

EDUCATIONAL MATERIALS NOTIFICATION/HEALTH & SAFETY ASSESSMENT

CLIENT JOB#	<input type="text"/>	CLIENT PHONE NUMBER(S)	DWELLING TYPE	
CLIENT NAME	<input type="text"/>	<input type="text"/>	SITE BUILT <input type="checkbox"/>	MULTI 1-4 <input type="checkbox"/>
ADDRESS	<input type="text"/>	<input type="text"/>	MOBILE <input type="checkbox"/>	DUPLEX <input type="checkbox"/>
		# OF OCCUPANTS <input type="text"/>	SHELTER <input type="checkbox"/>	OTHER <input type="checkbox"/>
		OWNER <input type="checkbox"/> RENTER <input type="checkbox"/>		
ASSESSMENT DATE	<input type="text"/>	ASSESSOR NAME	<input type="text"/>	YEAR BUILT <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
Structural Damage *See Health & Safety Plan protocols		No/Yes
Potential Asbestos Siding *See Health & Safety Plan protocols		No/Yes
Moisture Intrusion Site/ Drainage/ Gutters & Downspouts *See Health & Safety Plan protocols		No/Yes
Pest Intrusion/ Prevention/Removal *See Health & Safety Plan protocols		No/Yes
Suspected Paint Containing Lead (pre 1978) *Complete LSW & RRP Forms.		No/Yes
Other		No/Yes

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

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

MECHANICAL/APPLIANCE

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

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

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

INTERIOR/COND. SPACE	DESCRIPTION/ LOCATION/ SEVERITY	Deferral Circle (No or Yes)/ Referral Options
Structural Damage *See Health & Safety Plan protocols		No/ Yes
Electrical/Fire Hazard *See Health & Safety Plan protocols		No/ Yes
Mold & Moisture and Biological Conditions *See Health & Safety Plan protocols		No/ Yes

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

ATTIC INSPECTION

DESCRIPTION/ LOCATION/ SEVERITY

Deferral Circle (No or Yes)/ Referral Options

Structural Damage *See Health & Safety Plan protocols		No/Yes
Potential Asbestos Vermiculite *See Health & Safety Plan protocols		No/Yes
Return Duct Work (If not sealed)		No/Yes
Electrical/Knob & Tube Hazard *See Health & Safety Plan protocols		No/Yes
Mold & Moisture and Biological Conditions *See Health & Safety Plan protocols		No/Yes
Ventilation Issues		No/Yes
Clutter/ Access *Perform removal or correction. Depending on the severity of the clutter.		No/Yes
Other		No/Yes