

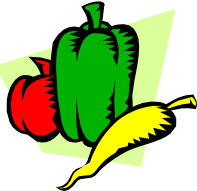




Site \_\_\_\_\_  
 Date \_\_\_\_\_  
 RN \_\_\_\_\_

## Home Environmental Health and Safety Assessment Tool

	Assessment	Yes	No	N/A	Standard of Practice
	Home built before 1978	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Test homes built before 1978 for lead.
	Home tested for lead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Living space in basement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Maintain home to prevent chipping or peeling paint
	Attached garage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Home radon test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Remove shoes indoors • Test first three floors of all homes for radon
	Home radon ventilation system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Living space in basement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Do not idle car in garage
	Combustion heating source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Ensure proper venting of all combustion heating sources.
	Gas, kerosene or propane space heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Wood stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Annual assessment to ensure proper function. • Do not use grills, or generators indoors
	Fireplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Gas dryer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Gas dryers, hot water heaters and stove need to vent outdoors
	Vented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Gas hot water heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Vented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Gas stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Well water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Routine well testing and maintenance of private wells.
	Lead pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Water tested for contaminants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Review consumer confidence reports for public water supply
	Known contaminants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Smoke detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Smoke detector on all floors and in bedrooms
	Carbon monoxide detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Fire extinguisher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	• Carbon monoxide detector on all levels in homes with combustion source or garage
	Fire evacuation route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Emergency phone numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Disaster plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Shelter –in-place supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Assessment	Yes	No	N/A	Standard of Practice
 Insects in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Use of integrated pest management techniques for controlling pests.</li> <li>Use least hazardous methods of pest control</li> </ul>
Rodents in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If yes what: _____				
Pesticide spraying in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If yes what / how often: _____				
Pesticide contract	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Frequency: _____				
 Air freshener used in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Minimize use of air fresheners. Use less hazardous and irritating alternatives to control odors.</li> <li>Use of low VOC household cleaners and green cleaning techniques.</li> </ul>
Candles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plug-ins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Incense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How many times per day: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Use of strong smelling cleaners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
 Tuna fish served in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>See federal and state recommended fish consumption advisories</li> <li>Wash all fruits and vegetables before eating</li> <li>Consider organic or locally grown products</li> </ul>
If yes, how often per week: _____				
Fresh fruit/vegetables used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Local/ organic products used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
 Mercury thermometer in house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Use non-mercury containing medical devices</li> <li>Dispose of all mercury devices and batteries per local hazard waste collection procedures</li> </ul>
Other mercury devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Needle boxes for needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Use of traditional or cultural remedies containing mercury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
 Smoking allowed in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Institute no smoking indoors policy</li> </ul>
House smells like smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cigarette products present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	