



# 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 \_\_\_\_\_



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## 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:** \_\_\_\_\_



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## 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

# Lead Testing Declaration

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The Weatherization Assistance Program conducts limited lead testing using X-ray fluorescence (XRF) technology on homes that were built before 1978. This testing is limited to the areas that might be disturbed during normal weatherization activities to determine if additional precautions should be taken while weatherizing the home. This testing does not constitute a Lead Inspection (R307-842-3(2)), Hazard Screen (R307-842-3(3)), Risk Assessment R307-842-3(4)) as defined by Utah Administrative Code. If any of these tests have been done on the home by this agency they will provide you separate documentation regarding such test.