

INDOOR AIR QUALITY AND SAFETY CHECKLIST

NAME: _____ ADDRESS: _____

Give an explanation for those items not completed. DATE: _____

1. Has your furnace filter been cleaned or replaced in the past six months?	Yes	No
2. Do you have mold or mildew problems during the winter or experience high humidity at any time of the year?	Yes	No
3. Is your clothes dryer vented indoors at any time?	Yes	No
4. Do you dry clothes inside your home (not in the dryer)?	Yes	No
5. Is the basement or crawlspace below your home frequently damp or wet?	Yes	No
6. Do your bathrooms have working exhaust fans? Are they used?	Yes	No
7. Do you have and use your kitchen exhaust fan (not recirculating type) when using the stove or oven? When was the last time the grease filter was cleaned? _____	Yes	No
8. Are any of the following items typically stored or used inside your home? <i>(Circle the one(s) that apply.)</i> Paints, solvents, glue, varnish grease, oil, etc. Pesticides, herbicides, bug bombs, etc. Gasoline cans, gasoline lawn mowers, chain saws, etc. Kerosene or kerosene space heaters, etc. Strong cleaning products Pest killers, insect sprays, flea bombs, etc. Room deodorizers Other strong vapor producing chemical(s)	Yes	No
9. Do you use a wood stove, fireplace or unvented space heater(s) during the winter?	Yes	No
10. Does your wood stove or fireplace ever back draft or is the draft weak, even after the first few minutes?	Yes	No
11. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellow rather than solid blue?	Yes	No
12. Does any family member(s) have indoor hobbies using glue, paint, varnish, etc.?	Yes	No
13. Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?	Yes	No
14. Does a fine white dust or powder regularly appear on the floor, furniture, beneath textured ceilings, or old pipe and duct insulation?	Yes	No
15. Is anyone in your household experiencing any of the following symptoms? <i>If NO skip to question 16.</i> Chronic headaches, burning or watery eyes, breathing difficulties, chronic drowsiness, asthma or bronchitis, dizziness, repeated nausea, etc. a. Are these symptoms reported by more than one member of the household? b. Are these symptoms more severe in those who spend the most time indoors at home? c. Are the symptoms most severe in household members younger than 4 or older than 60 years of age? d. Are these symptoms worse in winter or during a particular season? e. Do these symptoms become less severe when away from the house? About how many hours seem to make a difference? _____	Yes	No
16. Does anyone smoke inside your home?	Yes	No

17. Have any of the following things been added or done to your home recently? New construction, extensive remodeling or painting in the past 3 years? New plywood or particle board paneling or subflooring? New carpets, draperies, or upholstered furniture? New kitchen cabinets, teak or oak veneer or plastic laminate furniture? Extensive weatherization, including blown-in wall insulation and windows? Changes to your heating system? (80%+ efficiency furnace, new water heater, or new chimney for furnace, or wood stove)?	Yes Yes Yes Yes Yes Yes	No No No No No No
18. Is there evidence of rodents or rodent droppings in or around your home, attic, basement, crawlspace, heating ducts, or other enclosed areas?	Yes	No
19. Is there anything else in or around your home that you suspect may contribute to poor indoor air quality, excessive moisture, or be a physical hazard to the occupants? Please explain in the space below.	Yes	No
20. Do you have indoor pets?	Yes	No
21. Do you use a humidifier during the winter (free-standing or furnace-mounted)?	Yes	No
22. Do you live in a manufactured home or mobile home?	Yes	No
23. Are there any medical conditions in the household that may require our crew(s) to use additional safe work practices?	Yes	No
24. Have you had your home tested for radon?	Yes	No
25. Do you have a working carbon monoxide detector?	Yes	No
26. Do you have a working smoke alarm?	Yes	No
27. Have you had your home tested for lead based paint?	Yes	No

Please use the space below for additional comments.

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of recipient

Date

Signature of recipient