

# Visual Assessment Exercise Worksheet

Prerequisite for *Healthy Homes Specialist Credential* Candidates

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Purpose:** Candidates for the *Healthy Homes Specialist Credential* must pass an examination and complete this [Visual Assessment Exercise](#).

This exercise is designed to ensure *Healthy Homes Specialist Credential* candidates are able to:

- Properly complete a representative healthy homes assessment tool;
- Use that tool to identify potential housing code violations; and
- Identify strengths and weaknesses of the tool.

The exercise uses the Visual Survey Report developed by the [Alliance for Healthy Homes](#) for its [Community Environmental Health Resource Center](#). Community groups have used the tool on more than 1800 homes.

You can complete the exercise before you take the credential exam.

## Instructions:

**Step 1:** Download and review the following documents:

- [Visual Assessment Exercise Worksheet \(Word / PDF\)](#). *You will need to complete this worksheet and fax it to NCHH at 443-539-4150.*
- [Exercise Photos](#). The photos are in a PowerPoint Presentation that closely tracks the form you need to complete for the exercise.
- [CEHRC Survey Instructions](#). In the Survey Instructions document that opens up, complete only Steps 3 and 5. You do not need to complete the floor plan or site plan. The basic instructions are at the top of the [Survey](#) form. Note the different format used to identify water damage and deteriorated paint. These variations are not explained on the form.
- [International Property Maintenance Code 2003 - Healthy Homes Provisions \(IPMC\)](#). NCHH extracted the key healthy home provisions of the 2003 Version of IPMC. The IPMC is the model housing code for the nation. More than 600 communities have adopted it as their housing code. Go to [www.iccsafe.org](http://www.iccsafe.org) for more information about the IPMC.

**Step 2:** Complete Page 2 of the [Visual Assessment Exercise Worksheet](#) and put your name and current date at top of each page of the form. You do not need to provide exam date or location, your organization's name or your fax number.

**Step 3:** Using the [Exercise Photos](#), complete the Visual Survey Report on page 3 of the [Visual Assessment Exercise Worksheet](#). Use your name and current date for the upper-right box. Use the scenario to fill-in the lines at the top and the box at the bottom of the form. Where the scenario does not provide the information, create your own information. Use section 3 and 5 of the CEHRC Survey Instructions for guidance. You do not need to prepare a floor plan or site plan.

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**Step 4:** Using the [Exercise Photos](#) and [IPMC](#), complete Page 4 of the [Visual Assessment Exercise Worksheet](#). For each of the problems noted on the Visual Survey Report (page 3), consider whether there is IPMC code violation. You need to:

- Identify which rooms had potential violations of the IPMC.
- Indicate the code sections for the potential violations for each room.
- Identify which problems are clearly violations and which ones require more investigation.
- Identify whether the owner, the occupant, or both are responsible for correcting the potential violation.

**Step 5:** Complete Page 5 of the [Visual Assessment Exercise Worksheet](#). Based on your review of the form and the code, identify three strengths and three weaknesses of the Visual Survey Report as an assessment tool. You can also use this page to provide any comments you have on the exercise.

**Step 6:** Fax the form to Judith Akoto at National Center for Healthy Housing at 443-539-4150. You may also scan the completed form into a pdf format and email it to Judith Akoto at [jakoto@nchh.org](mailto:jakoto@nchh.org).

Judith Akoto will contact you within 15 business days of receiving the fax. If you do not hear from her, please contact her at 443-539-4167 or [jakoto@nchh.org](mailto:jakoto@nchh.org).

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Name of Candidate: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you taken credential exam? \_\_\_\_ yes \_\_\_\_ no

If you have taken the exam, provide date and state: \_\_\_\_\_

I certify that I have completed this exercise on my own. I did not receive assistance in identifying the hazards shown on the photos, filling out the worksheet, or describing the code violations.

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Signature of Candidate

---

Date

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Visual Survey Report

Resident: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Unit # \_\_\_\_\_ Unique ID \_\_\_\_\_

Resident Phone: \_\_\_\_\_

Visual Conducted by: \_\_\_\_\_

Date: \_\_\_\_\_

Make a checkmark (✓) if the problem appears in the room or area. For deteriorated paint and water damage, indicate the extent of the problem (see instructions). Use the extra rows to identify any other hazards you notice. Put an asterisk (\*) above any room(s) where a child sleeps or plays. Circle (○) where you photograph a problem.

### ROOM OR AREA

PROBLEM		Exterior	Porch	Entryway	Living Room	Dining Room	Kitchen	Bed room 1	Bed room 2	Bed room 3	Bath room 1	Bath room 2	Basement		
Deteriorated paint	Walls														
	Windows, door, or trim														
	Paint chips on floor														
Soil with no grass or mulch															
Cockroaches															
Rodents															
Holes in wall															
Mold/Mildew	Obvious source of moisture														
	No obvious source of moisture														
Water Damage: walls waterw/ly stained															
Strong musty smell															
Natural gas/sewer gas smell															
Unvented gas oven/dryer/heater															
Worn-out carpeting															
Other:															
Other:															
Other:															
Other:															
Other:															

If renting, received lead hazard disclosure information from landlord? Yes No

Follow-up visit scheduled for: Date \_\_\_\_\_ Time: \_\_\_\_\_

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Identify the Potential Code Violations in Photos

Area of Home	Nature of Violation / Code Sections Potentially Violated	Nature of Violation		Responsible Person	
		Definite	Potential	Owner	Occupant
Exterior					
Porch					
Entryway					
Living Room					
Dining Room					
Kitchen					
Bedroom 1					
Bedroom 2					
Bedroom 3					
Bathroom 1					
Bathroom 2					
Basement					
Other: _____					
Other: _____					

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**Evaluate the Merits of Visual Assessment**

Write down three strength and weaknesses of the Visual Assessment Exercise as an assessment tool.  
Please also add any feedback you have on this exercise in the comments section below.

Three Strengths:

- 1.
- 2.
- 3.

Three Weaknesses:

- 1.
- 2.
- 3.

Comments: