

H.E.L.P. FOR KIDS PROJECT



Kids

State Child Care Home Environmental Review Checklist

This is to be Read to the Provider by the Reviewer:

The goal of this home visit is to identify ways your child care home can become a healthier place for you and your children. Our emphasis is on children, who are more likely to develop long-lasting health problems, such as asthma and lead poisoning, from exposure to environmental hazards.

This checklist takes approximately two hours to complete. If possible, we would like to ask a few questions, then go outside to look around your yard and garage before returning inside to walk from room to room. During these activities, we will assess the hazards and talk about possible solutions.

We have received training on hazards in the home through a program supported by the U.S. Environmental Protection Agency.

Although we will do our best to identify environmental hazards in and around your home, we cannot guarantee that we will be able to alert you to all dangerous and unsafe conditions. It is also possible that some of our guidance and recommendations are not appropriate for your situation. We are also not health experts and cannot diagnose health symptoms, illness or disease.

If you have any questions during this visit, please ask. We may not know the answer during our visit, but will try to get some information to you later. It is always a good idea to get a professional opinion on health problems, or before spending a lot of money on a suspected hazard.

Can someone watch your children while we do this? Thanks.

All information that you give to us is voluntary. We are conducting this assessment for your benefit. All information is kept confidential.

When answering my questions, please tell me about the normal conditions around your child care home. For some questions, I will ask you about a specific place in your home or a particular time of year. If you do not know the answer to a question or are uncertain, please answer "I don't know."

Provider Name _____	Reviewer _____
Signature _____	Date _____
Address _____ State _____ Zip _____	Time Started _____
City _____	
Phone Number _____	

To Reviewer: If you smell any unusual odors as you enter the building, they may indicate problems that you should be looking for -- some examples include:

- Ⓢ musty or moldy – moisture or mold
- Ⓢ dusty – dirt accumulations in house or furnace ducts
- Ⓢ fragrances -- cleaning products, air fresheners, crafts materials
- Ⓢ chemicals – hobby or work activities, hazardous product storage, overuse of cleaning products or pesticides, etc.
- Ⓢ smoke or combustion gases – poorly venting woodstove or heating equipment.
- Ⓢ cooking smells – poor ventilation
- Ⓢ tobacco smoke

Definition of Symbols Used in the Checklist

- -- condition that indicates a high priority, critical hazard
- + -- issues that can directly or indirectly affect asthma conditions
- ! -- reviewer is to observe whether the condition is present, rather than asking the occupant

Section 1. PROVIDERS / RESIDENTS / CHILDREN ATTENDEES

Before I ask you questions about your home, I would like to get some information on some of your concerns and if anyone has certain health problems. This information can help to identify those individuals who might be more sensitive to conditions that could worsen their health problems.

Response Action

1A. Background

Would you like information on the special risks to children from environmental hazards?	No	Yes	1.1
Is at least one provider certified in pediatric first aid and CPR present at all times?	Yes	No	1.2

1B. Asthma, Allergies, and Other Concerns

Some of the following questions may be addressed elsewhere in this checklist. They are also grouped here because they are the most important risks, or triggers, for individuals with allergies and asthma, or for causing these health problems to develop.

+ Does anyone in the home have: Ⓢ Allergies, or sensitivity or reaction to chemicals or smells?	No	Don't Know /Yes	1.3a
+ Ⓢ Asthma?	No	Don't Know /Yes	1.3b
+ Does anyone smoke inside this home?	No	Yes	1.4
+ Do any pets (cats, dogs, birds, or other live pets) live inside the home (circle all that apply)?	None	Yes	1.5
+ Have you seen evidence of cockroaches or rodents anywhere in the home (live or dead, body parts, droppings)?	No	Don't Know /Yes	1.6
+ Do you try to control dust mites in the home by special methods for cleaning, washing, and protection of the bedrooms?	Yes	Don't Know /No	1.7

Response □ *Action*

+	Are there any places in the home that are moldy, or persistently damp or wet?	No	Don't Know /Yes	1.8
+	Does anyone use products that are fragrant or have strong odors (such as perfumes, fabric softeners, air fresheners, or other household products)?	No	Yes	1.9
+	Do you live in an area with strong pollen sources (for example, agricultural activities, open fields)?	No	Yes	1.10

1C. Personal Hygiene / Disease Transmission

+	Do both providers and children wash their hands frequently and properly?	Yes	Don't Know / No	1.11
	Do children bring their own toothbrushes, combs, and hairbrushes to the child care and are they discouraged from sharing these items?	NA	Yes	No
				1.12
	If children are ill, are they sent home or not allowed to attend the child care?	Yes	No	1.13
	Does each child have health insurance?	Yes	No	1.14
+	Are providers, family members and children immunized, circle all that apply (including TB certificates)?	Yes	Some /None	1.15
+	Is each child's immunization record and emergency contact information on file and complete?	Yes	No	1.16
+	Are the children's medication instructions written and followed?	NA	Yes	No
				1.17

Section 2. OUTDOORS and NEARBY ENVIRONMENT

It is helpful to start the tour outside so that we can better understand the layout of your building, and to look at areas where the children play and any hazards that might be present.

<p>+ Do you live near any of the following, (circle facilities and distance): Airport, railway station, bus station, factory, gas station, dry cleaners, auto body shop, agricultural or open fields, other _____</p>	None	More than 1 mile	Less than 1 mile	2.1
<p>+ Is anyone with allergies or asthma nearby during mowing or raking?</p>	NA	No	Yes	2.2

2A. Drainage

<p>+ Does rain water drain away from the home (gutters, canals, and downspouts well-maintained)?</p>	Yes	No	2.3/2.3a
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2B. Lead and Dust Outdoors

Lead from paint, dust, and soil can be breathed or swallowed and can be dangerous to the body in many ways. Babies and children are especially vulnerable because of their rapidly growing bodies and because they often put their hands or other objects in their mouths.

<p>Have all children between the ages of 6 months and 6 years old had a blood test for lead?</p>		Don't Know/ Yes/ No	2.4/2.4a/ 2.4b
<p>If the building was built before 1980, or date unknown:</p>	After 1980, Skip to Next Question	Unknown/ Before 1980	2.4/2.4b
<p>? 2 Is any paint peeling, blistering, or flaking on the outside?</p>	No	Don't Know /Yes	2.4/2.4b/ 2.4c
<p>2 Has there been any remodeling or paint removal outside of the home in the last 2 years?</p>	No	Don't Know /Yes	2.4/2.4b/ 2.4d/2.4g
<p>2 Are you or your landlord planning to remodel or repaint within the next 12 months?</p>	No	Don't Know /Yes	2.4/2.4b/ 2.4e
<p>Has a next door neighbor ever removed paint from the outside of their building?</p>	NA	No	Don't Know /Yes 2.4/2.4d/ 2.4f/2.4g
<p>Have you seen any of the children eating paint chips?</p>	NA	No	Don't Know /Yes 2.4/2.4a/ 2.4c
<p>+ Do all outside doors have a doormat? (either inside or outside)</p>	Yes/Most	None	2.4/2.4f/ 2.4g

2C. Pest Control / Pesticides Outdoors

<p>+ Do children play on or near areas treated with pesticides?</p>	NA	No	Yes	2.5/2.5a
<p>+ If your neighbors apply pesticides to their lawn and garden, do you ever see pesticides drift over the property line or has there been damage to plants on your property?</p>	NA	No	Don't Know /Yes	2.5/2.5b
<p>+ Do you suspect that birds, bats, or rodents are entering your house, attic, crawlspace, basement, or garage?</p>	NA	No	Don't Know /Yes	2.5/2.5c

2D. Garage or Other Outbuildings (if none, go to 2E) None

Response Action

Pollutants produced in areas that are attached to your residence (like a garage) can easily get into the living space. Also, some children find that garages and remote buildings are fun places to play -- but these areas can have hazardous conditions.

⚠ If the dwelling has an attached garage:	None - Skip to Next Question	Yes	2.6
+ Ⓜ Does the car idle in the garage before you drive off?	No	Yes	2.6/2.6a
+ Do garage or storage buildings have strong chemical, exhaust, or fuel odors?	No	Yes	2.7

2E. Outdoor Safety Hazards (if no outdoor play area, go to Section 3)

Do children play outdoors?	No	Yes	2.8
When playing outside do children use sun protective clothing or sunscreen at least SPF 15?	Yes	No	2.9
⚠ Is the play area fenced if near a street, parking lot, pond, pool, or railroad tracks?	NA	Yes	No 2.10
⚠ Is the play area kept clean of trash, animal feces, tools, and sharp objects?	Yes	No	2.11
⚠ Have fall and trip hazards been minimized or removed (e.g. barbed wire, ladders, buckets)?	Yes	No	2.12
⚠ Is there a wading pool, swimming pool, hot tub, Jacuzzi, pond, or other water hazard (such as buckets or basins)?	No	Yes	2.12
Are pits, abandoned wells, abandoned appliances, coolers and junk vehicles inaccessible to children or childproofed?	NA	Yes	No 2.13
⚠ Are there safe railings on all elevated surfaces?	NA	Yes	No 2.14
⚠ Is a trampoline or similar jumping toy present?	No	Yes	2.15
Are there any outdoor plants?	No	Don't Know /Yes	2.16
If there is playground equipment:	None, Skip to Sec. 3	Yes	2.17
⚠ Ⓜ Is the equipment free of open 'S' hooks, protruding parts (bolts or screws), sharp points and pinch points?	Yes	No	2.17/ 2.17a/ 2.17b
⚠ Ⓜ Is the equipment surrounded by 6 feet of impact absorbing landing surface (e.g. 9 inches of fine, loose sand; wood chips, wood mulch)?	Yes	No	2.17/ 2.17c
⚠ Ⓜ Are structures and play equipment more than 30 inches high and spaced at least 9 feet apart?	Yes	No	2.17/ 2.17d

Section 3. GENERAL INFORMATION ABOUT the INDOORS

The following questions about your residence will give an overview of the building and how you perceive the indoor environment. There are also a variety of other pollutants and environmental hazards that can be found in all different rooms and areas of the home.

+	Can you open a window or operate an exhaust fan to get fresh air in each room?	Yes	No	3.1
	Is all garbage removed from indoors daily, stored in an appropriate outdoor container (inaccessible to children) and removed from premises weekly?	Yes	No	3.2

3A. Moisture and Water Damage

+	Does the home have a musty odor, is there visible mold or mildew, or are there water stains or warping on walls or ceilings (for example from roof leaks) -- circle all that apply?	No	Yes	3.3
+	Do windows fog up during the heating season?	Rarely/Never	Often	3.4
+	If the home has experienced flooding, water leaks, or sewage backup from inside or outside that caused standing water damage:	No	Don't Know /Yes	3.3
+	Ⓣ Was the material removed and the area decontaminated?	NA	Yes No	3.3

3B. Other Indoor Air Pollutants and Sources

	If your home has any asbestos material (furnace or pipe insulation, "popcorn" ceiling, siding, vinyl flooring), is it damaged, loose, or flaking?	NA	No	Don't Know /Yes	3.5
	Has the radon level in your home been measured:	Yes	No	3.6	
	Ⓣ Was the level 4 pCi/l (picoCuries/liter) or above?	No	Yes	3.7	
	- If yes, is a radon control system being used?	Yes	No	3.7	
+	Is a portable air cleaner that produces ozone used?	NA	No	Don't Know /Yes	3.8

3C. Lead Indoors

	For buildings built before 1980:	After 1980, Skip to Next Question		
?	Ⓣ Is any paint peeling, blistering, or flaking on the inside?	No	Don't Know /Yes	2.4/2.4b/ 2.4c/3.9
	Ⓣ Has there been remodeling or paint removal inside of the home in the last 2 years?	No	Don't Know /Yes	2.4/2.4b/ 2.4c/2.4e/ 3.9
	Ⓣ Are you or your landlord planning to remodel or repaint within the next 12 months?	No	Don't Know /Yes	2.4/2.4b/ 2.4e
	Do you use an antique crib, old painted furniture, or have old painted toys that are played with by children?	No	Don't Know /Yes	3.10
	Do you have vinyl mini-blinds?	No	Don't Know /Yes	3.11

3D. Pest Control Inside the Home

Response *Action*

+	How often do you or a commercial service apply pesticides (flea bombs, ant or roach poison) inside the home? (Note: traps do not count.) Type of pests, pesticide(s) used: _____		Never/ Less Than Once/Yr	More Than Once/Yr	2.5/2.5c
+	Are window or door screens loose, torn, or rusted?	NA	No	Yes	3.12
+	Have gaps and openings in the building that allow entry of rodents and insects been sealed?	NA	Yes	No	2.5c

3E. Carpet (if none, go to 3F)

None

+	Is there wall-to-wall carpeting, or carpet on a concrete slab?	NA	No	Yes	1.7/3.13
+	How old is most of the wall-to-wall carpet?	NA	1 to 5 yrs	Don't Know, Less than 1 yr or More than 5 yrs	3.14

3F. Cleaning

It has been found that frequent and thorough cleaning can reduce your exposure to irritating and/or potentially hazardous pollutants.

+	Do you vacuum carpeting and damp-mop bare floors daily?		Yes	No	3.15
+	Do you damp-dust furniture, shelves, and windowsills weekly?		Yes	No	3.16
+	Do you perform a thorough cleaning at least twice per year (including carpet and upholstery cleaning, damp dusting, and mopping)?		Yes	No	1.5-1.7/ 3.17

3G. Hazardous Household Products

+	Are all tobacco products, alcoholic beverages, and medicines inaccessible to children?		Yes	No	3.18/ 3.18a
+	Are hazardous household products such as alcohol, cleaning supplies, cosmetics, fertilizers, gasoline, and pesticides stored away and inaccessible to children (in other words, in a locked cabinet and not under the sink)?		Yes	No	3.18/ 3.18b
+	Are hazardous products stored in undamaged and tightly-closed original containers?		Yes	No	3.18/ 3.18c

3H. Arts, Crafts, and Hobbies

+	Are safe and non-toxic arts and crafts materials used (Identified by a 'CP' or 'AP' seal on the label)?		Yes	No	3.19
+	Are rooms where arts and crafts activities are allowed well ventilated?		Yes	No	3.20
+	Are any of the following hobby or business activities carried on in the home or garage/shop (circle all that apply): Car maintenance, painting (cars, boats, house, art projects), refinishing furniture, woodworking, soldering, pottery/ceramics, jewelry making, photo developing, stained glass work, fine art painting, plastic model building, other _____		No	Yes	3.21

3I. Drinking Water

Response *Action*

Water from community or municipal supplies is usually regulated and routinely monitored to assure that it meets certain federal and/or state and local requirements for health and safety. Since water from private wells is often not as closely regulated, contamination may go undetected. In both cases, lead levels in the water can become hazardous due to lead used in the plumbing pipes and fixtures of the residence.

+	Measure hot water temperature at the faucet closest to the hot water tank (°F): _____		Less than 110 [°] or Greater than 130 [°]	3.22
	Have you had your water tested for lead?	Yes	Don't Know /No	3.23
	Ⓣ Was lead detected?	NA	Yes	3.24
	Do you flush your cold water pipes before using for drinking or cooking?	Yes	No	3.24

3J. Indoor Safety Hazards

3J-1. Fire and Other Emergencies				
	⚠ Do you have working smoke detectors? (TEST) Location(s) _____	Yes	Don't Know /No	3.25
	⚠ Is there a 2A10BC fire extinguisher visible, charged, and operational?	Yes	Don't Know /No	3.26
	⚠ Are two major exits available to children?	Yes	No	3.27
	Is the fire escape plan practiced (once a month)?	Yes	No	3.28
	⚠ Is there a telephone in working order with emergency numbers posted nearby?	Yes	No	3.29
3J-2. Safety / Injury Prevention				
	⚠ Are equipment, materials, and furnishings sturdy and free of sharp points or corners, splinters, protruding nails or bolts, loose rusty parts, hazardous small parts, or paint that contains lead or other poisonous materials?	Yes	No	3.30/3.14
	⚠ Are infant 'walkers' permitted?	No	Yes	3.31
	⚠ Are children allowed to play with toys that present a choking or suffocation hazard such as balloons or plastic bags?	No	Yes	3.32
	⚠ Are buckets or basins left unattended and within reach of children?	No	Yes	2.12
	⚠ Are electrical outlets covered with safety caps?	Yes	Don't Know /No	3.33
	⚠ Are electrical cords to lamps and appliances in good condition and out of the way?	Yes	No	3.34
	⚠ Are long cords or strings tied-up and out of reach (drapes, curtains, and shades)?	Yes	No	3.35
	Are hot surfaces shielded or guarded from contact by children (such as fireplaces and woodstoves, radiators, and electric heaters)?	NA	Yes	No 3.36
	⚠ If you have firearms are they locked up and inaccessible to children?	NA	Yes	No 3.37
	⚠ Are there any indoor plants?	No	Yes	2.16

Section 4. LIVING and FAMILY ROOMS

Location #1: _____

+ ♻️ Are surfaces (walls, floor, ceiling) free of moisture and mold?		Yes	No	3.3/3.4
+ Are pets permitted to sleep on furniture?	NA	No	Yes	4.1

If more than 1 Living or Family Room, Location #2: _____

+ ♻️ Are surfaces (walls, floor, ceiling) free of moisture and mold?		Yes	No	3.3/3.4
+ Are pets permitted to sleep on furniture?	NA	No	Yes	4.1

If more than 2 Living or Family Rooms, Location #3: _____

+ ♻️ Are surfaces (walls, floor, ceiling) free of moisture and mold?		Yes	No	3.3/3.4
+ Are pets permitted to sleep on furniture?	NA	No	Yes	4.1

Section 5. KITCHEN

+ ❗ Are surfaces (walls, floor, ceiling) free of moisture and mold?	Yes	No	3.3/3.4
+ ❗ Is there wall-to-wall carpeting in the kitchen?	No	Yes	5.1
+ ❗ If you use a gas or propane stove or oven, do flames appear yellow instead of blue?	NA	No	3.2/ 5.2/5.3
+ ❗ If you have a fan over the stove that is vented to the outdoors, do you use it while cooking?	Yes	Don't Know / No	5.4

5A. Pest Control in the Kitchen

Allergens from rodents and roaches may cause health problems, including triggering asthma attacks. Reducing water, food, and shelter will create a less hospitable environment for them and will reduce the need for application of pesticides.

+ ❗ Have you seen evidence of cockroaches or rodents (droppings)?	No	Yes	1.6/2.5/ 2.5c
+ ❗ Is there food, food waste, or clutter (unwashed dishes, papers, toys, food containers) on floors, tables, or counters?	No	Yes	5.5
Are pesticides and hazardous products stored securely and away from food?	Yes	No	3.18c/5.6
Are insect sprays (such as Raid) used in the kitchen?	No	Yes	5.7

E2. Food Preparation / Food Safety

Are food utensils, dishes, cutting boards, counter tops, equipment, and storage areas properly washed, rinsed and sanitized (by using a dishwasher or 3 compartment dishwashing area)?	Yes	Don't Know /No	5.8
Are temperature guidelines followed while preparing, serving and storing foods?	Yes	Don't Know /No	5.9
Do children wash their hands before meals?	Yes	No	1.11
❗ Measure refrigerator temperature (°F) - (Ideal is 40°F): _____		above 45	5.10
❗ Measure freezer temperature (°F) - (Ideal is 0°F): _____		above 0	5.11

Section 6. BEDROOMS

(If necessary, use extra pages for additional rooms) Location _____ Page ___/___

Because we spend a considerable amount of our indoor time in bedrooms, that are often cooler and have less ventilation and air circulation than the rest of the residence, bedrooms can develop serious environmental problems and can create large pollutant exposures to the occupants.

+	⚠ Are surfaces (walls, floor/carpet, windows) and closet areas free of moisture and mold?		Yes	No	3.3/3.4/ 6.1
+	If anyone in the home has allergies or asthma:	None - Skip to Next Question		Don't Know /Yes	1.3
+	Ⓜ Are any of the following items in that person's bedroom (circle): carpeting, stuffed toys, upholstered furniture?		None	Some/All	1.3/1.7 4.1/6.2a
+	Ⓜ Are allergy control covers on their pillows and/or mattresses?		Yes	No	1.3/1.7/ 6.2b
+	Ⓜ Are pets allowed in their bedroom?	NA	No	Yes	1.3/1.5/ 6.2c/4.1
+	Ⓜ Are any portable air cleaners being used?		Yes	No	6.2d
+	If you take clothes/materials to a dry cleaner, do you air them outside before putting them in closet?	NA	Always	Rarely/Never	6.3
+	Do you store clothing in mothballs?		Yes	No	6.4
+	Ⓜ Do you air them out thoroughly before wearing?	NA	Yes	No	6.4

6A. Crib Safety (if no infants, go to Section 7) None

	⚠ Are cribs safe and well maintained ? (Sturdy latches, slats spaced no more than 2 3/8 inches apart, fitted mattress with no more than 2 finger width to crib side, and rail 36 inches above top of mattress)?		Yes	No	6.5
	Are infants placed on their sides or back to sleep?		Yes	No	6.6

Section 7. BATHROOMS & UTILITY ROOMS

(If necessary, use extra pages for additional rooms) Location _____

Page ___/___

The moisture produced during bathing or clothes drying, can accumulate and result in mold growth on surfaces and materials. Many hazardous household chemicals are often stored in bathrooms.

+ ❗ Are surfaces (corners, windows, tile, floor) free of moisture and mold?		Yes No	3.3/3.4
+ ❗ Is there wall-to-wall carpeting in the bathroom/utility room?		No Yes	5.1
+ Do you use a fan or open bathroom window during and after showering or bathing?	NA	Usually Rarely / Never	7.1
Are restrooms furnished with toilet paper, soap and single-use towels?		Yes No	7.2
Are sink, toilet and diaper change area cleaned and sanitized daily?		Yes No	7.3
+ ❗ Are all medications, cosmetics, cleaning materials and other household chemicals sealed and stored in an inaccessible (locked) bathroom cabinet and not under the sink?	NA	Yes No	3.18a
+ ❗ If there is a clothes dryer in the home, is it vented to the outside?	NA	Yes Don't Know /No	7.4

Section 8. BASEMENT or CRAWL SPACE (if none, go to Section 9)

Basements and crawlspaces are likely areas where water can enter a building due to poor drainage, leaky pipes, elevated water tables, or along with air from the soil. The accumulation of this moisture can cause significant mold problems.

<p>+ ! If the child care home has a basement or crawlspace, are there signs of dampness in the basement (musty odor; visible water, mold, or mildew; discoloration on walls, damp carpets or furniture)?</p>	NA	No	Yes	8.1
<p>+ ! Is crawlspace soil covered with durable plastic sheeting?</p>	NA	Yes	Don't Know /No	8.2
<p>+ Is there evidence of cockroaches, rodents (droppings), or other pests in the basement or crawlspace?</p>		No	Don't Know /Yes	1.6/2.5c

Section 9. HEATING AND COOLING EQUIPMENT

Improperly operating equipment that is used to heat, cool, or ventilate the home can sometimes produce deadly levels of carbon monoxide, or be the source of other airborne pollutants such as molds and very fine particles.

<p>+ Are any of the following used to heat the house (circle all that apply)? Unvented kerosene heater, open flame gas wall heater, portable gas heater, gas cook top or oven, charcoal for cooking or heating.</p>		No	Yes	9.1/9.2
<p>+ Do you ever smell or observe smoke, gasses or fuels indoors when a woodstove, fireplace, or heating equipment is in use?</p>		Rarely / Never	Sometimes / Usually	9.1/9.3
<p>+ ! Is the vent pipe above the gas or oil hot water heater, boiler, or furnace disconnected or deteriorated?</p>	NA	No	Don't Know /Yes	9.1/9.4
<p>+ Has the fuel-burning hot water tank, boiler, or furnace ever been checked by a professional for backdrafting or spillage?</p>	NA	Yes	Don't Know /No	9.1/9.5
<p>+ If you have combustion equipment or an attached garage, do you have a CO (carbon monoxide) detector? (TEST)</p>		Yes	No	9.1/9.6
<p>+ ! Has the alarm ever sounded?</p>	NA	No	Yes	9.1/9.7
<p>+ If the heating or air conditioning equipment has air filters, how often are they changed?</p>	NA	At Least Once/Yr	Don't Know / Less Than Once/Yr	9.8
<p>+ How often is the heating equipment inspected, cleaned, and adjusted?</p>		Once/Yr	Don't Know / More Often Than Every 2 Yrs	9.9
<p>+ If you have air conditioning, how often are its components inspected and cleaned (cooling coils, drip pans), or replaced (swamp cooler pads)?</p>	NA	At Least Once/Yr	Don't Know / More Often Than Every 2 Yrs	9.10

Section 10. FOLLOW-UP

May we contact you for a follow-up visit or phone call? Yes No

Time Checklist Completed _____

Please Return Completed Forms to:

Section 11. TESTING RESULTS SUMMARY

Use this area to gather all of the measurements made during the survey.

Indoor Temperature (°F): _____
Indoor Relative Humidity (%): _____
Hot Water Temperature (°F): _____
Refrigerator Temperature (°F) - (Ideal is 40°F): _____
Freezer Temperature (°F) - (Ideal is 0°F): _____