

# H.E.L.P. FOR KIDS PROJECT

## Home Environmental Review Checklist

*This is to be Read to the Occupant by the Reviewer:*

The goal of this home visit is to identify ways your home can become a healthier place for you and children to live. 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. This visit is sponsored by the Community Health Partnership, the American Lung Association of New Mexico, and the Albuquerque Environmental Health Department.

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.

**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 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."

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

*(Note that Spanish language versions of the Home Checklist and Action Plan are available from the Community Health Partnership in Albuquerque, New Mexico at 505-266-0396.)*

**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. RESIDENTS**

*Before I ask you questions about your home, I would like to get some information on some of your concerns, who lives here, and if anyone has 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**

Do you have any questions about the information and brief checklist that you received before this visit?  
Please tell me about any environmental and safety concerns that you have with your home. 1.1

Do you rent or own your home? \_\_\_\_\_

Do you expect to move in the next 12 months? \_\_\_\_\_

Please indicate the ages of all children less than 21 years old and the occupation of all adults who live here (including yourself):

1.) Children's ages: \_\_\_\_\_

Occupation(s)

2.) Adults 21 and older:

<b>+</b>	If there are any children under 7 years of age who spend significant time here, see action:	No	Yes	1.2
<b>+</b>	Is anyone in the home for more than 12 total hours per day?	No	Yes	1.3
<b>+</b>	Does anyone have health symptoms that get worse at home (versus at work or on vacation)?	No	Yes	1.4
–	Does anyone in the home have CPR training for children and infants?	Yes	No	1.5

Response  Action

**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:				
<b>+</b>	<input checked="" type="radio"/> Allergies, or sensitivity or reaction to chemicals or smells?	No	Don't Know /Yes	1.6a
<b>+</b>	<input checked="" type="radio"/> Asthma?	No	Don't Know /Yes	1.6b
<b>+</b>	List specific allergies or chemical sensitivities if known and when they were first noticed:			
	<u>Allergies or Chemical Sensitivities to</u>	<u>Were these first noticed after you moved into this home?</u>		
		No	Yes (when) _____	
		No	Yes (when) _____	
<b>+</b>	Does anyone smoke inside this home?	No	Yes	1.7
<b>+</b>	Do any pets (cats, dogs, birds, or other live pets) live inside the home (circle all that apply)?	None	Yes	1.8
<b>+</b>	Have you seen evidence of cockroaches or rodents anywhere in the home (live or dead, body parts, droppings)?	No	Don't Know /Yes	1.9
<b>+</b>	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	1.10
<b>+</b>	Are there any places in the home that are moldy, or persistently damp or wet?	No	Don't Know /Yes	1.11
<b>+</b>	Does anyone use products that are fragrant or have strong odors (such as perfumes, fabric softeners, air fresheners, or other household products)?	No	Yes	1.12
<b>+</b>	Do you live in an area with strong pollen sources (for example, agricultural activities, open fields)?	No	Yes	1.13
In bedroom areas, do you:				
<b>+</b>	<input checked="" type="radio"/> Have carpeting, stuffed toys, or fleecy materials?	No	Yes	1.10
<b>+</b>	<input checked="" type="radio"/> Use portable air cleaners?	Yes	No	6.2d

**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.*

<b>+</b> 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 _____	None	More than 1 mile	Less than 1 mile	2.1
<b>+</b> How many blocks is your home from a busy street or highway?		More than 1	Less than 1	2.1/2.2/ 2.7f/2.7g
<b>+</b> <b>?</b> Are there large unpaved areas (roads, driveways) adjacent to the home, or is a large amount of dust blown around in wind storms?		No	Yes	2.3/2.7f/ 2.7g
<b>+</b> Is anyone with allergies or asthma nearby during mowing or raking?	NA	No	Yes	2.4
<b>+</b> Do you smell smoke from neighboring woodstoves, fireplaces, barbecues, or outdoor burning?		Rarely/Never	Daily/Weekly	2.5

**2A. Drainage**

<b>+</b> Is the roof of the building in good repair?		Yes	Don't Know /No	2.6/2.6a
<b>+</b> <b>?</b> Are roof gutters or canals clear of debris and intact?	NA	Yes	Don't Know /No	2.6/2.6b
<b>+</b> <b>?</b> Are downspouts attached, clear of debris, and extended away from building?	NA	Yes	Don't Know /No	2.6/2.6c
<b>+</b> <b>?</b> Does rain water drain away from the home?		Yes	No	2.6/2.6d
<b>+</b> <b>?</b> Are there other signs of water damage to the outside of the building (damp or wet spots, discoloration, rotting wood, paint that is peeling, blistering, chalking, or cracking)?		No	Yes	2.6/2.6e

**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.

Have all children between the ages of 6 months and 6 years old had a blood test for lead?			Don't Know/ Yes/ No	2.7/2.7a/ 2.7b
<b>2B-1. Peeling Paint</b>				
If the building was built before 1980, or date unknown:	After 1980, Skip to Next Question		Unknown/ Before 1980	2.7/2.7b/
⚠ ② Is any paint peeling, blistering, or flaking on the outside?	No		Don't Know /Yes	2.7/2.7b/ 2.7c
② Has there been any remodeling or paint removal outside of the home in the last 2 years?	No		Don't Know /Yes	2.7/2.7b/ 2.7d/2.7f/ 2.7g
② Are you or your landlord planning to remodel or repaint within the next 12 months?	No		Don't Know /Yes	2.7/2.7b/ 2.7e
Has a next door neighbor ever removed paint from the outside of their building?	NA	No	Don't Know /Yes	2.7/2.7d/ 2.7f/2.7g
Have you seen any of the children eating paint chips?	NA	No	Don't Know /Yes	2.7/2.7a/ 2.7c
<b>2B-2. Track-In</b>				
<i>One source of health problems can be dust or dirt that gets carried into the home on shoes.</i>				
+ Do you control track-in of dust or dirt by any of these methods (circle): Remove shoes, doormat/rug, other _____		Always	Rarely/Never	2.7/2.7f
+ Do all outside doors have a doormat? (either inside or outside)		Yes/Most	None	2.7/2.7g

**2C. Pest Control / Pesticides Outdoors**

Do you or commercial services apply any pesticides (including weed killers) outside your home? Type of pesticide(s) used: _____		Rarely/Never, Skip to Next Question	1+/yr	2.8/2.8a
+ ② Do children play on or near treated areas?	NA	No	Yes	2.8/2.8b
+ ② If you or a family member apply pesticides, do you usually wear any types of protective clothing or equipment?	NA	Always	Rarely/Never	2.8/2.8c
+ 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?	NA	No	Don't Know /Yes	2.8/2.8d
+ Do you suspect that birds, bats, or rodents are entering your house, attic, crawlspace, basement, or garage?	NA	No	Don't Know /Yes	2.8/2.8e

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

None

*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	2.9	
+	Ⓜ Does the car idle in the garage before you drive off?	No	Yes	2.9/2.9a	
+	⚠ Ⓜ Is there a forced air furnace/air conditioner or return ducts/grilles in the garage?	No	Yes	2.9/2.9b	
Does the garage door opener have an automatic 'door back up' safety feature that is functioning properly?		NA	Yes	No	2.10
+	Do garage or storage buildings have strong chemical, exhaust, or fuel odors?	No	Yes	2.11	
⚠ Are power tools and other hazardous objects secured and/or inaccessible?		NA	Yes	No	2.12

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

Do children play outdoors?		No	Yes	2.13	
⚠ Is the play area fenced if near a street, parking lot, pond, pool, or railroad tracks?		NA	Yes	No	2.14
⚠ Is play area kept clean of trash, animal feces, tools, and sharp objects?		Yes	No	2.15	
⚠ Is there a wading pool, swimming pool, hot tub, Jacuzzi, pond, or other water hazard (such as buckets or basins)?		No	Yes	2.16	
Are pits, abandoned wells, abandoned appliances, coolers and junk vehicles inaccessible to children or childproofed?		NA	Yes	No	2.17
⚠ Are there safe railings on all elevated surfaces?		NA	Yes	No	2.18
Are there any outdoor plants?		No	Yes	2.19	
If there is playground equipment:		None, Skip to Sec. 3	Yes	2.20	
⚠	Ⓜ Is it in good repair?	Yes	No	2.20/ 2.20a	
⚠	Ⓜ Is the play equipment free of open 'S' hooks, protruding parts (bolts or screws), sharp points, and pinch points?	Yes	No	2.20/ 2.20b	
⚠	Ⓜ Is it surrounded by 6 feet of impact-absorbing landing surface (such as 9 inches of sand, chips, or mulch)?	Yes	No	2.20/ 2.20c	
⚠	Ⓜ Are bars or other objects at the head level of children?	No	Yes	2.20/ 2.20d	

### 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.

†Type of residence: <input type="checkbox"/> single family detached <input type="checkbox"/> duplex <input type="checkbox"/> mobile home / trailer <input type="checkbox"/> multi-family attached (more than 2 units)				
+	Do temperatures anywhere inside your home ever remain below 60°F for more than 2 hours?	No	Yes	3.1
+	Does anyone notice or complain about the house feeling 'stuffy' or having lingering odors?	No	Yes	3.2
+	Can you open a window or operate an exhaust fan to get fresh air in each room?	Yes	No	3.2/3.3
+	If there are floor drains, are they trapped and filled with water?	NA	Yes	Don't Know / No 3.4

#### 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	3.5
+	Do windows fog up during the heating season?	Rarely/Never	Often	3.6
+	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	3.5
+	Ⓢ Was the material removed and the area decontaminated?	NA	Yes	No 3.5
+	Is a humidifier or dehumidifier used?	NA	No / Yes	3.7
+	‡Are there a large number of plants in the home (more than 10)?	No	Yes	3.8

#### 3B. Other Indoor Air Pollutants and Sources

<b>3B-1. Formaldehyde</b>				
+	Do you have new curtains, carpets; or new particleboard that has been used in floor, built-in cabinets or closets, countertops, or furniture (circle all that apply)?	None	Don't Know / Some / Yes	3.9
<b>3B-2. Asbestos</b>				
	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 3.10
<b>3B-3. Radon</b>				
	Has the radon level in your home been measured:	Yes	No	3.11
	Ⓢ Was the level 4 pCi/l (picoCuries/liter) or above?	No	Yes	3.12
	- If yes, is a radon control system being used?	Yes	No	3.12

#### 3B-4. Air Cleaners That Produce Ozone

+	Is a portable air cleaner that produces ozone used?	NA	No	Don't Know / Yes 3.13
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*Response* □ *Action*

<b>3B-5. Fragrances and Air Fresheners</b>				
+	Are strong fragrances, incense, or air fresheners used in the house? Why? _____	No	Yes	1.12
<b>3B-6. Candles</b>				
+	Do you burn candles in the home on a regular basis?	No	Yes	3.14

**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	2.7/2.7b/ 2.7c
	Ⓧ Has there been remodeling or paint removal inside of the home in the last 2 years?	No	Don't Know /Yes	2.7/2.7b/ 3.15
	Ⓧ Are you or your landlord planning to remodel or repaint within the next 12 months?	No	Don't Know /Yes	2.7/2.7b/ 2.7e
	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	3.16
	Do you have vinyl mini-blinds?	No	Don't Know /Yes	3.17

**3D. Pest Control Inside the Home**

+	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 pest, pesticide(s) used: _____	Never/ Less Than Once/Yr	More Than Once/Yr	2.8/2.8a
+	Are window or door screens loose, torn, or rusted?	NA	No Yes	3.18
+	Have gaps and openings in the building that allow entry of rodents and insects been sealed?	NA	Yes No	2.8/2.8e

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

		None		
+	⚠ Is there wall-to-wall carpeting, or carpet on a concrete slab?	NA	No Yes	1.10/3.19
+	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	3.20
+	Type of carpeting (circle all that apply):	Don't Know	Area rugs /Level loop Plush/Shag	3.21
⚠	Are carpeting and all rugs secured?	NA	Yes No	3.22

**3F. Cleaning**

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

<b>+</b>	How often do you vacuum carpets and damp-mop bare floors ?		More Than Once/Mo	Less Than Once/Mo	3.23
<b>+</b>	How often do you damp-dust furniture, shelves and window sills?		More Than Once/Mo	Less Than Once/Mo	3.23
<b>+</b>	Do you perform a thorough cleaning at least twice per year (including carpet and upholstery cleaning, damp dusting, and mopping)?		Yes	No	1.8-1.10/ 3.24
<b>+</b>	How do you clean area rugs?	NA	Launder, Send Out, Vacuum Both Sides	Vacuum Surface	3.25
<b>+</b>	Do you smell a dusty odor when you vacuum?	NA	No	Yes	3.29
<b>+</b>	If anyone in your family works with toxic materials on the job or as a hobby, do you wash their work clothes separately?	NA	Yes	No	3.27

**3G. Hazardous Household Products**

<b>+</b>	Are all tobacco products, alcoholic beverages, and medicines inaccessible to children?		Yes	No	3.28/ 3.28a
<b>+</b>	If you use any products such as (circle all that apply): Paints and thinners, cements and glues, marking pens, ammonia- or chlorine-based cleaners, cosmetics with strong odors	None - Skip to Next Question		Yes	3.28/ 3.28b
<b>+</b>	<input checked="" type="radio"/> Are children kept from contacting or inhaling the products during use?		Yes	No	3.28/ 3.28c
	If you use any products such as (circle those that apply): Lye- or acid-based drain cleaner (with a DANGER label – Drano, Easy-Off)	None - Skip to Next Question		Yes	3.28/ 3.28b
	<input checked="" type="radio"/> Do you wear gloves when using these materials?		Always	Sometimes / Never	3.28/ 3.28d
	Are you careful not to mix products (especially ammonia and chlorine)?		Yes	Don't Know /No	3.28e
	<input checked="" type="radio"/> Are any flammable products (such as charcoal starter, gas can, etc.) stored near fire or heat?		No	Yes	3.28/ 3.28f
<b>+</b>	<input checked="" type="radio"/> 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	3.28/ 3.28g
<b>+</b>	<input checked="" type="radio"/> Are hazardous products stored in undamaged and tightly-closed original containers?		Yes	No	3.28/ 3.28h
<b>+</b>	Are label instructions followed when disposing of pesticides and hazardous products?	NA	Yes	Don't Know /No	3.28/ 3.28i
	Do you have the poison control number posted near your telephone?	NA	Yes	Don't Know /No	3.28j

**3H. Arts, Crafts, and Hobbies**

Response □ Action

<b>+</b>	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	3.29
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**3I. Drinking Water**

*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.*

<b>+</b>	Measure hot water temperature at the faucet closest to the hot water tank (°F): _____		Less than 110 <sup>⑤</sup> or Greater than 130 <sup>⑤</sup>	3.30
	Have you had your water tested for lead?	Yes	Don't Know /No	3.31
	② Was lead detected?	NA	No	Yes 3.32
	Is <u>hot</u> water from the faucet used for beverages or cooking?	No	Yes	3.32
	Do you flush your cold water pipes before using for drinking or cooking?	Yes	No	3.32
	Is the drinking water supplied from a private well?	No - Skip to 3J	Yes	3.33
	② Does the water ever have an unusual <i>smell</i> (e.g., detergent, rotten eggs), <i>taste</i> (e.g., salty, chemicals), or <i>appearance</i> (e.g., cloudy, reddish-brown)?	No	Yes	3.33/ 3.33a
	② Has the drinking water been tested to be above concern levels for any contaminants (for example, bacteria, radon, heavy metals, pesticides, gasoline, or nitrates)?	Don't Know	No	Yes 3.33/ 3.33b
	② If your drinking water was found to have contaminants, was action taken to remove contaminants?	Yes	No	3.33/ 3.33c

**3J. Indoor Safety Hazards**

Do you have working smoke detectors? (TEST) Location(s) _____	Yes	Don't Know /No	3.34
Do you have a working fire extinguisher? Location(s) _____	Yes	Don't Know /No	3.35
If you have small children:	None - Skip to Next Question		
⚠ Are electrical outlets covered with safety caps?	Yes	Don't Know /No	3.36
⚠ Are all long cords or strings tied-up and out of reach (drapes, curtains, and shades)?	Yes	No	3.37
⚠ Are safety gates and window guards used to block access to stairs, open windows, and other dangerous areas?	Yes	No	3.38
⚠ Are electrical cords to lamps and appliances in good condition and out of the way?	Yes	No	3.39
⚠ Are doorways, stairways and walkways clear and in good repair?	Yes	No	3.40
⚠ Can interior doors be opened both from inside and outside when closed and/or locked?	Yes	No	3.41
Are hot surfaces shielded or guarded from contact by children (such as fireplaces and woodstoves, radiators, electric heaters)?	NA	Yes	No 3.42
Are there any indoor plants?	No	Yes	2.19

**Section 4. LIVING and FAMILY ROOMS**

**Location #1:** \_\_\_\_\_

<b>+</b> <b>⚠</b> Measure Indoor Temperature (°F): _____ Humidity (%): _____			Temp. Below 60, Humid. Above 50	4.1
<b>+</b> <b>⚠</b> Are surfaces (walls, floor, ceiling) free of moisture and mold?	Yes	No		3.5/3.6
<b>+</b> <b>⚠</b> Is there peeling paint or wall paper that has become detached?	No	Yes		2.7b/2.7c/ 3.5/3.6
<b>+</b> Do you have more than 5 pieces of cloth-covered furniture that are over 10 years old?	No	Yes		4.2
<b>+</b> Are pets permitted to sleep on furniture?	NA	No	Yes	4.3

**If more than 1 Living or Family Room, Location #2:** \_\_\_\_\_

<b>+</b> <b>⚠</b> Are surfaces (walls, floor, ceiling) free of moisture and mold?	Yes	No		3.5/3.6
<b>+</b> <b>⚠</b> Is there peeling paint or wall paper that has become detached?	No	Yes		2.7b/2.7c/ 3.5/3.6
<b>+</b> Do you have more than 5 pieces of cloth-covered furniture that are over 10 years old?	No	Yes		4.2
<b>+</b> Are pets permitted to sleep on furniture?	NA	No	Yes	4.3

**If more than 2 Living or Family Rooms, Location #3:** \_\_\_\_\_

<b>+</b> <b>⚠</b> Are surfaces (walls, floor, ceiling) free of moisture and mold?	Yes	No		3.5/3.6
<b>+</b> <b>⚠</b> Is there peeling paint or wall paper that has become detached?	No	Yes		2.7b/2.7c/ 3.5/3.6
<b>+</b> Do you have more than 5 pieces of cloth-covered furniture that are over 10 years old?	No	Yes		4.2
<b>+</b> Are pets permitted to sleep on furniture?	NA	No	Yes	4.3

**Section 5. KITCHEN**

☹ Measure refrigerator temperature (°F) - (Ideal is 40°F):_____		Greater than 45°	5.1
☹ Measure freezer temperature (°F) - (Ideal is 0°F):_____		Greater than 0°	5.2
+ How often do you clean the refrigerator coils and drip pan?	Once/yr	Rarely/Never	5.3
+ ☹ Are surfaces (walls, floor, ceiling) free of moisture and mold?	Yes	No	3.5/3.6
+ ☹ Is there peeling paint or wall paper that has become detached?	No	Yes	2.7b/2.7c/ 3.5/3.6
+ ☹ Is there wall-to-wall carpeting in the kitchen?	No	Yes	5.4
+ ☹ Are there any water leaks or damp areas under the sink?	No	Yes	5.5
+ Do windows fog up for more than 1 hour when you cook?	Rarely/Never	Often	3.2/5.6
+ ☹ Are household chemicals safely stored and sealed?	Yes	No	5.7
+ ☹ What kind of kitchen stove or oven is used (circle)? ☹ Ⓞ If gas or propane, do burner flames appear yellow instead of blue?	Electric	Gas/ Propane/ Wood	5.8
	NA	No	Yes 5.9
+ ☹ Is there a fan over the stove/oven that is vented outside?	Yes	Don't Know /No	3.2/5.10
+ ☹ Ⓞ Is the fan clean and in good working order (TEST)?	NA	Yes	Don't Know /No 5.11
+ ☹ Ⓞ Do you use the fan while cooking?	NA	Usually	Rarely/Never 5.12

**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	1.9/2.8/ 2.8e
Is there:			
+ ☹ Ⓞ Food or food crumbs on counters or floors?	No	Yes	5.13
+ ☹ Ⓞ Food stored unsealed?	No	Yes	5.13
+ ☹ Ⓞ Water drips, leaks, or standing water?	No	Yes	5.13
+ ☹ Ⓞ Clutter such as unwashed dishes, mail, papers, toys, food containers, etc. on counters?	No	Yes	5.13
+ ☹ Ⓞ Overflowing trashcan?	No	Yes	5.13
Are pesticides and hazardous products stored securely and away from food?	Yes	No	3.28/5.14
Are insect sprays (such as Raid) used in the kitchen?	No	Yes	5.15

**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.*

<b>+</b>	<b>⚠</b> Are surfaces (walls, floor/carpet, windows) and closet areas free of moisture and mold?	Yes	No	3.5/3.6/ 6.1
<b>+</b>	<b>⚠</b> Is there peeling paint or wall paper that has become detached?	No	Yes	2.7b/2.7c/ 3.5/3.6
<b>+</b>	If anyone in the home has allergies or asthma:	None - Skip to Next Question	Don't Know /Yes	1.6
<b>+</b>	<b>Ⓢ</b> Are any of the following items in that person's bedroom (circle): carpeting, stuffed toys, upholstered furniture?	None	Some/All	1.6/1.10/ 4.2/6.2a
<b>+</b>	<b>Ⓢ</b> Are allergy control covers on their pillows and/or mattresses?	Yes	No	1.6/1.10/ 6.2b
<b>+</b>	<b>Ⓢ</b> Are pets allowed in their bedroom?	NA	No	Yes 1.6/1.8/ 6.2c/4.3
<b>+</b>	<b>Ⓢ</b> Are any portable air cleaners being used?	Yes	No	6.2d
<b>+</b>	Do you open a bedroom window at night when weather permits?	NA	Yes	No 6.3
<b>+</b>	If you take clothes/materials to a dry cleaner, do you air them outside before putting them in closet?	NA	Always	Rarely/Never 6.4
<b>+</b>	Do you store clothing in mothballs?	Yes	No	6.5
<b>+</b>	<b>Ⓢ</b> Do you air them out thoroughly before wearing?	NA	Yes	No 6.5

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

<b>⚠</b>	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	6.6
	Are infants placed on their sides or back to sleep?	Yes	No	6.7

**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	3.5/3.6
+ ❗ Is there peeling paint or wall paper that has become detached?	No	Yes	2.7b/2.7c 3.5/3.6
+ ❗ Is there wall-to-wall carpeting in the bathroom/utility room?	No	Yes	5.4
+ ❗ Are there any water leaks (under sink, around toilet, tub or shower, behind or under washing machine)?	No	Yes	5.5
+ ❗ Is there a bathroom fan that is vented to the outside, or an openable window?	Yes	Don't Know/ No	3.2/7.1
+ ❗ <input type="checkbox"/> Is fan(s) clean and in good working order? (TEST)	Yes	Don't Know /No	7.2
+ ❗ <input type="checkbox"/> Do you use fan(s) or windows during and after showering or bathing?	NA	Usually	Rarely/Never 7.3
+ ❗ Are household chemicals safely stored and sealed?	Yes	No	5.7
+ ❗ If there is a clothes dryer in the home, is it vented to the outside?	NA	Yes	Don't Know /No 7.4
+ Is clothing ever hung to dry indoors?	No	Sometimes /Yes	7.5

## 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.

⚠ If the dwelling has a basement:		None - Skip to Next		
+ ⚠	Ⓜ Are there signs of dampness in the basement (musty odor; visible water, mold, or mildew; discoloration on walls, damp carpets or furniture)?	No	Yes	3.5/8.1/ 8.3
+ ⚠	Ⓜ Is there carpeting on basement floor?	No	Yes	8.2
+ ⚠	Ⓜ Is there a working dehumidifier in basement?	Yes	No	8.3
⚠ If the dwelling has a crawlspace:		None - Skip to Next		
+ ⚠	Ⓜ Are there signs of moisture or mold in the crawlspace (mold on soil, house floor or walls; visible water; discoloration on walls; persistent sewer leak)?	No	Don't Know /Yes	3.5/8.1/ 8.4
+ ⚠	Ⓜ Is soil covered with durable plastic sheeting?	Yes	Don't Know /No	8.4
+ ⚠	Ⓜ Is the crawlspace ventilated?		Don't Know/ Yes/ No	8.5
+ ⚠	Is there evidence of cockroaches, rodents (droppings), or other pests in the basement or crawlspace?	No	Don't Know /Yes	1.9/2.8e

**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.*

What are your major heat sources during heating season?	Electric/ Other	Gas/Oil/ Woodstove	9.1
<b>+</b> 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.	No	Yes	9.1/9.2
<b>+</b> If you use a wood stove or a fireplace:	No - Skip to Next Question	Yes	9.3
<b>+</b> <input checked="" type="radio"/> Do you ever smell or observe smoke indoors when it is in use?	Rarely/Never	Usually	9.1/9.4
<b>+</b> <input checked="" type="radio"/> Is firewood stored indoors?	No	Yes	9.5
<b>+</b> Do you use a gas log fireplace?	No	Yes	9.1/9.6
<b>+</b> <input checked="" type="radio"/> Is the vent pipe above the gas or oil hot water heater, boiler, or furnace disconnected or deteriorated?	NA	No	Don't Know /Yes 9.1/9.7
<b>+</b> Do you ever smell fuel or gases from heating equipment?	No	Yes	9.1/9.8
<b>+</b> Has the fuel-burning hot water tank, boiler, or furnace ever been checked by a professional for backdrafting or spillage?	NA	Yes	Don't Know /No 9.1/9.9
<b>+</b> If you have combustion equipment or an attached garage, do you have a CO (carbon monoxide) detector? (TEST)	Yes	No	9.1/9.10
<b>+</b> <input checked="" type="radio"/> Has the alarm ever sounded?	NA	No	Yes 9.1/9.11
<b>+</b> Do you smell moldy or dusty odors when the heating or cooling equipment is operating?	Rarely/Never	Sometimes/ Usually	9.12
If the home has ductwork:	None - Skip to Next Question	Yes	9.13
<b>+</b> <input checked="" type="radio"/> Do the return ducts run below a concrete slab floor?	No	Don't Know /Yes	9.14
<b>+</b> If the heating or air conditioning equipment has air filters, how often are they changed?	NA	At Least Once/Yr	Don't Know / Less Than Once/Yr 9.15
<b>+</b> Is a humidifier connected to the furnace or ducts?	NA	No	Yes 9.16
<b>+</b> How often is the heating equipment inspected, cleaned, and adjusted?	Once/Yr	Don't Know / More Often Than Every 2 Yrs	9.17
<b>+</b> If you have air conditioning, how often are its components inspected and cleaned (cooling coils, drip pans), or replaced (swamp cooler pads)?	NA	At Least Once/Yr	Don't Know / More Often Than Every 2 Yrs 9.18

### 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:

*H.E.L.P. for Kids  
American Lung Association of New Mexico  
216 Truman NE  
Albuquerque, NM 87108  
  
(505)-265-0732*

### 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): _____