _____

Attached Garage

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Is crawlspace open to room	_____	_____	_____	_____	_____	_____	_____
Garage Door Condition OK	_____	_____	_____	_____	_____	_____	_____
Any openings to living space	_____	_____	_____	_____	_____	_____	_____
Any return vent(s) present	_____	_____	_____	_____	_____	_____	_____
Room under (-) pressure*	_____	_____	_____	_____	_____	_____	_____

*Note airflow readings # Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Clean							
Any reported/visible evid. of rodents	_____	_____	_____	_____	_____	_____	_____
Any reported/visible evid. of insects	_____	_____	_____	_____	_____	_____	_____
Obsrvd open/unused cardboard boxes	_____	_____	_____	_____	_____	_____	_____
Any observed trash/debris/clutter	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Dry							
Observed damp smell	_____	_____	_____	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____
Visible mold ranking:				*Note any moisture meter readings			
Area affected: <input type="text"/> ⁰ <10 sq.ft. <input type="text"/> ^{>10} _____ sq. ft							

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Contaminant-Free							
Is smoking allowed in room	_____	_____	_____	_____	_____	_____	_____
Any reported/observed idling vehicles	_____	_____	_____	_____	_____	_____	_____
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemicals	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in orig. container	_____	_____	_____	_____	_____	_____	_____
Observed flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Safe							
Chemicals stored in childproof cab.	_____	_____	_____	_____	_____	_____	_____
Any overloaded/small gauge ext. cords	_____	_____	_____	_____	_____	_____	_____
Fire Extinguisher present/working	_____	_____	_____	_____	_____	_____	_____
Adequate stair lighting	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Porches/Decks							
Keep it Clean & Pest-Free							
Any reported/visible evid. of rodents	_____	_____	_____	_____	_____	_____	_____
Any reported/visible evid. of insects	_____	_____	_____	_____	_____	_____	_____
An obsrvd open/unused cardboard boxes	_____	_____	_____	_____	_____	_____	_____
Any observed trash/debris/clutter	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Dry							
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any Visible Leaks*	_____	_____	_____	_____	_____	_____	_____
Observed mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____

*Note any moisture meter readings # Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Contaminant-Free							
Any observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemicals	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in orig. container	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____

Flaking Paint Ranking: ⁰ <1 sq.ft. ^{>1} _____ sq. ft

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Safe							
Any Observed Loose Flooring	_____	_____	_____	_____	_____	_____	_____
Handrails on Stairs	_____	_____	_____	_____	_____	_____	_____
Adequate Stair lighting	_____	_____	_____	_____	_____	_____	_____

Identified:

Keep it Ventilated -Garage

No opening should be present between the garage and the living space of the home. If so, close up any gaps with walls, doors, or trim to prevent unwanted air infiltration.

[Empty box for In-Home Actions]

Keep it Clean - Garage and Porch/Decks (Help Yourself to a Healthy Home Book - pg 42-45)

- Pests can come inside through small openings around garage doors or gaps. If pest droppings are noticed, place sticky traps or snap traps where necessary and close up those gaps.
- Remove any unwanted boxes or trash from garages or outside areas to keep from attracting pests.

[Empty box for In-Home Actions]

Keep it Dry - Garage and Porch/Decks

- If leaks are present in a garage, determine the source and fixing the problem can help prevent future mold issues and the deterioration of building materials.
- Non-treated boards on porches or decks can deteriorate over time when exposed to the weather. Inspecting them routinely and making necessary repairs can help re-support them and keep those areas safe.

[Empty box for In-Home Actions]

Keep it Maintained - Garage and Porch/Decks

- Seals around and at the bottom of garage doors can weather overtime . Repairing these areas when necessary can help keep out cold/warm air, pests, and moisture.
- Loose boards or handrails on porches or decks should be repaired for safety precautions.

[Empty box for In-Home Actions]

Keep it Contaminant-Free - Garage and Porch/Decks (Help Yourself to a Healthy Home Book - pg 38-41)

Gasoline and pesticides are commonly stored in garages where odors can linger and possibly come inside the home. It is recommended to reduce the amount of chemicals stored in and around the home and never store them within reach of young children.

[Empty box for In-Home Actions]

Keep it Safe - Garage and Porch/Decks (Help Yourself to a Healthy Home Book - pg 48-54)

- Having handrails on stairs that have three or more steps are help prevent accidental slips and falls.
- Remove any unnecessary clutter from stairs and entrances to allow safe travel in and out of the home.

[Empty box for In-Home Actions]

2.0 Mechanical Assessment:

EHA ID #: _____

Date of Site Visit: _____

Is this a Health/Safety Hazard?

<u>Furnace System</u> Type: _____	Yes	No	NA	Take Action?	What issues were observed?	Acute	Chronic
Main box intact	_____	_____	_____	_____	_____	_____	_____
Exhaust properly attached & sealed	_____	_____	_____	_____	_____	_____	_____
Exhaust system works (neg. flow)	_____	_____	_____	_____	_____	_____	_____
Dust covered components	_____	_____	_____	_____	_____	_____	_____
Returns properly attached and sealed	_____	_____	_____	_____	_____	_____	_____
Supplies properly attached and sealed	_____	_____	_____	_____	_____	_____	_____
Any suspect material present?	_____	_____	_____	_____	_____	_____	_____
Filter properly seated and sealed	_____	_____	_____	_____	_____	_____	_____
Correct filter size	_____	_____	_____	_____	_____	_____	_____
Pleated filter in use(min. MERV=8)	_____	_____	_____	_____	_____	_____	_____
Filter condition OK	_____	_____	_____	_____	_____	_____	_____
Filter changed quarterly (min)	_____	_____	_____	_____	_____	_____	_____

Furnace Filter Size _____ X _____ # Identified:

<u>Humidifier</u>	Yes	No	NA	TA?	What issues were observed?	Acute	Chronic
Properly attached & sealed	_____	_____	_____	_____	_____	_____	_____
Any reported/visible leaks	_____	_____	_____	_____	_____	_____	_____
Any suspect mold visible	_____	_____	_____	_____	_____	_____	_____
Water supply line connected properly	_____	_____	_____	_____	_____	_____	_____

Identified:

<u>Central Air</u>	Yes	No	NA	TA?	What issues were observed?	Acute	Chronic
Any reported/visible leaks	_____	_____	_____	_____	_____	_____	_____
Condition of coolant line OK	_____	_____	_____	_____	_____	_____	_____
Condition of condensate hose OK	_____	_____	_____	_____	_____	_____	_____
Condensate hose extends into drain	_____	_____	_____	_____	_____	_____	_____

Identified:

<u>Water Heater</u> Type: _____	Yes	No	NA	TA?	What issues were observed?	Acute	Chronic
Any reported/visible leaks	_____	_____	_____	_____	_____	_____	_____
Condition of pressure relief valve	_____	_____	_____	_____	_____	_____	_____
Water temp set < 120°F	_____	_____	_____	_____	_____	_____	_____
___Steel or ___brass gas line	_____	_____	_____	_____	_____	_____	_____
Exhaust attached properly	_____	_____	_____	_____	_____	_____	_____
Exhaust system works (neg. flow)	_____	_____	_____	_____	_____	_____	_____

Identified:

2.0 Appliance Assessment:

<u>Stove</u> Type: _____	Yes	No	NA	Take Action?	What issues were observed?	Acute	Chronic
Burners/oven operating properly	_____	_____	_____	_____	_____	_____	_____
Gas stoves - No CO detected	_____	_____	_____	_____	_____	_____	_____
___Steel or ___brass gas line	_____	_____	_____	_____	_____	_____	_____
Working exhaust system	_____	_____	_____	_____	_____	_____	_____
Exhausted to outside	_____	_____	_____	_____	_____	_____	_____
Cord condition OK	_____	_____	_____	_____	_____	_____	_____

Identified:

<u>Washer</u>	Yes	No	NA	TA?	What issues were observed?	Acute	Chronic
Water draining properly	_____	_____	_____	_____	_____	_____	_____
No reported/visible water leaks	_____	_____	_____	_____	_____	_____	_____
GCFI Installed/working	_____	_____	_____	_____	_____	_____	_____
Cord condition OK	_____	_____	_____	_____	_____	_____	_____

Identified:

<u>Dryer</u> Type: _____	Yes	No	NA	TA?	What issues were observed?	Acute	Chronic
Steel or brass gas line	_____	_____	_____	_____	_____	_____	_____
Dryer ducting condition	_____	_____	_____	_____	_____	_____	_____
Dryer duct exhausts to outside	_____	_____	_____	_____	_____	_____	_____
Cord condition OK	_____	_____	_____	_____	_____	_____	_____

Identified:

Keep it Maintained - HVAC (Help Yourself to a Healthy Home Book - pg 24-27)

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- It is recommended to have a certified Heating Ventilation Air Conditioning (HVAC) expert service the system yearly by cleaning , providing the appropriate maintenance for that system, & check for carbon monoxide leaks.

- If a room is cooler or warmer than other rooms, the HVAC system may need to be balanced by a professional HVAC expert to help provide adequate amount of air for the room.

Keep it Maintained - HVAC (What are Asthma Triggers?)

—

It is recommended to use a pleated filter in the furnace that has a Minimum Efficiency Rating Value (MERV) rating of at least 8 in order to capture those smaller particles that are typically breathed in easily and one that is the correct size. Change fiberglass filters every month and pleated ones every 3 months or per manufactures instructions.

Keep it Dry - Central Air

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The condensate hose for the air conditioning should be placed inside the drain and not away from it to help prevent pooling of water that could potentially lead to slip and trip hazards.

Keep it Safe - Water Heater (Surgeon General's Call to Action)

—

- Water heaters can unintentionally be set at higher temperatures. Scalding can occur at 130 degrees F. Adjusting the dial down on your water heater can help prevent a child from being badly burned.

Keep it Maintained - Stove (Help Yourself to a Healthy Home Book - pg 15, 24-28)

—

If a gas stove is present, having a licensed professional inspect it yearly for gas leaks and determine it is working properly is encouraged. If gas leaks are occurring, they should be addressed immediately to prevent safety and health issues.

Keep it Maintained - Washer and/or Dryer (Help Yourself to a Healthy Home Book - pg 19)

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- A dryer should be ducted outside the home. If the ducting is loose or detached, this should be fixed right away to prevent lint build-up.

- Waste water from the washer should flow easily into the drain. If the drain is clogged, a licensed plumber should inspect and address this to prevent moisture issues around the washer.

3.0 EHA Room Survey: Child's Bedroom

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent	_____	_____	_____	_____	_____	_____	_____
Supply vent open	_____	_____	_____	_____	_____	_____	_____
Supply vent unobstructed	_____	_____	_____	_____	_____	_____	_____
If return vent present - working	_____	_____	_____	_____	_____	_____	_____
Return vent(s) unobstructed	_____	_____	_____	_____	_____	_____	_____
If windows present-operational	_____	_____	_____	_____	_____	_____	_____
					# Identified: <input type="text"/>	<input type="text"/>	Take Action?

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Clean							
Excessive visible dust	_____	_____	_____	_____	_____	_____	_____
Is carpeting present	_____	_____	_____	_____	_____	_____	_____
Carpet condition OK	_____	_____	_____	_____	_____	_____	_____
Upholstered furniture present	_____	_____	_____	_____	_____	_____	_____
Upholstered furniture condition OK	_____	_____	_____	_____	_____	_____	_____
Mattress condition OK	_____	_____	_____	_____	_____	_____	_____
Bedding condition OK	_____	_____	_____	_____	_____	_____	_____
cloth window coverings present	_____	_____	_____	_____	_____	_____	_____
Furry/feathered pets allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed clutter	_____	_____	_____	_____	_____	_____	_____
Observed trash/debris on surfaces	_____	_____	_____	_____	_____	_____	_____
					# Identified: <input type="text"/>	<input type="text"/>	Take Action?

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Pest-Free							
Any reported/visible evid. of rodents	_____	_____	_____	_____	_____	_____	_____
Any reported/visible evid. of insects	_____	_____	_____	_____	_____	_____	_____
Any food observed in room	_____	_____	_____	_____	_____	_____	_____
					# Identified: <input type="text"/>	<input type="text"/>	Take Action?

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Dry							
Observed damp smell	_____	_____	_____	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any reported/visible window leaks	_____	_____	_____	_____	_____	_____	_____
Observed room humidifier	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____
Visible mold ranking:				*Note any moisture meter readings			
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>				sq. ft	# Identified: <input type="text"/>	<input type="text"/>	Take Action?

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Contaminant-Free							
Is smoking allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any Observed air fresheners	_____	_____	_____	_____	_____	_____	_____
Any observed candles or incense	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemical supplies	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____
Flaking Paint Ranking:							
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>				sq. ft	# Identified: <input type="text"/>	<input type="text"/>	Take Action?

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Safe							
Smoke detector in /near room	_____	_____	_____	_____	_____	_____	_____
CO detector near room	_____	_____	_____	_____	_____	_____	_____
Observed overloaded/small gauge ext. cords	_____	_____	_____	_____	_____	_____	_____
Observed loose flooring	_____	_____	_____	_____	_____	_____	_____
Small Children (<7 yrs old):							
Receptacle plug covers	_____	_____	_____	_____	_____	_____	_____
Any blind/curtain cords w/in reach	_____	_____	_____	_____	_____	_____	_____
Window guards (2nd Floor) present	_____	_____	_____	_____	_____	_____	_____
Medicines out of reach	_____	_____	_____	_____	_____	_____	_____
					# Identified: <input type="text"/>	<input type="text"/>	Take Action?
Total Hazards Identified:					<input type="text"/>	<input type="text"/>	

Keep it Ventilated

Keep all air vents in the room open and clear of clutter and furniture to allow fresh air flow and circulation and to promote health and comfort.

Empty box for notes.

Keep it Clean (What are Asthma Triggers?)

- To reduce the chances of having allergens present in the room, it is recommended to launder all bedding and stuffed toys in hot water.
- Vacuum hard surface and especially carpeting routinely with a High Efficiency Particulate Air (HEPA) filtered vacuum to decrease the amount of allergens and particles that may be present.

Empty box for notes.

Keep it Pest-Free (Asthma Education Booklet - pg 7)

If pests are present in the room, it is recommended to install allergen mattress covers to protect the integrity of the bed, to prevent nesting inside the bed, and to reduce the allergen exposure for the child.

Empty box for notes.

Keep it Dry (Help Yourself to a Healthy Home Book - pg 20)

- If a leak is noticed, cleaning it up within 24 to 48 hours can help prevent mold and bacteria growth.
- Cleaning upholstered and hard surfaces with a detergent and water solution can help combat moldy issues in the home.

Empty box for notes.

Keep it Contaminant-Free/Maintained (Help Yourself to a Healthy Home Book - pg 29-32)

It is common to see flaking paint inside windows and around doorways of older homes (pre-1978). There can be a risk of lead based paint exposure for younger children and pregnant mothers. Maintaining these areas and damp wiping them with a detergent and water solution can help reduce a family's exposure to lead dust.

Empty box for notes.

Keep it Safe

Overloaded outlets in a bedroom can be a potential fire hazard. Adding a surge protector or reducing the amount of items plugged in can help reduce this electrical hazard.

Empty box for notes.

3.0 EHA Room Survey: Master Bedroom

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent	_____	_____	_____	_____	_____	_____	_____
Supply vent open	_____	_____	_____	_____	_____	_____	_____
Supply vent unobstructed	_____	_____	_____	_____	_____	_____	_____
If return vent present - working	_____	_____	_____	_____	_____	_____	_____
Return vent(s) unobstructed	_____	_____	_____	_____	_____	_____	_____
If windows present-operational	_____	_____	_____	_____	_____	_____	_____

*Note airflow readings

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Clean							
Excessive visible dust	_____	_____	_____	_____	_____	_____	_____
Is carpeting present	_____	_____	_____	_____	_____	_____	_____
Carpet condition OK	_____	_____	_____	_____	_____	_____	_____
Upholstered furniture present	_____	_____	_____	_____	_____	_____	_____
Upholstered furniture condition OK	_____	_____	_____	_____	_____	_____	_____
Mattress condition OK	_____	_____	_____	_____	_____	_____	_____
Bedding condition OK	_____	_____	_____	_____	_____	_____	_____
cloth window coverings present	_____	_____	_____	_____	_____	_____	_____
Furry/feathered pets allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed clutter	_____	_____	_____	_____	_____	_____	_____
Observed trash/debris on surfaces	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Pest-Free							
Any reported/visible evid. of rodents	_____	_____	_____	_____	_____	_____	_____
Any reported/visible evid. of insects	_____	_____	_____	_____	_____	_____	_____
Any food observed in room	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Dry							
Observed damp smell	_____	_____	_____	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any reported/visible window leaks	_____	_____	_____	_____	_____	_____	_____
Observed room humidifier	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____

Visible mold ranking:

*Note any moisture meter readings

0 <10 sq.ft. >10
Area affected: sq. ft

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Contaminant-Free							
Is smoking allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any Observed air fresheners	_____	_____	_____	_____	_____	_____	_____
Any observed candles or incense	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemical supplies	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____

Flaking Paint Ranking:

0 <1 sq.ft. >1
Area affected: sq. ft

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Safe							
Smoke detector in /near room	_____	_____	_____	_____	_____	_____	_____
CO detector near room	_____	_____	_____	_____	_____	_____	_____
Obsrvd overloaded/small gge ext. cords	_____	_____	_____	_____	_____	_____	_____
Observed loose flooring	_____	_____	_____	_____	_____	_____	_____
Small Children (<7 yrs old):							
Receptacle plug covers	_____	_____	_____	_____	_____	_____	_____
Any blind/curtain cords w/in reach	_____	_____	_____	_____	_____	_____	_____
Window guards (2nd Floor) present	_____	_____	_____	_____	_____	_____	_____
Medicines out of reach	_____	_____	_____	_____	_____	_____	_____

Identified:

Total Hazards Identified:

Keep it Ventilated

Windows can be leaky in older homes and plastic is common to see on the inside of windows when this occurs. It is recommended to have someone determine where the air leaks are coming from so they can be repaired to prevent unwanted air infiltration.

[Empty box for notes]

Keep it Clean (De-clutter - Kansas City Housing Authority - pg 1-4)

Keeping the room clutter-free or reducing the amount of clutter can help keep the room cleaner by reducing the amount of dust that could be collected on those items.

[Empty box for notes]

Keep it Pest-Free (Help Yourself to a Healthy Home Book - pg 42-45)

Keeping food out of the room or at least cleaned up can reduce the likelihood of attracting pests.

[Empty box for notes]

Keep it Dry (Help Yourself to a Healthy Home Book - pg 17-22)

Presence of mold in a closet may indicate there is a moisture source. Drying out and cleaning those surfaces within 24 to 48 hours can help keep any mold issues under control. Determining the moisture source and repairing the issue(s) can help prevent future mold issues from occurring.

[Empty box for notes]

Keep it Contaminant-Free/Maintained (Help Yourself to a Healthy Home Book - pg 48-54)

Medications should be placed in a locked or out of reach location, such as an upper closet shelf to prevent any accidental poisonings from occurring of young children.

[Empty box for notes]

Keep it Safe

Installing window guards in the rooms that are higher than 6 foot off the ground can help protect young children (<6 years of age) from accidental falls.

[Empty box for notes]

3.0 EHA Room Survey: Family Room

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent	_____	_____	_____	_____	_____	_____	_____
Supply vent open	_____	_____	_____	_____	_____	_____	_____
Supply vent unobstructed	_____	_____	_____	_____	_____	_____	_____
If return vent present - working	_____	_____	_____	_____	_____	_____	_____
Return vent(s) unobstructed	_____	_____	_____	_____	_____	_____	_____
If windows present-operational	_____	_____	_____	_____	_____	_____	_____

*Note airflow readings # Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Clean							
Excessive visible dust	_____	_____	_____	_____	_____	_____	_____
Is carpeting present	_____	_____	_____	_____	_____	_____	_____
Carpet condition OK	_____	_____	_____	_____	_____	_____	_____
Upholstered furniture present	_____	_____	_____	_____	_____	_____	_____
Upholstered furniture condition OK	_____	_____	_____	_____	_____	_____	_____
Mattress condition OK	_____	_____	_____	_____	_____	_____	_____
Bedding condition OK	_____	_____	_____	_____	_____	_____	_____
cloth window coverings present	_____	_____	_____	_____	_____	_____	_____
Furry/feathered pets allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed clutter	_____	_____	_____	_____	_____	_____	_____
Observed trash/debris on surfaces	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Pest-Free							
Any reported/visible evid. of rodents	_____	_____	_____	_____	_____	_____	_____
Any reported/visible evid. of insects	_____	_____	_____	_____	_____	_____	_____
Any food observed in room	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Dry							
Observed damp smell	_____	_____	_____	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any reported/visible window leaks	_____	_____	_____	_____	_____	_____	_____
Observed room humidifier	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____
Visible mold ranking:				*Note any moisture meter readings			
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>				sq. ft			

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Contaminant-Free							
Is smoking allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any Observed air fresheners	_____	_____	_____	_____	_____	_____	_____
Any observed candles or incense	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemical supplies	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____
Flaking Paint Ranking:							
Area affected: <input type="text"/> <input type="text"/> <input type="text"/>				sq. ft			

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Safe							
Smoke detector in /near room	_____	_____	_____	_____	_____	_____	_____
CO detector near room	_____	_____	_____	_____	_____	_____	_____
Obsrvd overloaded/small gge ext. cords	_____	_____	_____	_____	_____	_____	_____
Observed loose flooring	_____	_____	_____	_____	_____	_____	_____
Small Children (<7 yrs old):							
Receptacle plug covers	_____	_____	_____	_____	_____	_____	_____
Any blind/curtain cords w/in reach	_____	_____	_____	_____	_____	_____	_____
Window guards (2nd Floor) present	_____	_____	_____	_____	_____	_____	_____
Medicines out of reach	_____	_____	_____	_____	_____	_____	_____

Identified:

Total Hazards Identified:

Keep it Ventilated

Adjust furniture away from vents to allow fresh air to circulate into the room.

[Empty box for In-Home Actions]

Keep it Clean (What are Asthma Triggers?)

- Vacuuming the room and upholstered surfaces with High Efficiency Particulate Air (HEPA) filtered vacuum routinely can help reduce allergens.
- Steam cleaning carpeting can help destroy allergens that may be present in the flooring.
- "Damp dust" surfaces in the home with a damp cloth using non-toxic cleaners can help reduce the amount of dust that may be present.

[Empty box for In-Home Actions]

Keep it Pest-Free (Safe Cleaning for People with Asthma)

- If pest droppings are present, it is recommended to clean these up with a detergent and water solution as soon as possible and use non-toxic approaches like sticky traps or snap traps in appropriate locations.

[Empty box for In-Home Actions]

Keep it Dry (Help Yourself to a Healthy Home Book - pg 17-22)

Keep areas around windows dry to reduce the chances of mold growth and any deterioration of building materials.

[Empty box for In-Home Actions]

Keep it Contaminant-Free/Maintained (Safer Cleaning Book - pg 1)

Reduce the amount of air fresheners and candles used in the home since they can be a respiratory irritant for people with Asthma or sensitive individuals. These products can contain Volatile Organic Compounds (VOC's) and can produce high levels of particles. It is a good practice to ventilate the area (s) well if using these types of items during and after each use.

[Empty box for In-Home Actions]

Keep it Safe (Help Yourself to a Healthy Home Book - pg 48-54)

Installing a smoke and carbon monoxide detector in-between bedrooms for gas and fire sources to help alert the families in case of an emergency. Testing those detectors every month and changing the batteries twice a year is recommended.

[Empty box for In-Home Actions]

3.0 EHA Room Survey: Kitchen

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent	_____	_____	_____	_____	_____	_____	_____
Supply vent open	_____	_____	_____	_____	_____	_____	_____
Supply vent unobstructed	_____	_____	_____	_____	_____	_____	_____
If return vent present - working	_____	_____	_____	_____	_____	_____	_____
Return vent(s) unobstructed	_____	_____	_____	_____	_____	_____	_____
Exhaust fan present/operational	_____	_____	_____	Airflow Check: Pass_____ Fail_____	_____	_____	_____
If windows present-operational	_____	_____	_____	_____	_____	_____	_____

*Note airflow readings # Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Clean							
Excessive visible dust	_____	_____	_____	_____	_____	_____	_____
Is any carpeting/upholstery present	_____	_____	_____	_____	_____	_____	_____
Any cloth window coverings present	_____	_____	_____	_____	_____	_____	_____
Any furry/feathered pets in room	_____	_____	_____	_____	_____	_____	_____
Observed clutter	_____	_____	_____	_____	_____	_____	_____
Observed trash/debris on surfaces	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Pest-Free							
Any reported/visible evid. of rodents	_____	_____	_____	_____	_____	_____	_____
Any reported/visible evid. of insects	_____	_____	_____	_____	_____	_____	_____
Bulk food in containers	_____	_____	_____	_____	_____	_____	_____
Trash stored in container w/ lid	_____	_____	_____	_____	_____	_____	_____
Any obsrvd cracks/gaps around cabinets	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Dry							
Observed damp smell	_____	_____	_____	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any reported/visible window leaks	_____	_____	_____	_____	_____	_____	_____
Observed room humidifier	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____

*Note any moisture meter readings

Visible mold ranking:
Area affected: ⁰ ^{<10 sq.ft.} ^{>10} sq. ft

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Contaminant-Free							
Is smoking allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any Observed air fresheners	_____	_____	_____	_____	_____	_____	_____
Any observed candles or incense	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemical supplies	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in orig. container	_____	_____	_____	_____	_____	_____	_____
Food stored away from chemicals	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____

Flaking Paint Ranking:
Area affected: ⁰ ^{<1 sq.ft.} ^{>1} sq. ft

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Safe							
Smoke detector in /near room	_____	_____	_____	_____	_____	_____	_____
CO detector near room	_____	_____	_____	_____	_____	_____	_____
Fire extinguisher present & working	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in childproof cab.	_____	_____	_____	_____	_____	_____	_____
Water temp set ≤ 120°F	_____	_____	_____	_____	_____	_____	_____
GFCI near water sources	_____	_____	_____	_____	_____	_____	_____
No overloaded/small gauge ext. cords	_____	_____	_____	_____	_____	_____	_____
No loose flooring	_____	_____	_____	_____	_____	_____	_____
Small Children (<7 yrs old):							
Receptacle plug covers	_____	_____	_____	_____	_____	_____	_____
Cabinet locks on doors	_____	_____	_____	_____	_____	_____	_____
No blind/curtain cords w/in reach	_____	_____	_____	_____	_____	_____	_____
Medicines out of reach	_____	_____	_____	_____	_____	_____	_____

Identified:

Total Hazards Identified:

Keep it Ventilated (Help Yourself to a Healthy Home Book - pg 19)

While cooking, operating the exhaust fan above your stove can help remove unwanted particles and other contaminants. It is recommended to install ducting to the outside of the home.

[Empty box for notes]

Keep it Clean (Maintaining a Healthy Home - Kansas City Housing Authority)

- Routinely vacuum or damp mop hard surface flooring to reduce dust and debris in the room.
- Pick up any clutter in the room to help reduce allergen build-up and to help access those areas of the kitchen easily.

[Empty box for notes]

Keep it Pest-Free (Help Yourself to a Healthy Home Book - pg 42-45; Safer Cleaning for People with Asthma)

- Closing up any gaps and cracks around plumbing and electrical chases, behind countertops, and around doorways can help keep pests from coming inside and nesting.
- Spraying pesticides inside the home and around food prep areas can lead to unnecessary exposure to harmful chemicals. Use safer alternatives when possible. Such as baits or traps when necessary.

[Empty box for notes]

Keep it Dry (Safer Cleaning Book - pg 6-8)

- Repair any water leaks under the sink within 24 to 48 hours to prevent mold and bacterial growth.
- Operate an exhaust fan above the stove during cooking to help remove any unwanted humidity.

[Empty box for notes]

Keep it Contaminant-Free/Maintained (Help Yourself to a Healthy Home Book - pg 15)

- Routinely check gas appliances for leaks due to the health and safety risk of a leak being present.
- To prevent cross contamination, remove food items from where chemicals are stored. For any foods exposed to chemicals, disposal of those foods immediately.

[Empty box for notes]

Keep it Safe (Help Yourself to a Healthy Home Book - pg 38-41)

Chemicals can be a health hazard and a safety risk for young children. It is recommended to install safety latches or locks on all cabinets that store chemicals to prevent accidental poisonings.

[Empty box for notes]

3.0 EHA Room Survey: Bathroom

HA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent	_____	_____	_____	_____	_____	_____	_____
Supply vent open	_____	_____	_____	_____	_____	_____	_____
Supply vent unobstructed	_____	_____	_____	_____	_____	_____	_____
If return vent present - working	_____	_____	_____	_____	_____	_____	_____
Return vent(s) unobstructed	_____	_____	_____	_____	_____	_____	_____
Exhaust fan present/operational	_____	_____	_____	Airflow Check: Pass_____Fail_____	_____	_____	_____
If windows present-operational	_____	_____	_____	_____	_____	_____	_____
				*Note airflow readings	# Identified:	<input type="text"/>	<input type="text"/>
Keep it Clean							
Excessive visible dust	_____	_____	NA	_____	_____	_____	TA?
Is any carpeting/upholstery present	_____	_____	_____	_____	_____	_____	_____
Any cloth window coverings present	_____	_____	_____	_____	_____	_____	_____
Any furry/feathered pets in room	_____	_____	_____	_____	_____	_____	_____
Observed clutter	_____	_____	_____	_____	_____	_____	_____
Observed trash/debris on surfaces	_____	_____	_____	_____	_____	_____	_____
					# Identified:	<input type="text"/>	<input type="text"/>
Keep it Pest-Free							
Any reported/visible evid. of rodents	_____	_____	NA	_____	_____	_____	TA?
Any reported/visible evid. of insects	_____	_____	_____	_____	_____	_____	_____
Trash stored in container w/ lid	_____	_____	_____	_____	_____	_____	_____
Any obsrvd cracks/gaps around cabinets	_____	_____	_____	_____	_____	_____	_____
					# Identified:	<input type="text"/>	<input type="text"/>
Keep it Dry							
Observed damp smell	_____	_____	NA	_____	_____	_____	TA?
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any reported/visible window leaks	_____	_____	_____	_____	_____	_____	_____
Observed room humidifier	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____
Visible mold ranking:				*Note any moisture meter readings	_____	_____	_____
	0	<10 sq.ft.	>10				
Area affected:	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ sq. ft	# Identified:	<input type="text"/>	<input type="text"/>
Keep it Contaminant-Free							
Is smoking allowed in room	_____	_____	NA	_____	_____	_____	TA?
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any observed air fresheners	_____	_____	_____	_____	_____	_____	_____
Any observed candles or incense	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemical supplies	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in orig. container	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____
Flaking Paint Ranking:							
	0	<1 sq.ft.	>1				
Area affected:	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ sq. ft	# Identified:	<input type="text"/>	<input type="text"/>
Keep it Safe							
Smoke detector in /near room	_____	_____	NA	_____	_____	_____	TA?
CO detector near room	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in childproof cab.	_____	_____	_____	_____	_____	_____	_____
Water temp set ≤ 120°F	_____	_____	_____	_____	_____	_____	_____
GFCI near water sources	_____	_____	_____	_____	_____	_____	_____
No overloaded/small gauge ext. cords	_____	_____	_____	_____	_____	_____	_____
No loose flooring	_____	_____	_____	_____	_____	_____	_____
Small Children (<7 yrs old):							
Receptacle plug covers	_____	_____	_____	_____	_____	_____	_____
Cabinet locks on doors	_____	_____	_____	_____	_____	_____	_____
No blind/curtain cords w/in reach	_____	_____	_____	_____	_____	_____	_____
Medicines out of reach	_____	_____	_____	_____	_____	_____	_____
					# Identified:	<input type="text"/>	<input type="text"/>
					Total Hazards Identified:	<input type="text"/>	<input type="text"/>

Keep it Ventilated (Help Yourself to a Healthy Home Book - pg 19)

To reduce the chance of having moisture and humidity build-up, it is recommended to use an exhaust fan that is exhausted outside the home. If no fan is available, cracking a window or operating the heating or cooling system to allow fresh air into the room can help ventilate the space.

[Empty box for notes]

Keep it Clean (What are Asthma Triggers?)

Routinely damp dusting and keeping surfaces dry can help reduce allergens that may be present.

[Empty box for notes]

Keep it Pest-Free (Help Yourself to a Healthy Home Book - pg 42-45)

Placing a lid on the trash can and dumping it routinely can help keep smells down and reduce the chances of attracting pests.

[Empty box for notes]

Keep it Dry (Help Yourself to a Healthy Home Book - pg 19)

- Operating a bath exhaust fan can help reduce humidity and moisture, which could possibly lead to future mold growth.
- Use a detergent and water solution that has a surfactant to clean moldy areas around tub, sink, or shower.

[Empty box for notes]

Keep it Contaminant-Free/Maintained(Help Yourself to a Healthy Home Book-pg 15,24; What are Asthma Triggers?)

Environmental tobacco smoke can be a serious health risk and especially dangerous for children with asthma or other health conditions. It is recommended to smoke outside the home.

[Empty box for notes]

Keep it Safe (Surgeon General's Call to Action)

Remove any medications from easy to reach areas and place together in a locked or out of reach location in the home to prevent accidental poisonings from occurring.

[Empty box for notes]

3.0 EHA Room Survey: Basement

EHA ID #: _____

Date of Site Visit: _____

	Yes	No	Not Applic.	What issues were observed?	Is this a Health/Safety Hazard?		Take Action?
					Chronic	Acute	
Keep it Ventilated							
Working supply vent	_____	_____	_____	_____	_____	_____	_____
Supply vent open	_____	_____	_____	_____	_____	_____	_____
Supply vent unobstructed	_____	_____	_____	_____	_____	_____	_____
No return vent(s) present	_____	_____	_____	_____	_____	_____	_____
No crawlspace open to room	_____	_____	_____	_____	_____	_____	_____
If windows present-operational	_____	_____	_____	_____	_____	_____	_____

*Note airflow readings # Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Clean							
Excessive visible dust	_____	_____	_____	_____	_____	_____	_____
Is any carpeting/upholstery present	_____	_____	_____	_____	_____	_____	_____
Any cloth window coverings present	_____	_____	_____	_____	_____	_____	_____
Any furry/feathered pets in room	_____	_____	_____	_____	_____	_____	_____
Observed clutter	_____	_____	_____	_____	_____	_____	_____
Observed plant pots filled with dirt	_____	_____	_____	_____	_____	_____	_____
Obsrvd open/unused cardboard boxes	_____	_____	_____	_____	_____	_____	_____
Observed trash/debris on surfaces	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Pest-Free							
Any reported/visible evid. of rodents	_____	_____	_____	_____	_____	_____	_____
Any reported/visible evid. of insects	_____	_____	_____	_____	_____	_____	_____
Bulk food in containers	_____	_____	_____	_____	_____	_____	_____
Trash stored in container w/ lid	_____	_____	_____	_____	_____	_____	_____
Any obsrvd cracks/gaps around cabinets	_____	_____	_____	_____	_____	_____	_____

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Dry							
Observed damp smell	_____	_____	_____	_____	_____	_____	_____
Any visible moisture stains	_____	_____	_____	_____	_____	_____	_____
Any reported/visible window leaks	_____	_____	_____	_____	_____	_____	_____
Observed room humidifier	_____	_____	_____	_____	_____	_____	_____
Any mold smell	_____	_____	_____	_____	_____	_____	_____
Any observed suspect visible mold	_____	_____	_____	_____	_____	_____	_____
Visible mold ranking:				*Note any moisture meter readings			
Area affected: <input type="text"/> 0 <input type="text"/> <10 sq.ft. <input type="text"/> >10				sq. ft			

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Keep it Contaminant-Free							
Is smoking allowed in room	_____	_____	_____	_____	_____	_____	_____
Observed chemical odors	_____	_____	_____	_____	_____	_____	_____
Any observed air fresheners	_____	_____	_____	_____	_____	_____	_____
Any observed candles or incense	_____	_____	_____	_____	_____	_____	_____
Any reported/visible chemical supplies	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in orig. container	_____	_____	_____	_____	_____	_____	_____
Any flaking paint on any surface	_____	_____	_____	_____	_____	_____	_____
Flaking Paint Ranking:							
Area affected: <input type="text"/> 0 <input type="text"/> <1 sq.ft. <input type="text"/> >1				sq. ft			

Identified:

	Yes	No	NA	What issues were observed?	Is this a Health/Safety Hazard?		TA?
					Chronic	Acute	
Safety & Injury Prevention							
Smoke detector in /near room	_____	_____	_____	_____	_____	_____	_____
CO detector near room	_____	_____	_____	_____	_____	_____	_____
Chemicals stored in childproof cab.	_____	_____	_____	_____	_____	_____	_____
GFCI near water sources	_____	_____	_____	_____	_____	_____	_____
No overloaded/small gauge ext. cords	_____	_____	_____	_____	_____	_____	_____
No loose flooring	_____	_____	_____	_____	_____	_____	_____
Handrails on stairs (>3 steps)	_____	_____	_____	_____	_____	_____	_____
Adequate stair lighting	_____	_____	_____	_____	_____	_____	_____
Small Children (<7 yrs old):							
Receptacle plug covers	_____	_____	_____	_____	_____	_____	_____
Cabinet locks on doors	_____	_____	_____	_____	_____	_____	_____

Identified:

Total Hazards Identified:

Keep it Ventilated

- If air vents are present, keep open and unobstructed to allow fresh air to enter the room.
- Close off any openings or gaps around basement walls or crawl space(s) that may be present to help reduce air infiltration.

Keep it Clean (Help Yourself to a Healthy Home Book - pg 11-16)

- Reduce the amount of cardboard boxes in basements since they can hold dust, contribute to clutter, and can allow a great place for pests to hide and nest.
- Basements can often times be damp. Reducing the amount of upholstered items can help keep allergens from being present in these items.

Keep it Pest-Free (Rodent Proofing your Home - Kansas City Housing Authority)

- If pests are seen in the basement, perform integrated pest management to holistically and safely address the issue by practicing a non-toxic approach by using sticky traps or snap traps where necessary, closing up gaps or cracks around plumbing/electrical chases and any visible gaps to the outside.

Keep it Dry (Help Yourself to a Healthy Home Book - pg 19; What are Asthma Triggers?)

- Installing a dehumidifier can help keep basements dry by reducing the humidity.
- If cracks are present on walls or floor, it is recommended to use an appropriate water sealant on those concrete areas where necessary.

Keep it Contaminant-Free/Maintained (Help Yourself to a Healthy Home Book - pg 8-9, 42-45)

- Avoid using pesticides anywhere in the home due to the hazardous chemicals from which they are made and the exposure potential to young children and animals.
- Testing for radon can provide an idea of what level may be present in the home. Radon is a health risk. Closing up gaps and cracks is a start to helping reducing those levels.

Keep it Safe (Help Yourself to a Healthy Home Book - pg 48-54)

- Installing a light and working handrails on stairways can allow easy access in and out of the basement, which can help reduce safe issues related to trips and falls.

3.0 House/Floor/Room Plan Drawings

EHA ID #: _____

Date: _____

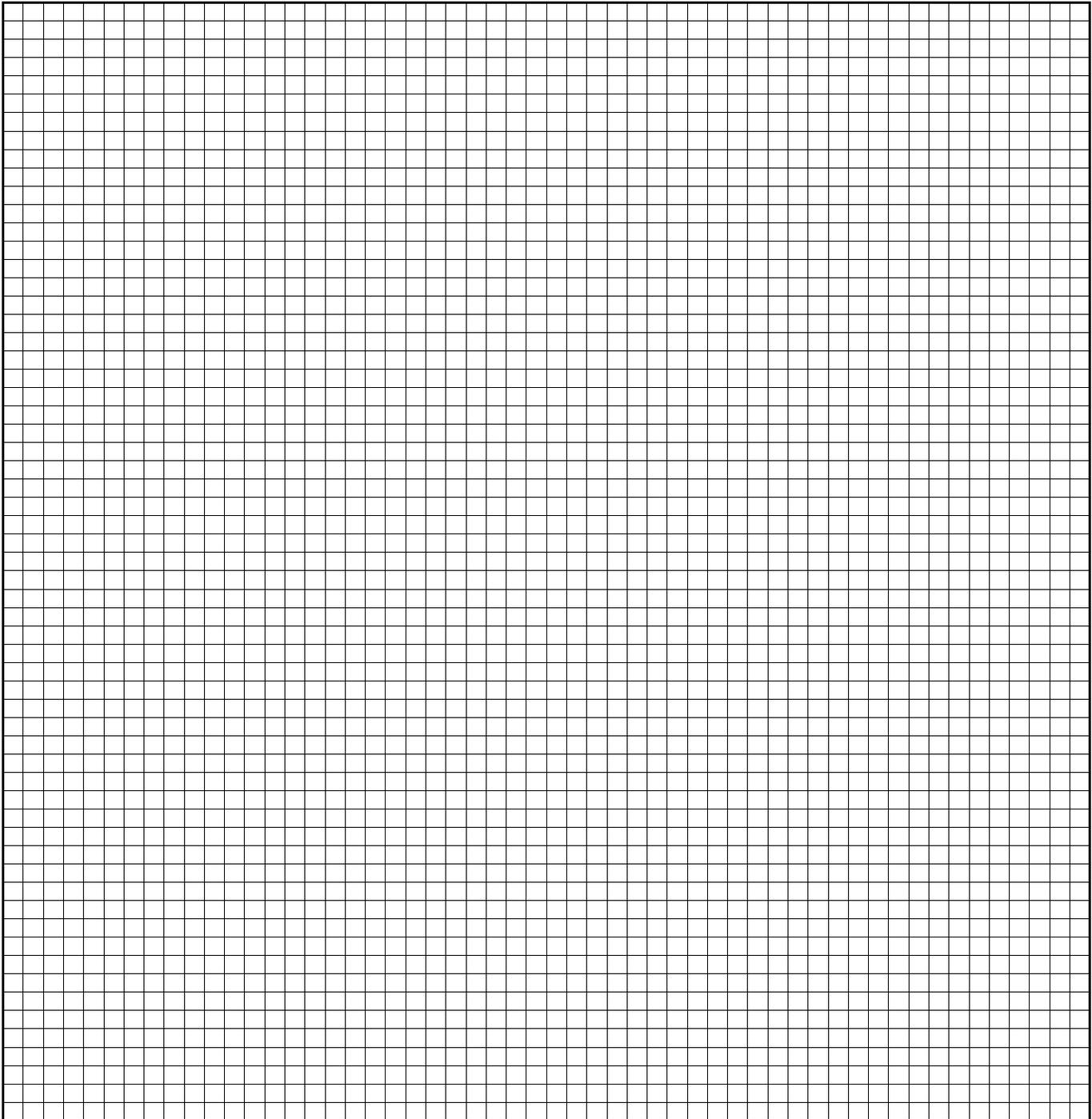
Items to be included on floor plan drawing:

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

Home Assessor Name(s): _____

4.0 Field Notes and Calculations

EHA ID #: _____ Date: _____

Home Assessor Name(s): _____