



HEALTHY HOMES ASSESSMENT

Date of Inspection:		Inspector's Name:		Agency:	
Address of Property:					
Resident's Name:					
Phone Number:					
Primary Reason for Visit:	☐ Asthma	☐ Lead Poisoning	☐ Voluntary Referral	☐ Other:	
GENERAL HOUSING CHARACTERISTICS					
Type of Ownership:	☐ Owner-Occupied	☐ Private Rental	☐ Section 8 Rental	☐ Other:	
Age of Dwelling:	☐ Pre-1940	☐ 1941-59	☐ 1960-78	☐ 1979-Present	☐ Unknown
Renovations or repairs completed within the last year: Painting ☐ Plumbing ☐ Furnace/AC ☐ Other:					
Does any resident smoke in the home? ☐ Yes If yes, list locations: ☐ No Quitline Iowa: 1-800-QUITNOW					
Are functioning smoke detectors located on each floor of the home? Yes ☐ No ☐ Are functioning carbon monoxide detectors located within 15 feet of sleeping areas? Yes ☐ No ☐					
Do any children live in the home? ☐ Yes If yes, how many under 6 years of age: 6-18years old: ☐ No					

EXTERIORWater IntrusionAre gutters and downspouts intact and functional? Yes ☐ No ☐ None ☐Do downspouts extend at least 5 feet from the house? Yes ☐ No ☐Is the soil next to the home sloped away from the foundation? Yes ☐ No ☐Deteriorated PaintHas the home had a lead inspection? Yes ☐ Date of Inspection: No ☐Does the home have deteriorated paint? Yes ☐ No ☐ List specific locations:Water Source Public water system ☐ Private well ☐ Shared well ☐ Cistern ☐

If well water, provide date of last test:

Date Inspection Passed: Bacteria passed ☐ Nitrate passed ☐Dryer ExhaustIs the dryer exhaust vent free of obstructions and excessive lint? Yes ☐ No ☐Sewage DisposalPublic ☐Private ☐ Other Secondary Treatment ☐ Leachbed ☐**Notes:****KITCHEN**General cleanliness: Clean ☐ Not clean ☐ Cluttered ☐ Food debris ☐

Is the trash can covered? Yes ☐ No ☐ No trash can ☐	
Are combustion appliances properly vented to the exterior? Yes ☐ No ☐ Not sure ☐ N/A ☐	
Evidence of pest issues? Rodent ☐ Insects ☐ Other: ☐ None ☐	
Evidence of water damage Walls ☐ Under sink ☐ Other (Specify): ☐ No evidence ☐	
Are pesticides and other chemicals kept in a locked cabinet? Yes ☐ No ☐ None ☐	
Is mold growth present? Yes, ≤ 10 ft ² ☐ > 10 ft ² ☐ Location: ☐ No ☐	
Does the home have a fire extinguisher? Yes ☐ No ☐ Is it charged? Yes ☐ No ☐	
Are outlets GFCI protected? Yes ☐ No ☐	
Notes:	
BATHROOM 1	BATHROOM 2
General cleanliness: Clean ☐ Not clean ☐ Cluttered ☐	General cleanliness: Clean ☐ Not clean ☐ Cluttered ☐
<u>Safety measures</u> Non-slip tub surface: Yes ☐ No ☐ Grab bars: Yes ☐ No ☐ GFCI outlets: Yes ☐ No ☐ Are chemicals and medicines stored out of the reach of children? Yes ☐ No ☐	<u>Safety measures</u> Non-slip tub surface: Yes ☐ No ☐ Grab bars: Yes ☐ No ☐ GFCI outlets: Yes ☐ No ☐ Are chemicals and medicines stored out of the reach of children? Yes ☐ No ☐

<u>Ventilation</u> Do the windows open/close? Yes ☐ No ☐ Is it vented to the exterior? Yes ☐ No ☐ Don't know ☐ Is the fan clean and maintained? Yes ☐ No ☐	<u>Ventilation</u> Do the windows open/close Yes ☐ No ☐ Is it vented to the exterior? Yes ☐ No ☐ Don't know ☐ Is the fan clean and maintained? Yes ☐ No ☐
<u>Recent water damage</u> Floor damage/staining ☐ Ceiling damage/staining ☐ Mold growth present ☐ Wall damage/staining ☐	<u>Recent water damage</u> Floor damage/staining ☐ Ceiling damage/staining ☐ Mold growth present ☐ Wall damage/staining ☐
Notes: 	
MECHANICAL ROOM/ BASEMENT	
General cleanliness: Clean ☐ Not clean ☐ Cluttered ☐	
<u>Heating source</u> Natural gas furnace ☐ Fuel oil ☐ Electric ☐ Wood ☐ Other: _____ If gas, is it vented? Yes ☐ No ☐ Don't know ☐ Furnace inspected by a professional annually? Yes ☐ No ☐ Is the filter changed per manufacturer's recommendations? Yes ☐ No ☐	
<u>Water Heater</u> What is the temperature setting? ≤120 F ☐ >120 F ☐ Is the pressure relief valve equipped with an unthreaded pipe? Yes ☐ No ☐ Don't know ☐ If gas, is it vented properly? Yes ☐ No ☐ Don't know ☐	

<u>Other Heating Sources</u>	
Radiators ☐	Space heater ☐ Oven ☐ None ☐ Other:
CO Detector in basement near gas appliances? Yes ☐ No ☐ N/A ☐	
Has the home been tested for radon? Yes ☐ No ☐ Date of Test: Results:	
Is there a dehumidifier present? Yes ☐ No ☐	
Any signs of mold, mildew or water stains? Yes ☐ No ☐ Location:	
Evidence of pest issues? Rodents ☐ Insects ☐ Other: None ☐	
Notes:	
LAUNDRY	
General cleanliness: Clean ☐ Not clean ☐ Cluttered ☐	
Evidence of pest issues? Rodent ☐ Insects ☐ Other: None ☐	
Is the dryer vented to the exterior of the home? Yes ☐ No ☐ Don't know ☐	
Presence of excessive lint: Behind dryer ☐ In dryer ☐	
Notes:	
BEDROOM 1	Location:

General cleanliness: Clean ☐ Not clean ☐ Cluttered ☐

Do pets have free access to sleeping areas? Yes ☐ No ☐ N/A ☐

Is there a humidifier in the bedroom? Yes ☐ No ☐

Evidence of pest issues? Rodents ☐ Insects ☐ Other: ☐ None ☐

Condition of painted surfaces: Good condition ☐ Some cracked or chipped paint ☐ Severely deteriorated paint ☐

Are bed sheets washed in hot water? Yes ☐ No ☐ How often? 1x/week ☐ 1x/2 weeks ☐ 1x/month ☐ Rarely ☐

Are toys washed frequently with soapy water? Yes ☐ No ☐ N/A ☐

Are crib slats $\leq 2 \frac{3}{4}$ or less apart? Yes ☐ No ☐ N/A ☐

Notes:

BEDROOM 2

Location:

General cleanliness: Clean ☐ Not clean ☐ Cluttered ☐

Do pets have free access to sleeping areas? Yes ☐ No ☐ N/A ☐

Is there a humidifier in the bedroom? Yes ☐ No ☐

Evidence of pest issues? Rodents ☐ Insects ☐ Other: _____ None ☐

Condition of painted surfaces: Good condition ☐ Some cracked or chipped paint ☐ Deteriorated peeling or chipped paint ☐

Are bed sheets washed in hot water? Yes ☐ No ☐ How often? 1x/week ☐ 1x/2 weeks ☐ 1x/month ☐ Rarely ☐

Are toys washed frequently with soapy water? Yes ☐ No ☐ N/A ☐

Are crib slats $\leq 2 \frac{3}{4}$ or less apart? Yes ☐ No ☐ N/A ☐

Notes:

BEDROOM 3

Location:

General cleanliness: Clean ☐ Not clean ☐ Cluttered ☐

Do pets have free access to sleeping areas? Yes ☐ No ☐ N/A ☐

Is there a humidifier in the bedroom? Yes ☐ No ☐

Evidence of pest issues? Rodents ☐ Insects ☐ Other: ☐ None ☐

Condition of painted surfaces: Good condition ☐ Some cracked or chipped paint ☐ Deteriorated peeling or chipped paint ☐

Are bed sheets washed in hot water? Yes ☐ No ☐ How often? 1x/week ☐ 1x/2 weeks ☐ 1x/month ☐ Rarely ☐

Are toys washed frequently with soapy water? Yes ☐ No ☐ N/A ☐

Are crib slats $\leq 2 \frac{3}{4}$ or less apart? Yes ☐ No ☐ N/A ☐

Notes: