



H&S Assessment Checklist

Client Name: _____

Date of Assessment: _____

Address: _____

Agency _____

Inspector Name: _____

General Data

Dwelling Type: Site Built Manufactured Multi-Family

Age of Home: Over 50 years old 1978 or older

Foundation: Basement Slab on grade Damaged Missing Supports
 Crawl Space Stands or Piers Settling Other Concerns _____

Exterior Walls: Framed Damaged Cement tile siding Missing/Broken Doors or Windows
 Block/Brick Bowing/Buckling Other Concerns _____

Roof: Damaged Missing shingles Other Concerns _____
 Bowing/Buckling Missing flashing No ventilation Swamp Cooler leaking

Exterior of Property

Drainage: Gutters & Down Lawn sprinklers creating Environment: Debris Pests
 spouts creating problems
problems Site grade creating problems Unsanitary Conditions
Other Concerns _____

Fuel Line: Gas Leak Cap Missing 2' within 10' rule No spark arrestor
 Shut Off Vents: Back draft Damper Missing Other Concerns _____

Electrical Hazard Gas Leak Not air sealed from Mobile home
Service: Shut Off WH Com-artment: Damaged Vent Disconnected Other Concerns _____

Interior of Home

Environment: VOC's Pests Unsanitary Debris or Dangerous Signs of
Other Concerns _____ Conditions Clutter Pets Remodeling

Home Safety: Stair Hazard Railing Hazard Porch Hazard Floor Covering Hazard Electrical Hazard

No Smoke Detectors No CO Detectors Other Concerns _____

Mold, Moisture, IAQ

Bathroom #1: Mold Present No Operable Window No Operable Exhaust Visible wall/ceiling/floor damage
 Water Damage Other Concerns _____

Bathroom #2: Mold Present No Operable Window No Operable Exhaust Visible wall/ceiling/floor damage
 Water Damage Other Concerns _____

Kitchen: Mold Present No Operable Window No Operable Exhaust Visible wall/ceiling/floor damage
 Water Damage Other Concerns _____

Crawl Space: Mold Present No Access cover No Vapor Barrier Knob & tube wire
 Water Damage No Vents Other Concerns _____



H&S Assessment Checklist

Client Name: _____

Date of Assessment: _____

Address: _____

Agency _____

Inspector Name: _____

Mold, Moisture, IAQ cont.

Basement: Mold Present No Operable Window Visible wall/ceiling/floor damage
 Water Damage No Operable Exhaust Knob & tube wire Other Concerns _____

Laundry Area: Mold Present Dryer not vented outside Visible wall/ceiling/floor damage
 Water Damage No Operable Exhaust Other Concerns _____

Attic: Mold Present No Ventilation Visible truss/ceiling/deck damage Vermiculite
 Water Damage Knob & tube wire Other Concerns _____

Mechanical Systems

Heating System:
 Fuel Line: Missing shut off valve Missing drip leg Unlisted gas flex Gas Leak Other Concerns _____
 Flue: Needs required clearances 6" single wall 1" B-Vent Galvanized vent connector Venting system not sloped at least 2% Other Concerns _____
 Appliance producing over 100ppm CO System is Red Tagged Suspect ACM insulation on piping
 Detectable CO in supply airstream Suspect ACM tape on duct Other Concerns _____

Water Heater:
 Fuel Line: Missing shut off valve Missing drip leg Unlisted gas flex Gas Leak Other Concerns _____
 Flue: Needs required clearances 6" single wall 1" Galvanized vent connector Venting system not sloped at least 2% Other Concerns _____
 Appliance producing over 100ppm CO System is Red Tagged
 Suspect ACM tape on duct Suspect ACM insulation on piping Other Concerns _____

Other Combustion Appliance:
 Fuel Line: Missing shut off valve Missing drip leg Unlisted gas flex Gas Leak Other Concerns _____
 Flue: Needs required clearances 6" single wall 1" Galvanized vent connector Venting system not sloped at least 2% Other Concerns _____
 Appliance producing over 100ppm CO System is Red Tagged
 Suspect ACM tape on duct Suspect ACM insulation on piping Other Concerns _____

Cooling System:
 Evaporative Cooling leaking System missing condensate Refrigerant leaking
 Other Concerns _____

I affirm that I have conducted this Health & Safety Inspection and marked all areas of concern I identified on this form. I have transferred these concerns to Assessment Summary and discussed all items with the Client. **Signature:** _____ **Date:** _____



H&S Assessment Checklist

Client Name: _____

Date of Assessment: _____

Address: _____

Agency _____

Inspector Name: _____

Client Interview

I have reviewed the Client IAQ & compared it with my H&S Assessment. I have identified any issues noted on the IAQ as part of my Assessment. I have discussed all identified issues with the client as part of the Client Exit Interview.

Auditor Signature: _____

The issues below have discussed with me and the agency has made clear my responsibilities as part of the Client Exit Interview.

Client Signature: _____

Assessment Summary

Identified Problem	Location of Issue	Client Responsibilities	Agency Responsibilities	Client Ed/Document delivered