

**EDUCATIONAL MATERIALS NOTIFICATION/HEALTH & SAFETY ASSESSMENT**

<b>CLIENT JOB#</b>	<input type="text"/>	<b>CLIENT PHONE NUMBER(S)</b>	<b>DWELLING TYPE</b>	
<b>CLIENT NAME</b>	<input type="text"/>	<input type="text"/>	<b>SITE BUILT</b> <input type="checkbox"/>	<b>MULTI 1-4</b> <input type="checkbox"/>
<b>ADDRESS</b>	<input type="text"/>	<input type="text"/>	<b>MOBILE</b> <input type="checkbox"/>	<b>DUPLEX</b> <input type="checkbox"/>
		<b># OF OCCUPANTS</b> <input type="text"/>	<b>SHELTER</b> <input type="checkbox"/>	<b>OTHER</b> <input type="checkbox"/>
		<b>OWNER</b> <input type="checkbox"/> <b>RENTER</b> <input type="checkbox"/>		
<b>ASSESSMENT DATE</b>	<input type="text"/>	<b>ASSESSOR NAME</b>	<input type="text"/>	<b>YEAR BUILT</b> <input type="text"/>

**Client Educational Materials Notification**

I have been provided the following health and safety educational materials and each one was explained in detail.

- Lead Safe Guide to Renovate Right
- Citizens Guide to Radon
- A Brief Guide to Mold, Moisture, and Your Home
- Sure, Your Home is Clean but is it Safe for Your Family
- Asbestos Safety Information
- Electrical Safety Booklet
- Combustion Appliances Handout
- Seven Tips on Keeping a Healthy Home
- Safe Pest Control

All of my questions were addressed, and I understand the importance of the materials I have been provided. I also understand that maintaining a safe and healthy home requires active participation on my part in filter replacement, keeping a sanitary home, using exhaust fans, and maintaining my mechanical equipment and combustion appliance(s).

**Client's Printed Name:**

**Client's Signature:**  **Date:**

## Health & Safety Assessment

COLOR PHOTOGRAPHS OF HEALTH & SAFETY ISSUES AND FINAL REPAIRS ARE REQUIRED

EXTERIOR BUILDING	DESCRIPTION/ LOCATION/ SEVERITY	Deferral Circle (No or Yes)/ Referral Options
<b>Structural Damage</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Potential Asbestos Siding</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Moisture Intrusion Site/ Drainage/ Gutters &amp; Downspouts</b> *See Health & Safety Plan protocols		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Pest Intrusion/ Prevention/Removal</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Suspected Paint Containing Lead (pre 1978)</b>  *Complete LSW & RRP Forms.		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Other</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes

BASEMENT/CRAWLSPACE	DESCRIPTION/ LOCATION/ SEVERITY	Deferral Circle (No or Yes)/ Referral Options
<b>Structural Damage</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Return Duct Work (If not sealed)</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Electrical/ Fire Hazard</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>Potential Friable Asbestos</b> (Removal or Encapsulation must be done, or the unit deferred)  *Test & Correction by AHERA professional only.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Exposed Dirt</b>  *Install sealed vapor barrier where site conditions permit.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Mold &amp; Moisture and Biological Conditions</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Ventilation/Dehumidification</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Clutter/ Access</b>  *Perform removal or correction. Depending on the severity of the clutter.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Other</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>

#### MECHANICAL/APPLIANCE

	DESCRIPTION/ LOCATION/ SEVERITY	Deferral Circle (No or Yes)/ Referral Options
<b>Heating (CO, Moisture, Electrical, Gas, Operation)</b>  *Complete Heater Survey.	Use HIP/LIHEAP protocols	<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Cooling (Moisture, Electrical)</b>	Use HIP/LIHEAP protocols	<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Water Heater (CO, Moisture, Electrical, Gas, Operation)</b>  *Complete Heater Survey.	Use HIP/LIHEAP protocols	<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Dryer Exhaust</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Ventilation (Local, Whole House)</b>  *Complete ASHRAE 62.2 2016 Calculation.		<input type="checkbox"/> No/Yes <input type="checkbox"/>

<b>Space Heater Removal</b> *Remove and dispose of unvented space heater. ANSI A21.11.2 labeled secondary units okay.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Hazardous Chemicals/VOCs</b> *High concentrations of hazardous chemicals must be removed from the living space or the unit deferred.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Other</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>

#### ATTACHED GARAGE

	DESCRIPTION/ LOCATION/ SEVERITY	Deferral Circle (No or Yes)/ Referral Options
<b>Garage Air Intrusion</b> *Seal all penetrations between garage and living space.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Return Ducts (if not sealed)</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Electrical/ Fire Hazard</b> *See Health & Safety Plan protocols		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Hazardous Chemicals/VOCs</b> *High concentrations of hazardous chemicals must be removed from the living space or the unit deferred.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Clutter/Access</b> *Perform removal or correction. Depending on the severity of the clutter.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Other</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>

#### INTERIOR/COND. SPACE

	DESCRIPTION/ LOCATION/ SEVERITY	Deferral Circle (No or Yes)/ Referral Options
<b>Structural Damage</b> *See Health & Safety Plan protocols		<input type="checkbox"/> No/ Yes <input type="checkbox"/>
<b>Electrical/Fire Hazard</b> *See Health & Safety Plan protocols		<input type="checkbox"/> No/ Yes <input type="checkbox"/>
<b>Mold &amp; Moisture and Biological Conditions</b> *See Health & Safety Plan protocols		<input type="checkbox"/> No/ Yes <input type="checkbox"/>

<b>Clutter/ Access</b> *Perform removal or correction. Depending on the severity of the clutter.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Suspected Paint Containing Lead (pre 1978)</b>  *Complete LSW & RRP Forms.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Smoke/CO Alarm</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Installation of Fire Extinguisher</b> (for solid fuel only)		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Other</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>

ATTIC INSPECTION	DESCRIPTION/ LOCATION/ SEVERITY	Deferral Circle (No or Yes)/ Referral Options
<b>Structural Damage</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Potential Asbestos Vermiculite</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Return Duct Work (If not sealed)</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Electrical/Knob &amp; Tube Hazard</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Mold &amp; Moisture and Biological Conditions</b>  *See Health & Safety Plan protocols		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Ventilation Issues</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Clutter/ Access</b> *Perform removal or correction. Depending on the severity of the clutter.		<input type="checkbox"/> No/Yes <input type="checkbox"/>
<b>Other</b>		<input type="checkbox"/> No/Yes <input type="checkbox"/>