

Program: _____
 Date visited: _____

Client ID: _____
 Address: _____

Instructions: This form is meant to be used as a visual assessment checklist. The assessor should use their best judgement to determine whether certain home hazards and deficiencies are observed, such as mold and lead paint. The assessor should be familiar with home systems and ideally be a certified BPI Building Analyst.

Home Health Hazards and Deficiencies		Exterior	Kitchen	Dining Room	Living Room	Bathroom #___	Hallway / Stairs	Bedroom 1	Bedroom 2	Bedroom 3	Attic/Roof	Basement	Action Needed	Critical	Corrected	Observations or Recommendations
Lead Paint Hazards Poor (P), Lead Dust (LD), Peeling Paint (PP), Chipping Paint (CP), Friction Surfaces (FS)	Walls															
	Windows															
	Doors															
	Ceiling, Floors															
Asbestos Fray (FR), Floor Tiles (T), Ducts (D), Pipes (P), Furnace (F), Boiler (B)																
Combustion Appliances Broken (B), Damaged, (D), Poor (P), Missing (M), Fuel Leak (FL), <u>Not vented (NV)</u> , Energy Inefficient (IN)	Water Heater															
	Clothes Dryer															
	CO Detectors															
	Space Heater															
	Gas Stove															
	Smoke Alarms ea. floor & sleeping room															
Excess Cold, Excess Heat Gas (G), Oil (O), Electric (E), Broken (B), Obstructed (O), Floor (F), Ceiling (CE), Walls (W), Energy Inefficient (IN)	Cooling Systems Window AC (WAC), Central AC (CAC)															
	Insulation Cellulose (CEL), Batt (BAT), Foam Board (FB)															
	Distribution Radiators (R), Ducts (AD), Supply/Return Grids (SRG)															
	Drafts Ext. Penetrations (EP), Fireplace (FP), Door (D), Window (WN)															
	Heating Systems Furnace (F), Boiler (B), Heat Pump (HP)															Heater make and model # _____ Heater combustion efficiency ____% (output BTU/hr ÷ input BTU/hr for gas heaters)
	Safe and Operable Heating System						<input type="checkbox"/>									<input type="checkbox"/>
Moisture & Mold	Water Infiltration Standing Water (SW), Roof Leak (RL), Pipes (PL)															
	Condensation Ducts (AD), Window Sills (WS), Window Glass (WG)															
	Mold Bigger 10 ft2 (<10), Smaller 10 ft2 (>10)															
	Water Damage Floor (F), Ceiling (CE), Wall (W)															
	Bathroom Ventilation exhaust fan or operable window															<input type="checkbox"/>
Pests Reported (X). Droppings (DR) Frass (F), Bite marks (BM). High Infestation (HI), Med Infestation (MI). Low Infestation (LI)	Cockroaches															
	Mice															
	Rats															
	Bedbugs															

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Safety Hazards Broken (B), Poor (P), Missing (M), Unstable (US)	Entrapment Door knobs (DK), Lock set (LS), No Access (NA)																
	Electric Hazards Electrical Shock (ES), Electrical Fire (EF)																
	Operational Electric Circuit Breaker or Fuse Box					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Fire Hazards (FH) Combustibles (C), Fuel (F), Natural Gas (NG)																
	Tipping Hazards Stairs (S), Walkways (W)																
	Structural Defects Interior (IN), Exterior (EX)																
	Adequate Space and Security for Residents					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Secured Exterior Door(s)					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Operational Window on each floor					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Access for Workers unobstructed access to systems					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
Trip & Falls Hazards Broken (BR), Poor (P), Loose (L), Missing (M), Uneven (UE), Slippery (S), Failing (F), Energy Inefficient (IN)	Stairs Handrail (HR), Steps (ST)																
	Leveled Surface Carpet (C), Walkway (W), Floor (F)																
	Bathroom Grab Bars (GB), Floor (F), Toilet (T)																
	Lighting Fixtures (FX), Light Switch (LS), Motion lights (ML)																
	Adequate Natural or Artificial Light					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
Sanitation Damaged (D), Poor (P), Leaky (L), Missing (M), Floor (F), Carpet (C), Counter (C), Water Inefficient (IN)	Clutter																
	Sewage Backups (SB), Drain (DL)																
	Unsanitary Areas Hard to clean surface (DC)																
	Waste Management Garbage (G) Trash Can (TC)																
	Separate private bathroom					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Toilets in Workable Conditions					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Shower/Tub in Workable Conditions with hot and cold running water					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Kitchen Sink w/ Hot/Cold Water					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Contamination in Water Supply Brown Water Test for Kitchen & Bathrooms					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Bathroom Sink w/ Hot/Cold Water					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
Food Safety	Hot Water Temperature					<input type="checkbox"/> < 120°F				<input type="checkbox"/> > 120°F							
	Food Handling space to store, prepare, and serve food					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Functioning Refrigerator					<input type="checkbox"/> Yes				<input type="checkbox"/> No							
	Functioning Electrical Outlet in Kitchen					<input type="checkbox"/> Yes				<input type="checkbox"/> No							

Highlighted cells represent Restore Repair Renew Minimum Home Quality Standards

