Healthy Homes Assessment Tool Checklist

This form is used to make detailed notes as the Housing Inspector inspects the various areas of the home and talks with homeowner/tenants. For each area the Housing Inspector will be checking for insulation, air leaks, moisture problems and the heating system components.

Does anyone who lives in the home smoke? Do visitors ever smoke in your home? Are there extension cords used inside the home? Is there any condensation visible? OR water/moisture problems/concerns? Are there any visible mold or musty odor problems? Are chemicals, pesticides, cleaning supplies, or medications stored within easy reach of children? (e.g. below the sink) Do you have a problem/concern with pests in the home? (e.g. bodies, fecal pellets or gnaw marks) Has anyone in the house been scald3ed (burned) by water in the past 12 months? (If yes, did this require medical attention?) Has anyone less than 6 yrs, that lives in the home, been diagnosed by a health professional with asthma? (If yes, has there been symptoms in the past 12 months?) Has any child been injured in the home in the past 12 months? Did they require									
Electric: City: Zip Code: County: Housing Type: Site built/Single Mobile Home Duplex Multi-Family Owner occupied Rental Other (explain) Home Phone: Number of Occupants: Cell Phone: Number under 6 yrs: Email: Number over 65 yrs: Approx year built: Pre-1940 1940-1959 1960-1977 1978-2000 2011 + Assessor: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:						Energy Pi	ovide	r (s)	
City: Zip Code: County:	Address:					Heat:			
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Have your children been tested for lead? If so, how many DCi/L	Resident Survey	Do visitors ever some Are there extensed is there any condition Are there any vision Are chemicals, possible children? (e.g. b) Do you have a program marks) Has anyone in the yes, did this required has anyone less professional with Has any child be medical attention Have your children.	no lives in the hasmoke in your sion cords used densation visible mold or not be sticides, clear pelow the sink) roblem/concerne house been uire medical at than 6 yrs, that hasthma? (If you en injured in the property of the period of the property of the	nome smoke? home? d inside the home? de? OR water/moist nusty odor problem ning supplies, or me rn with pests in the scald3ed (burned) te tention?) at lives in the home, yes, has there been the home in the past	ture problems/cond s? edications stored wi home? (e.g. bodies by water in the past been diagnosed by symptoms in the past to 12 months? Did the	ithin easy reach of s, fecal pellets or 12 months? (If a health ast 12 months?)	Sea A		Don't Know

	Housing Inspector Healthy Homes Assessment							
		Yes	No	Don't know	Location	Recommendation		
	Is there any condensation visible?							
	Are there any visible mold or							
	musty odor problems?		Ш					
	Does the bathroom(s) have a working exhaust fan?							
	Does the bathroom have non-slip surfaces?							
	Are there any water damage or water stains?							
	Is there evidence of pests in the home?							
	Is there a mitigation system?							
ent	Are there any missing or non- working smoke alarms?							
Housing Inspector's Assessment	Are there any missing or non- working CO alarms?							
	Is there any chipping or peeling paint?							
	Is there any bulging/buckling in the floors?							
	Is the home free from hazards that could cause injuries, such as tripping hazards, sharp edges, and missing or broken stairs or railings?							
	Are the railings of a porch, deck, patio or balcony secure? Are spindles in place, in good condition, and not more than 4 inches apart? Is the railing high enough to prevent falling, a minimum of 36 inches high?							
	Do the stairs have proper lighting?		П	П				
	Are un-vented combustion appliances present? OR Dryer?							
	Is the clothes dryer drum free of lint?							
	Are there extension cords used?							
	What is there condition?		Ш					

	Housing Inspector Healthy Homes Assessment - For Homes With Children								
		Yes	No	Don't know	Location	Recomm	endation		
	Is there evidence of smoking in the home?								
	Are chemical(s), pesticides, cleaning supplies, or medications stored within easy reach of children?								
	Are there window blind cords or other strangulation hazards?								
	If there are stair gates, do they work? Are window guards present?								
inued)	Are there missing or broken electrical covers?								
(conti	Are there child tamper-resistant outlet covers?								
sessment	What temperature is the water heater set at? Is it safe for children? (<120F)								
As		Yes	No						
or's	Gave occupant a copy of MN Departme								
pect	Gave occupant a copy of National Center Maintenance Checklist".								
Housing Inspector's Assessment (continued)	Any comments on any health and safet	y issue	s thro	ughout 1	the home:				