

HOME ENVIRONMENTAL ASSESSMENT

Objective:

To help workers determine the health and safety risks that exist in the home

Intended Use:

This tool is used to identify interior issues that negatively impact the health and safety of a home's inhabitants. The results can be used to make a plan to address those risks and as a source of data about neighborhood housing conditions in general.

Audience:

- Leadership: To track trends and identify partners to assist in remediation of problems
- Family workers: To observe and record health and safety risks to families

Outcome:

- Improve ability of workers to help families address interior health risks
- Provide data to identify partners to address neighborhood issues

Context:

Workers who make home visits are in a unique position to serve as advocates for improving interior housing conditions. It is not uncommon for families living in rental property to tolerate substandard health and safety conditions out of fear of landlord retaliation. Mold, mildew, asbestos, lead paint, radon and other problems may exist in rental property. Owner-occupied property can also suffer from the same issues, and owners may need assistance in addressing them. Sometimes mediation with landlords will be required; other times the need will be to identify resources available to homeowners to fix problems.

Communities with high levels of rental housing and economic pressure to increase rents must find methods of holding landlords accountable for meeting state and local health and safety codes. Typically, residents struggling to find rental housing at affordable prices hold little power to negotiate the interior quality of the property. Sometimes health and safety problems result from substandard conditions within rental property. At other times, a home visit may reveal problems that the owner occupant cannot afford to fix.

The tool can be used to evaluate individual homes or assess a section of a neighborhood. Multiple property assessments can be used to develop local policies to create safer housing for both owners and tenants.

The Process

The Home Environmental Assessment tool can be used two ways. The home visitor can complete the survey with the resident and go over the results, using the information as an educational vehicle to discuss what next steps are necessary to address issues. This method shares power with the resident to determine a level of intervention that is comfortable. Alternately, the home visitor can ask permission of a resident to walk through the interior of the residence and fill out the survey without his or her participation. Both methods can be used to determine an appropriate intervention.

There is no quantifiable level of problems on the assessment that automatically demands intervention. For example, the presence of rats and

rodents requires attention, but how immediate a response depends on the specific circumstances. Similarly, the real or suspected presence of lead requires immediate attention if there are young children, but if only adults live in the home, the immediacy is reduced. The steps that are required can best be determined with support from a supervisor or community partner, such as the local code enforcement officer, who has the authority to address the identified issues.



POINTERS:

- **Try to engage the resident in the process of performing the home assessment**
- **Use the assessment information to determine appropriate steps for remediation**
- **Use the data to support larger policy strategies to improve housing stock**

HOME ENVIRONMENTAL ASSESSMENT

Resident Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Follow-up visit or phone call okay? Yes No

Type of Housing: House Apartment Rental Owner Occupied
 Landlord if not Occupant: _____
 City water Well water Bottled water for drinking/cooking

Present within one block radius:

Vacant lot Vacant building Garbage Smells Factory
 Auto body/Paint Shop Car repair shop Dry cleaner Laundromat Bus stop
 Beauty/Nail shop Street debris/sewer Heavy traffic Freeway High tension lines

Residents

Name	Age	Sex	Ethnicity	Known Allergies	In-home smoker?	Home-bound?

Common Health/Allergy Triggers

If a trigger is present, indicate location and severity of problem using the following scale: 0 = not a problem; 1 = slight problem, minimal remediation needed; 2 = moderate problem, remediation required; 3 = severe problem, immediate remediation required
 Also indicate occupant's knowledge level about triggers present using the following scale: 0 = no knowledge; 1 = some knowledge; 2 = moderate knowledge; 3 = very knowledgeable

Trigger	Living Room	Family Room	Kitchen	Bathroom	Bedroom 1	Bedroom 2	Bedroom 3	Other	Knowledge Level	Able to change?
Dust and Lead										
Carpet										
Rugs										
Curtains/Drapes										
Blinds										
Open shelves										
Stuffed toys										
Fans										
Air conditioner										
Upholstered furniture										
Peeling paint										
Mold and Mildew										
Visible mold or mildew										
Plants/clay pots										
Discolored or stained walls										
Discolored or stained ceiling										
Leaky pipes or faucets										
Leaking roof										
Vermin										
Holes in wall										
Open garbage can										
Cockroaches										
Rodents										
Other										

Other Environmental Dangers		Knowledge Level	Able to change?
Are vermin treatments in use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What kind? <input type="checkbox"/> Sprays/Bombs <input type="checkbox"/> Chalk <input type="checkbox"/> Tempo <input type="checkbox"/> Gel <input type="checkbox"/> Sticky trap <input type="checkbox"/> Boric acid <input type="checkbox"/> Bait station/poison <input type="checkbox"/> Spring trap			
Who applies the treatments? <input type="checkbox"/> Resident <input type="checkbox"/> Landlord <input type="checkbox"/> Commercial service			
Are sources of formaldehyde present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What kind? <input type="checkbox"/> Particleboard <input type="checkbox"/> Foam insulation <input type="checkbox"/> Synthetic materials in cabinets or furniture <input type="checkbox"/> Other			
Are asbestos hazards present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What kind? <input type="checkbox"/> Pipe insulation <input type="checkbox"/> Furnace/boiler insulation <input type="checkbox"/> Old floor tiles <input type="checkbox"/> Wallboard repair <input type="checkbox"/> "Popcorn" ceiling <input type="checkbox"/> Asbestos shingle siding <input type="checkbox"/> Renovations/repairs			
Does resident use cleaners, polishes, air fresheners or disinfectants? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does resident use glues, solvents, varnishes or building materials? <input type="checkbox"/> Yes <input type="checkbox"/> No Where are they stored?			
Is the home in an area where Radon is common? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the Radon level ever been measured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a wood-burning stove or fireplace used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a smell of smoke inside when it is in use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are kerosene, oil or gas stoves or heaters without vents used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are candles or incense being burned in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there items in the home that are dry-cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is clothing stored in mothballs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If there is a garage, is it attached to the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the resident have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long does the resident let the car idle in the garage before driving away?			
Is there a smell of gasoline or other strong chemical odors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
At home, does resident engage in Car, boat, truck maintenance or repair? <input type="checkbox"/> Yes <input type="checkbox"/> No Furniture repair or refinishing? <input type="checkbox"/> Yes <input type="checkbox"/> No Soldering? <input type="checkbox"/> Yes <input type="checkbox"/> No Ceramics/pottery? <input type="checkbox"/> Yes <input type="checkbox"/> No Photo developing? <input type="checkbox"/> Yes <input type="checkbox"/> No Stained glass work? <input type="checkbox"/> Yes <input type="checkbox"/> No Fine art painting? <input type="checkbox"/> Yes <input type="checkbox"/> No Model building? <input type="checkbox"/> Yes <input type="checkbox"/> No Other activities (specify) ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Assessment done by: _____	Date: _____		