

# Healthy Homes Environmental Assessment Form



Homeowner name:		Client ID:
Homeowner address:		
City/Town:	State:	Zip:
Telephone #:	Email:	
Referred by:		
EEN Healthy Home contractor name:		
Visit date:	Start time:	End time:
Weather conditions:		

## Introduction

The U.S. Centers for Disease Control and Prevention (CDC) and the National Center for Healthy Housing (NCHH) define a healthy home as one that meets the following 8 principles: dry, clean, safe, well ventilated, pest free, contaminant free, maintained, and thermally controlled.

The following document summarizes the key findings during your Healthy Home Environmental Assessment.

Findings are based on the resident interview, observation of areas accessed, and any diagnostic testing performed as indicated in the report. If your contractor chose to perform additional diagnostic tests during the visit, those findings are included as well.

## Disclaimer

Efficiency Excellence Network (EEN) Healthy Home Contractors recognize the interaction between housing and disease, injury and overall wellbeing. To help customers identify unhealthy housing conditions, EEN Contractors offer a Healthy Home Environmental Assessment (HHEA). The HHEA evaluates and characterizes home-based environmental health and safety hazards using qualitative assessments (such as occupant interviews and visual observations) and quantitative diagnostics (such as environmental or air quality testing) to determine and prioritize recommendations for improving unhealthy housing conditions. Customers must sign the form to indicate that they accept the terms and conditions outlined below at the beginning of the assessment.

It is expressly understood and agreed that neither Contractor nor Efficiency Vermont are providing professional healthcare services or advice, and that information and recommendations contained in the assessment report should be used by the occupant in consultation with their healthcare providers to improve the occupant's health and quality of life by addressing any health or safety hazards identified during the assessment.

The content of this assessment shall not be considered legal or medical advice or a substitute for consultation with a licensed healthcare provider or an attorney. No medical or health information will be collected or reported through this assessment.

It is understood and agreed that this assessment will be of the readily accessible areas of the occupant's home and is limited to observations of apparent conditions existing only at the time of the assessment. Latent and concealed defects and deficiencies are excluded from the assessment. Personal property,

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debris, furniture, carpeting or other materials, which may impede access or limit visibility, will not be moved. Equipment, items, and systems will not be dismantled.

Maintenance, repairs, possible fixes, recommendations, and other similar items may be discussed during the assessment and referenced in the report, but they are not to be considered technically exhaustive or cover every possible indoor environmental health risk or safety hazard. The assessment and report are not a compliance inspection or certification for past or present governmental codes, regulations, ordinances, statues, or special utility restrictions of any kind.

The occupant or homeowner acknowledges and agrees that Contractor, its agents and employees and Efficiency Vermont shall not be liable or responsible for the cost of repairing or replacing any reported or unreported indoor environmental health or safety hazard, either current or arising in the future; or for any and all claims, losses, expenses, injuries, or damages arising out of or in any way related to the reported or unreported health and safety hazard by reason of any act or omission, including breach of contract or negligence related to the home assessment or report. The parties further agree that Contractor shall not be liable to Homeowner for any special or consequential damages, including but not limited to, lost profits, loss of use, and costs of replacement, caused by the Contractor's negligence, breach of contract, or any other cause whatsoever related to the assessment. These terms do not apply to work performed by the Contractor outside of the home assessment or report.

The parties acknowledge that this assessment and report is not intended, or to be used, as a guarantee or warranty, expressed or implied, regarding the adequacy, performance or condition of any evaluated structure, item or system. The parties further acknowledge that neither Contractor nor Efficiency Vermont is an insurer and that the assessment and report are not insurance against any health and safety hazard condition(s).

Notwithstanding the foregoing, it is understood and agreed that if Contractor is found liable to Homeowner as a result of failure to perform any of its obligations, including but not limited to, failure as a result of negligence, breach of agreement, or otherwise, the liability of Contractor, its agents and employees shall be limited to a sum equal to the amount of the fee paid by the Homeowner for the assessment and report.

## Customer Acknowledgement

By signing below, I acknowledge that I have read and understood the above information, voluntarily agree to participate in the Healthy Homes Environmental Assessment, and agree to the Disclaimer set forth above.

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Participant Signature

Date

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Printed Name of Participant

Date

## Resident Interview:

General Info		General Info (continued)	
Resident's <b>primary concerns</b> regarding energy efficiency, comfort, indoor environmental health and safety:		What is the home's <b>water source</b> ?	<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Well-dug <input type="checkbox"/> Point well-drilled <input type="checkbox"/> Well-driven <input type="checkbox"/> Spring
Describe <b>common cleaning practices</b> : (sweeping/vacuuming, dusting (wet vs dry), mopping, chemicals used)		If you have a private water source, <b>when was your water last tested</b> ?	<input type="checkbox"/> N/A Year & results:
Is this how your home normally looks?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	Do you use a <b>home water purification system</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Do you receive <b>fuel assistance</b> or are you interested in <b>low-income program offerings</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When was the home last tested for <b>radon</b> ?	<input type="checkbox"/> Don't know / never Year & results:
How many <b>people</b> live in the home? Including part-time residents.		Resident given The <b>Lead-Safe Certified Guide to Renovate Right?</b> (all homes built pre-1978)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are <b>children</b> often in the home?	<input type="checkbox"/> Yes – age(s): _____ <input type="checkbox"/> No	In the last 12 months, have you or an exterminator used <b>any pest control measures</b> to control pests inside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
How many <b>pets</b> live in the home and type:		In the last 12 months, have you used a <b>humidifier</b> inside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
How many <b>plants</b> are in the home and condition:		In the last 12 months, have you used a <b>dehumidifier</b> inside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
<b>When was the home built</b> and when were any <b>major renovations</b> completed? (record year(s) and any reno details)		In the last 12 months, have you noticed in <b>condensation</b> on windows or other surfaces in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:

## Resident Interview (continued):

General Info (continued)		Exterior	
Do the residents have supplemental <b>portable combustion equipment</b> ? (e.g., generators, unvented gas or kerosene space heaters)	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	If you decide to move forward with a home upgrade, would you like to receive <b>MSDS</b> for all materials to be used during the home upgrade?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fire extinguisher</b> in home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	<b>Condition</b> of home exterior:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Notes:
<b>Aluminum foil in oven?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Moisture concerns:</b> (grading, overhangs and downspouts/drainage)	
Number of <b>stories</b> :			
<b>Dwelling Type:</b>	<input type="checkbox"/> Detached single family <input type="checkbox"/> Duplex/triplex, row house, low rise apartment (1-4 units) <input type="checkbox"/> Multifamily apartments 1-4 floors <input type="checkbox"/> Multifamily apartments 5+ floors <input type="checkbox"/> Mobile home or trailer	<b>Garage</b> Location(s):	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> No garage
		<b>Unvented combustion appliances</b> or hobby equipment used in the attached garage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (no garage) Notes:
<b>Additional notes:</b>			

Interior Spaces – conditions by room: \_\_\_\_\_

General Conditions			
<b>Floor covering:</b> (carpet, area rug, tile, dirt, poly, concrete, etc.)		<b>Operational room exhaust fan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Wall condition:</b>	<input type="checkbox"/> Intact <input type="checkbox"/> Holes/damage <input type="checkbox"/> Minor wear Notes:	<b>Room exhaust fan vented to outside?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Cannot tell <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Ceiling condition:</b>	<input type="checkbox"/> Major bypasses Material: Notes:	<b>Exhaust fan flow(s):</b> (cfm, continuous, intermittent, manual or automatic – min. tested kit and bath)	<input type="checkbox"/> N/A List all:
<b>Window condensation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes:		
<b>Windows operational?</b>	<input type="checkbox"/> Yes _____% <input type="checkbox"/> With pest screen _____% <input type="checkbox"/> No _____% <input type="checkbox"/> No pest screen _____%	<b>CO or smoke alarm present?</b>	<input type="checkbox"/> None <input type="checkbox"/> Combination smoke & CO detector <input type="checkbox"/> CO detector <input type="checkbox"/> Smoke alarm Last test date: _____ Manufacture date: _____
<b>Water damage:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	<b>CO or smoke alarm features:</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Internet protocol (IP) enabled <input type="checkbox"/> AC <input type="checkbox"/> Ionization sensor <input type="checkbox"/> Battery only <input type="checkbox"/> Photoelectric sensor
<b>Mold-like substance:</b>	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Extensive Notes:	<b>Fire hazards?</b>	Type(s) & location(s):
Live <b>pests</b> , signs of pests and/or pesticides observed:	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	<b>Electrical connection safety concerns or active knob &amp; tube wiring?</b>	<input type="checkbox"/> None <input type="checkbox"/> Active knob & tube wiring <input type="checkbox"/> Other electrical connection safety concern(s):
<b>Cleaning / maintenance needs:</b>		<b>Additional notes:</b>	

## Interior Spaces – all rooms

Indoor Air Quality (IAQ) & Ventilation			
<b>General IAQ:</b> (odors, deodorizers, smoking/vaping, candles/ incense, moth balls, possible VOC contaminants or air cleaners producing ozone?)	List all:	<b>Safety – lead paint:</b> (In homes built before 1978, test suspect surfaces that will be disturbed to determine if the paint is lead-based. Add additional tests in notes section at end of report as needed.	
		<input type="checkbox"/> N/A Location(s) & condition:	
		If tested list test kit used, results & EPA RRP certified tester name):	
<b>Trash, compost, recycling, and/or pet food covered or sealed?</b>	<input type="checkbox"/> Trash covered <input type="checkbox"/> Trash NOT covered <input type="checkbox"/> Recycling covered <input type="checkbox"/> Recycling NOT covered	<input type="checkbox"/> Pet food covered <input type="checkbox"/> Pet food NOT covered <input type="checkbox"/> None of the above	
		<b>Polychlorinated Biphenyls (PCBs):</b> (# of fluorescent light ballasts manufactured before July 1, 1979, or between July 1, 1978 and July 1, 1998 that do not have a "No PCBs" label)	
		<input type="checkbox"/> N/A Count of PCB light ballasts:	
<b>Pet waste / litter box?</b>	<input type="checkbox"/> Yes, covered <input type="checkbox"/> Yes, not covered <input type="checkbox"/> None Notes:	Attics & Basements	
		<b>Band / rim condition:</b>	<input type="checkbox"/> Air sealed <input type="checkbox"/> Insulated - R-value: _____ <input type="checkbox"/> Not visible
<b>Leaking faucets/pipes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , list locations:	<b>Existing basement air sealing and insulation:</b>	Type(s), location(s) & condition:
<b>Hot water temperature at faucets:</b> (List all in °F)	Location:	°F	<b>Existing attic air sealing and insulation:</b>
			Type(s), location(s) & condition:
<b>Safety - materials:</b> (chemicals, medications, or hazardous materials accessible?)	<input type="checkbox"/> N/A Type(s) & location(s):		<b>Below ground contaminants?</b> (visible signs or odors including, but not limited to, gasoline, sewer gas, or fuel oil?)
		<input type="checkbox"/> N/A List all:	
Additional notes:			
<b>Safety - injury:</b> (accessibility, trips, falls, choking and drowning hazards?)	<input type="checkbox"/> N/A Type(s) & location(s):		

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Equipment / Appliance Name: \_\_\_\_\_

Location: \_\_\_\_\_

## Mechanical Equipment & Combustion Appliances

<b>Equipment / appliance type:</b> (DHW, CCHP, furnace, oven, stove, etc.)		<b>Electrical connection safety concerns:</b> (describe if any exist)	
<b>Fuel type:</b>	<input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Cord wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood pellet <input type="checkbox"/> Electric <input type="checkbox"/> Natural gas <input type="checkbox"/> Other: _____	<b>Appliance passes worst case depressurization test?</b>	Pre-retrofit: <input type="checkbox"/> Yes <input type="checkbox"/> No Post-retrofit: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
<b>Fuel storage:</b>	Locations:		
<b>Vent type and condition:</b> (if applicable)		<b>Appliance passes CO test?</b>	Pre-retrofit: <input type="checkbox"/> Yes <input type="checkbox"/> No Post-retrofit: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
<b>General conditions / visible issues:</b> (e.g. evidence of soot, creosote staining, rust, or dust, inside of home smells like wood smoke during the heating season, minimal clearances and proper protection of combustibles, proper size and materials of floor protection, asbestos insulation – friable/intact, requires testing?)			<b>Fuel line leak testing and visual inspection</b>
<b>Last tested/inspected:</b>	Date:	<b>Appliance-specific exhaust (or drain if condensing dryer) vented/drained to outside?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Cannot tell <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Current set-point:</b> (if applicable)			
<b>Biomass stove EPA certified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Unable to determine	<b>Appliance-specific exhaust lint build-up?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Did not check <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Cannot tell
<b>Biomass stove % chimney smoke opacity:</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 80 <input type="checkbox"/> 20 <input type="checkbox"/> 100 <input type="checkbox"/> 40 <input type="checkbox"/> system off	<b>Additional notes:</b>	
<b>Proper system clearances?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:		

## Additional Diagnostics:

Ambient CO Testing		Radon Testing	
<b>Interior living space ambient CO level(s):</b> (tested result(s) in ppm & description of test location(s))		<b>Radon mitigation system?</b>	<input type="checkbox"/> Yes, active <input type="checkbox"/> Yes, passive <input type="checkbox"/> No
<b>Exterior CO level(s):</b> (tested result(s) in ppm & description of test location(s))		<b>Radon test results <u>pre-retrofit</u>:</b>	Location(s) & Result(s):  NRSB or NRPP Certified Lab Name:
Testing for CO must follow BPI BA guidelines at a minimum. Longer-term low-level ambient CO testing is encouraged in homes with sensitive populations (young, elderly and chronically ill individuals), and is captured in the Additional Testing section below.		Document <b>radon mitigation activities</b> that will be implemented during the home upgrade, and if appropriate, name of certified mitigator:	
Infiltration Testing			Location(s) & Result(s):  NRSB or NRPP Certified Lab Name:
<b>CFM<sub>50</sub>:</b>	CFM <sub>50</sub> pre-retrofit: Notes:	<b>Radon test results <u>post-retrofit</u>:</b>	Location(s) & Result(s):  NRSB or NRPP Certified Lab Name:
	CFM <sub>50</sub> post-retrofit: Notes:	Document <b>additional work completed post-retrofit</b> for radon mitigation, and if appropriate, name of certified mitigator: (if applicable)	
<b>Air leaks from attached garage to occupied spaces?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes:	<b>Radon test results <u>post-retrofit (2nd test)</u>:</b>	Location(s) & Result(s):  NRSB or NRPP Certified Lab Name:
<b>Any odors observed during depressurization test?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes:	Prior radon test results may be used for the pre-retrofit test so long as the test was conducted for a full year on the current lowest living level of the home, the lab analyzing the kit was NRSB or NRPP certified and no structural changes, alterations, or changes in the heating, ventilation and air conditioning system have been made since the test was performed.	
Proposed Mechanical Equipment		ASHRAE 62.2-2016 Compliance for Whole-House Ventilation	
Will sizing calculations for any newly proposed heating or cooling equipment to be added to home be completed?		Complete the ASHRAE 62.2 calculations pre and post retrofit using the Residential Energy Dynamics ASHRAE 62.2-2016 online calculator. Take a screen shot (print screen/snippet) of your inputs and the results and submit to customer and Efficiency Vermont.	



## Additional Diagnostics (continued):

### Additional Testing

The following **OPTIONAL** diagnostic tests were completed during the assessment:

- |   |   |
|---|---|
| <input type="checkbox"/> IR Camera Imaging                    | <input type="checkbox"/> Nitrogen Dioxide Testing           |
| <input type="checkbox"/> Relative Humidity Monitoring         | <input type="checkbox"/> Particulate Matter (PM) Monitoring |
| <input type="checkbox"/> Temperature Monitoring               | <input type="checkbox"/> Dust mite sampling                 |
| <input type="checkbox"/> Water Quality Testing                | <input type="checkbox"/> Mold Testing                       |
| <input type="checkbox"/> VOC Monitoring                       | <input type="checkbox"/> Other:                             |
| <input type="checkbox"/> Low-level Carbon Monoxide Monitoring |   |

Description of test conditions, protocols followed and results: