



Neighborhood Healthy Homes Project

The University of Connecticut Center for Indoor Environments and Health is a partner on the Connecticut Children's Medical Center's Neighborhood Healthy Homes Project in Hartford, CT. Funding for the project is provided by the United States Department of Housing and Urban Development.

This innovative environmental health program focuses on safety, lead hazards, and contributors to asthma symptoms. The series of draft checklists available here were developed to aid the project's community partners, the Blue Hills Civic Association and the Christian Activities Council, in assessing home environments.

For more information about the checklists and/or to comment about experience you may have with these checklists, contact:

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Draft HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Before you begin the visual assessment, please ask the following questions:

GENERAL QUESTIONS	LOCATION/ANSWER
1. What year was your house built?	
2. Pets Present 0. No 1. Yes ____ How many? Record types:	
3. Does anyone who lives in the home or regularly visits the home smoke? 0. No 1. Yes	
4. How often are air fresheners used 0. Never 1. Occasionally 2. Continuous	
5. Do you see condensation on walls, windows, and doors? (this may be seasonal so record when and where) 0. No 1. Yes Record when and location:	
6. Sources of Humidity Present (Humidifier, Uncovered Fish Tank, etc.) 0. No 1. Yes Record type:	
7. Dehumidifier Present 0. Yes 1. No	
8. Air Cleaning Device Present 0. Yes 1. No If yes, are they maintained regularly? 0. Yes 1. No	
9. Do you have a fire escape plan? 0. Yes 1. No	
10. Cockroaches 0. No roaches seen 1. Frags or shells seen or reported 2. One or more live roaches seen or reported You may see evidence even if the occupant says no.	
11. Rats/Mice 0. No rats/mice seen 1. Droppings or chewable holes seen or reported 2. One or more rats/mice seen or reported. You may see evidence even if the occupant says no.	
12. Other Insects or Vermin (e.g. bed bugs or crickets) 0. None seen 1. Seen or reported by occupant Record type: You may see evidence even if the occupant says no.	
13. Used Spray or Fog for Pests or other means to control pests 0. Do not use sprays/fogs 1. Once a year 2. Once a month 3. Once a week List type: _____	
14. Did you give the radon kit to the occupant? 0. Yes 1.No	

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Place a number in the box for each question that best describes the problem.

Exterior			Exterior	Front Porch	Rear Porch		
Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean							
1. Overgrown vegetation and plants on or near building 0. No vegetation 1. Vegetation contacts building but no damage 2. Vegetation has damaged building							
2. Erosion breaking down areas (soil worn away or grooves in ground) 0. No erosion 1. Pooling of water (small erosion) 2. Large erosion (groove in soil >8" x 5")							
3. Litter 0. Not excessive 1. Excessive							
4. Child's play area 0. No trash and No feces 1. Exposed or bare soil 2. Trash and animal feces							
5. Trash Disposal: 0. Trash properly contained or No containers needed 1. Trash on ground 2. Trash containers missing covers 3. Container leans on home or too close 4. Trash on ground and missing covers 5. Area overflowing							
6. Exterior doors – Holes/Cracks/Gaps 0. No damage 1. ¼"-1" diameter 2. >1" diameter							
7. Foundation – Cracks/Gaps 0. No cracks/gaps 1. < 1/8" wide x 1/8" deep x 6" long 2. > 1/8" wide x 1.8" deep x 6" long							
8. Exterior Walls – Cracks and Gaps 0. None 1. < 1/8" wide x 1/8' deep x 6" long 2. > 1/8" wide x 1/8" deep x 6" long							
9. Patio/Porch/Balcony –Railing 0. No damage/NA 1. Loose 2. Damaged 3. Missing							
10. Fire Escapes – Blocked Exit 0. Present and Not blocked 1. No fire escape or blocked fire escape							
11. Fire Escapes – Missing Components 0. No fire escape needed or No missing parts 2. Ladder or rail or stair missing							
12. Damaged Chimneys 0. No chimney or if present No damage 1. Holes > 4" x 4" 2. Chimney separates from wall 3. Both holes and separation							

Hartford Neighborhood Healthy Homes Project (NeEHP)
 Modified Visual Assessment from US DHHS Healthy Housing Inspection Manual
 Center for Indoor Environments and Health, University of Connecticut Health Center
 270 Farmington Ave., Suite 262 Farmington, Connecticut 06032

Email: simcox@uchc.edu

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HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Exterior Blue=Keep It Pest-Free Green=Dampness and Water Leaks Pink= Keep It Safe Yellow= Housekeeping	Exterior	Front Porch	Rear Porch		
13. Foundation crumbling and or spalling masonry 0. No damage 1. < 2 square feet 2. 2 to10 square feet 2. . > 10 square feet					
14. Gutters and Downspout – Damaged or Clogged 0. Not observable or No clog or No damage 2. Partial clog/some damage 3. Fully clogged/damage/missing parts 4. No gutter system					
15. Damaged Soffits or Fascia or Roofs 0. No damage 1. Some cracks – no water intrusion 2. Missing or damages with water intrusion					
16. Exterior Windows – Broken/Missing/Cracked 0. None cracked/missing 1. One or more cracked or missing 2. Both-cracked and missing Record how many:					
17. Exterior Windows – Damaged Sills/Frames/Trim 0. None 1. Some damage, inner wall not exposed, still weathertight 2. More damage with missing or exposed inner wall Record how many:					
18. Exterior Windows – Missing/Deteriorated/Caulking/Seals/Glazing 0. None 1. Missing or deteriorated but no leaks or damage 2. Missing or deteriorated, water leaks or damage present Record how many:					
19. Ceiling, Floors, Walls – Water Stains/Water Damage/Deteriorated Structure 0. No water stains or other damage 1. < 4 sq feet 2. > 4 sq feet C=Ceiling, F=Floor, W-A/B/C/D=Walls	C				
	F				
	W				

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Place a number in the box for each question that best describes the problem.

BASEMENT Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean	Basement				
1. Litter (including cardboard boxes storing materials) 0. Not excessive 1. Excessive					
2. Open or Unsealed Food Present 0. None seen 1. Open/unsealed food seen					
3. Exterior Walls – Cracks and Gaps 0. None 1. < 1/8" wide x 1/8' deep x 6" long 2. > 1/8" wide x 1/8" deep x 6" long					
4. Foundation – Cracks/Gaps 0. No cracks/gaps 1. < 1/8" wide x 1/8" deep x 6" long 2. > 1/8" wide x 1.8" deep x 6" long					
5. Heating System 0. Working 1. Not working Fuel Source: Natural Gas Oil Furnace Electric Other					
6. Furnace/Boiler – Improper Exhaust Venting/Misaligned/Blockage (Any deficiency that may cause release of exhaust gases to the inside) 0. None 1. Misalignment or gap seen or blockage					
7. Heating System Filters 0. Replaced quarterly 1. No filters and or Not maintained regularly					
8. Damaged Chimneys 0. No chimney or if present No damage 1. Holes > 4" x 4" 2. Chimney separates from wall 3. Both holes and separation					
9. Fuel supply Leaks 0. No leaks observed 2. Leaks observed (Report immediately to local fire department)					

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Street _____ Unit ID _____ Date _____ Assessor _____

BASEMENT Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean		Basement				
10. Fireplace/Wood Stove Used For Heat 0. No 1. Yes Record type:						
11. Fireplace Screen or Other Barrier Present 0. Yes or No Fireplace 1. No						
12. Hot Water Heater – Temperature 0. Temperature < 120° F. 1. Temperature > 120° F. 2. No hot water						
13. Combustion Appliances Present (non-electric) that are not vented 0. No 1. Yes (Examples: fuel fired space heater, gas clothes dryer, gas logs, charcoal, stoves, etc) Record type:						
14. Smoke Detector 0. Working 1. Present but not working 2. Not Present						
15. CO Detector 0. Working 1. Present but not working 2. Not Present						
16. Electrical – Frayed Wiring 0. None 1. Broken insulation/exposed wires						
17. Electrical – Corrosion 0. No evidence 1. Evidence of leaks/corrosion						
18. Blocked Access to Electrical Panel 0. Not Blocked or No Panel 1. Yes						
19. Railings – Loose/Too Large for Hands 0. None seen 1. Railing hazard seen Record location:						
20. Floor is all dirt or has some dirt 0. No dirt 1. All dirt or some areas with dirt						

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Street _____	Unit ID _____	Date _____	Assessor _____							
BASEMENT Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean				Basement						
21. Foundation crumbling/chips or flakes of stone breaking 0. No damage 1. < 2 square feet 2. 2 to10 square feet 2. > 10 square feet										
22. Heating System – Water Leaks 0. No leaks observed 1. Water or steam leaks Heat Distribution: Hot Water Forced Air Other										
23. Water Heater/Boiler/Pump Leaks – Valves/Tanks/Pipes 0. No leaks observed 1. Water or steam leaks										
24. Cooling System/Air Conditioner 0. Not Present 1. Working 2. Not working										
25. Cooling System – Leaks 0. No leaks observed 1. Water or steam leaks or pooling water										
26. Window Air Conditioner Unit-Leaks 0. No leaks observed or no unit 1. Water leaks or stains present										
27. Plumbing – Leaking valve/pipe (CHECK UNDER ALL SINKS) 0. None 1. Leaks seen										
28. Plumbing – Waste Water (Sewage) – Leaks (CHECK TOILETS) 0. None 1. Leaks seen										
29. Plumbing – Clogged Drains 0. Working properly 1. Slow drain 2. Completely clogged										
30. Plumbing – Leaking Faucet/fixture (CHECK SINKS) 0. No leaks 1. Slow drip contained by basin 2. Steady drip adversely affecting area										
31. Sink damaged/missing 0. No cracks/discoloration 1. < 50% cracks or discoloration 2. > 50% cracks or discoloration 3. Sink inoperable										
32. Dryer (need to see hose or ductwork going to the outside) 0. No dryer or Vent not missing or not damaged 1. Vent damaged or Vent missing or vented to inside										
33. Windows – Broken/Missing/Cracked 0. None cracked/missing 1. One or more cracked or missing 2. Both-cracked and missing Record how many:										

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____	Unit ID _____	Date _____	Assessor _____				
BASEMENT							
Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean							
34. Windows – Damaged Sills/Frames//Trim 0. None 1. Some damage, inner wall not exposed, still weather tight 2. More damage with missing or exposed inner wall Record how many:		Basement					
35. Windows – Missing/Deteriorated - Caulking/Seals/Glazing 0. None 1. Missing or deteriorated but no leaks or damage 2. Missing or deteriorated, water leaks or damage present Record how many:							
36. Dehumidifier Present 0. Yes 1. No							
37. Ceiling, Floors, Walls – Buckling and Bulging 0. No bulging or buckling 1. Bulging or Buckling 2. Both bulging and buckling C=Ceiling, F=Floor, W-A/B/C/D=Walls	C F W						
38. Ceiling, Floors, Walls – Holes/Missing Tiles/Cracks 0. No missing/damage 1. < 8 ½" x 11" 2. > 8 ½" x 11" REMEMBER TO LOOK UNDER SINKS. C=Ceiling, F=Floor, W-A/B/C/D=Walls	C F W						
39. Ceiling, Floors, Walls – Peeling/Needs Paint 0. No damage including no peeling paint 1. < 4 sq feet 2. > 4 sq feet C=Ceiling, F=Floor, W-A/B/C/D=Walls	C F W						
40. Ceiling, Floors, Walls – Water Stains/Water Damage 0. No water stains or other damage 1. < 4 sq feet 2. > 4 sq feet C=Ceiling, F=Floor, W-A/B/C/D=Walls	C F W						
41. Ceiling, Floors, Walls – Mold 0. Do not see mold or smell mold 1. < 4 sq feet 2. > 4 sq feet C=Ceiling, F=Floor, W-A/B/C/D=Walls	C F W						

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Kitchen and Bathrooms		Kitchen	Bath 1	Bath 2			
Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean							
1. Litter 0. Not excessive 1. Excessive							
2. Open or Unsealed Food Present 0. None seen 1. Open or unsealed food seen							
3. Trash Disposal: 0. Trash properly contained 1. No garbage containers 2. Trash on floor 3. Trash containers missing covers 4. Container leans on home or is too close 5. Trash on floor and missing covers 6. Area overflowing							
4. Walls – Cracks and Gaps 0. None 1. < 1/8" wide x 1/8' deep x 6" long 2. > 1/8" wide x 1/8" deep x 6" long							
5. Range and Stove – Missing or Damaged or Inoperable 0. Working 1. One burner not working 2. Two + burners not working 3. Stove not working 4. Stove missing							
6. Gas Cooking Stove Present 0. No 1. Yes							
7. Combustion Appliances Present (non-electric) that are not vented 0. No 1. Yes (Examples: fuel fired space heater, gas clothes dryer, gas logs, charcoal, stoves, etc) Record type:							
8. Electrical – Frayed Wiring 0. None 1. Broken insulation/exposed wires Record Location:							
9. Electrical – Corrosion 0. No evidence 1. Evidence of leaks/corrosion Record Location:							
10. Blocked Access to Electrical Panel 0. Not Blocked or No Panel 1. Yes							
10a. Child Safety Locks on Cabinets 0. Yes or no YOUNG children 1. No							

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Kitchen and Bathrooms			Kitchen	Bath 1	Bath 2			
Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean								
11. Tripping Hazards – Slippery Rugs/Upturned Carpet Lips/Exten. Cords 0. None seen 1. Tripping hazards seen Record location:								
12. Sharp Edges (Hazards) – Tables, etc. 0. None seen/no young child 1. Sharp edges seen at eye level Record location:								
13. Choke Hazards – Cord for Window Blinds or Curtains 0. Unsecured cord not seen 1. Unsecured cord seen/loops at end								
14. Door Knob Covers Present on Off-Limit Rooms 0. Yes or no young children 1. No								
15. Window Guards Present 0. Yes or no young children 1. No								
16. Smoke Detector 0. Working 1. Present but not working 2. Not Present								
17. CO Detector 0. Working 1. Present but not working 2. Not Present								
18. Toilet 0. Neither cracked or broken 1. Toilet seat cracked or broken 2. Toilet bowl cracked or broken 3. Both cracked or broken								
19. Cooling System/Air Conditioner 0. Not Present 1. Working 2. Not working								
20. Cooling System/Air Conditioner – Leaks 0. No leaks observed 1. Water or steam leaks or pooling water								
21. Window Air Conditioner Unit-Leaks 0. No leaks observed/no unit 1. Water leaks or stains present								
22. Plumbing – Leaking valve/pipe (CHECK UNDER SINKS) 0. None 1. Leaks seen								
23. Plumbing – Waste Water (Sewage) – Leaks (CHECK TOILETS) 0. None 1. Leaks seen								
24. Plumbing – Clogged Drains 0. Working properly 1. Slow drain 2. Completely clogged								

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Kitchen and Bathrooms							
Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean		Kitchen	Bath 1	Bath 2			
25. Plumbing – Leaking Faucet/fixture (CHECK SINKS) 0. No leaks 1. Slow drip contained by basin 2. Steady drip adversely affecting area							
26. Cooling System/Air Conditioner 0. Not Present 1. Working 2. Not working							
27. Sink damaged or missing 0. No cracks/discoloration 1. < 50% cracks or discoloration 2. > 50% cracks or discoloration 3. Sink inoperable							
28. Shower/Tub – Damaged/Missing 0. No cracks/discoloration 1. < 50% cracks or discoloration 2. > 50% cracks or discoloration 3. Shower/tub inoperable							
29. Bath/Shower – Grab Bar/Non-Slip Mat Present 0. Yes 1. No							
30. Ventilation or Exhaust System 0. Exhaust fan working 1. Exhaust fan not working 2. No exhaust fan							
31. Dryer (need to see hose or ductwork going to the outside) 0. No dryer or Vent not missing or not damaged or vent leads to outside 1. Vent damaged or Vent missing or vented to inside							
32. Dishwasher 0. Working 1. No dishwasher 2. Not working							
33. Garbage Disposal 0. Working 1. No disposal 2. Not working							
34. Refrigerator 0. No deterioration 1. Seals deteriorated, but working with water leaks 2. Seals deteriorated and not working 3. Refrigeration missing							
35. Subfloor – Rotted/deteriorated 0. No (check no if cannot see subfloor) 1. Yes							
36. Wall to Wall Carpet in Rooms 0. No 1. Yes							
37. Windows – Broken/Missing/Cracked 0. None cracked/missing 1. One or more cracked or missing 2. Both-cracked and missing How many:							

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Street _____ Unit ID _____ Date _____ Assessor _____

Kitchen and Bathrooms									
	Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean	Kitchen	Bath 1	Bath 2					
38. Windows – Damaged Sills/Frames/Trim 0. None 1. Some damage, inner wall not exposed, still weathertight 2. More damage with missing or exposed inner wall How many:									
39. Ceiling, Floors, Walls – Buckling and Bulging 0. No bulging or buckling 1. Bulging or Buckling 2. Both bulging and buckling C=Ceiling, F=Floor, W-A/B/C/D=Walls	C								
	F								
	W								
40. Ceiling, Floors, Walls – Holes/Missing Tiles/Cracks 0. No missing/damage 1. < 8 ½" x 11" 2. > 8 ½" x 11" REMEMBER TO LOOK UNDER SINKS. C=Ceiling, F=Floor, W-A/B/C/D=Walls	C								
	F								
	W								
41. Ceiling, Floors, Walls – Peeling/Needs Paint 0. No damage including no peeling paint 1. < 4 sq feet 2. > 4 sq feet C=Ceiling, F=Floor, W-A/B/C/D=Walls	C								
	F								
	W								
42. Ceiling, Floors, Walls – Water Stains/Water Damage 0. No water stains or other damage 1. < 4 sq feet 2. > 4 sq feet C=Ceiling, F=Floor, W-A/B/C/D=Walls	C								
	F								
	W								
43. Ceiling, Floors, Walls – Mold 0. Do not see mold or smell mold 1. < 4 sq feet 2. > 4 sq feet C=Ceiling, F=Floor, W-A/B/C/D=Walls	C								
	F								
	W								
44. Windows – Missing/Deteriorated - Caulking/Seals/Glazing 0. None 1. Missing or deteriorated but no leaks or damage 2. Missing or deteriorated, water leaks or damage present How many:									
45. Dust on Surfaces 0. No dust on surfaces 1. Slight 2. Heavy									

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Common Areas, Living Room, and Dining Room			Front Common	Rear Common	Living	Dining	Hallway		
Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean									
1. Open or Unsealed Food Present 0. None seen 1. Open or unsealed food seen									
2. Walls – Cracks and Gaps 0. None 1. < 1/8" wide x 1/8' deep x 6" long 2. > 1/8" wide x 1/8" deep x 6" long									
3. Litter 0. Not excessive 1. Excessive									
4. Tripping Hazards – Slippery Rugs/Upturned Carpet Lips/Exten. Cords 0. None seen 1. Tripping hazards seen Record type/location:									
5. Fireplace or Wood Stove Used For Heat 0. No 1. Yes Record Type:									
6. Fireplace Screen or Other Barrier Present 0. Yes or No Fireplace 1. No									
7. Smoke Detector 0. Working 1. Present but not working 2. Not Present									
8. CO Detector 0. Working 1. Present but not working 2. Not Present									
9. Combustion Appliances Present (non-electric) that are not vented 0. No 1. Yes (Examples: fuel fired space heater, gas clothes dryer, gas logs, charcoal, stoves, etc) Record type:									
10. Electrical – Frayed Wiring 0. None 1. Broken insulation/exposed wires									
11. Electrical –Corrosion 0. No evidence 1. Evidence of leaks/corrosion									
12. Electrical – Outlets/Switches/Cover plates 0. None missing 1. Missing covers 2. Exposed wiring 3. Both missing covers and exposed wiring									

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Common Areas, Living Room, and Dining Room	Front Common	Rear Common	Living	Dining	Hallway		
<p>Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean</p>							
<p>13. Blocked Access to Electrical Panel 0. Not Blocked or No Panel 1. Yes Blocked Panel</p>							
<p>14. Sharp Edges (Hazards) – Tables, etc. 0. None seen / no YOUNG child 1. Sharp edges seen at /below eye level Record location:</p>							
<p>15. Railings – Loose/Too Large for Hands 0. None seen 1. Railing hazard seen Record location:</p>							
<p>16. Choke Hazards – Cord for Window Blinds or Curtains 0. Unsecured cord not seen 1. Unsecured cord seen/loops at end seen</p>							
<p>17. Child Safety Locks on Cabinets 0. Yes or no YOUNG children 1. No</p>							
<p>18. Door Knob Covers Present on Off-Limit Rooms 0. Yes or no YOUNG children 1. No</p>							
<p>19. Stair Gates Present 0. Yes or no YOUNG children 1. No</p>							
<p>20. Crib/Other Furniture Away from Window 0. Yes or no YOUNG children 1. No</p>							
<p>21. Window Guards Present 0. Yes or no YOUNG children 1. No</p>							
<p>22. Dust on Surfaces 0. No dust on surfaces 1. Slight 2. Heavy</p>							
<p>23. Excessive Dust Visible on Window Treatments 0. No 1. Yes</p>							

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

Common Areas, Living Room, and Dining Room		Front Common	Rear Common	Living	Dining	Hallway		
<p>Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean</p>								
<p>24. Ceiling, Floors, Walls – Buckling and Bulging</p> <p>0. No bulging or buckling 1. Bulging or Buckling 2. Both bulging and buckling</p> <p>C=Ceiling, F=Floor, W-A/B/C/D=Walls</p>	C							
	F							
	W							
<p>25. Ceiling, Floors, Walls – Holes/Missing Tiles/Cracks</p> <p>0. No missing/damage 1. < 8 ½" x 11" 2. > 8 ½" x 11"</p> <p>REMEMBER TO LOOK UNDER SINKS. C=Ceiling, F=Floor, W-A/B/C/D=Walls</p>	C							
	F							
	W							
<p>26. Ceiling, Floors, Walls – Peeling/Needs Paint</p> <p>0. No damage including no peeling paint 1. < 4 sq feet 2. > 4 sq feet</p> <p>C=Ceiling, F=Floor, W-A/B/C/D=Walls</p>	C							
	F							
	W							
<p>27. Ceiling, Floors, Walls – Water Stains/Water Damage</p> <p>0. No water stains or other damage 1. < 4 sq feet 2. > 4 sq feet</p> <p>C=Ceiling, F=Floor, W-A/B/C/D=Walls</p>	C							
	F							
	W							
<p>28. Ceiling, Floors, Walls – Mold</p> <p>0. Do not see mold or smell mold 1. < 4 sq feet 2. > 4 sq feet</p> <p>C=Ceiling, F=Floor, W-A/B/C/D=Walls</p>	C							
	F							
	W							
<p>29. Windows – Damaged Sills/Frames/Trim</p> <p>0. None 1. Some damage, inner wall not exposed, still weathertight 2. More damage with missing or exposed inner wall</p> <p>Record how many:</p>								
<p>30. Windows – Broken/Missing/Cracked</p> <p>0. None cracked/missing 1. One or more cracked or missing 2. Both cracked and missing</p>								

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Common Areas, Living Room, and Dining Room							
<p>Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean</p>	Front Common	Rear Common	Living	Dining	Hallway		
31. Windows – Missing/Deteriorated - Caulking/Seals/Glazing 0. None cracked/missing 1. One or more cracked or missing 2. Both-cracked and missing Record how many:							
32. Plumbing – Leaking valve/pipe 0. None 1. Leaks seen							
33. Window Air Conditioner Unit-Leaks 0. No leaks observed/no unit 1. Water leaks or stains present							
34. Subfloor – Rotted/deteriorated 0. No (check no if cannot see subfloor) 1. Yes							
35. Wall to Wall Carpet in Rooms 0. No 1. Yes							
36. Upholstered Furniture Present that is Water Damaged 0. No 1. Yes							

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Street _____ Unit ID _____ Date _____ Assessor _____

BEDROOMS Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Hallway
1. Smoke Detector 0. Working 1. Present but not working 2. Not Present					
2. CO Detector 0. Working 1. Present but not working 2. Not Present					
3. Electrical – Frayed Wiring 0. None 1. Broken insulation/exposed wires					
4. Electrical – Corrosion 0. No evidence 1. Evidence of leaks/corrosion					
5. Electrical – Outlets/Switches/Cover plates 0. None missing 1. Missing covers 2. Exposed wiring 3. Both missing covers and exposed wiring					
6. Blocked Access to Electrical Panel 0. Not blocked or No Panel 1. Yes					
7. Tripping Hazards – Slippery Rugs/Upturned Carpet Lips, etc. 0. None seen 1. Tripping hazards seen (e.g. extension cords) Record location:					
8. Sharp Edges (Hazards) – Tables, etc. 0. None seen 1. Sharp edges seen at or below eye level Record location:					
9. Railings – Loose/Too Large for Hands 0. None seen 1. Railing hazard seen Record location:					
10. Choke Hazards – Cord for Window Blinds or Curtains 0. Unsecured cord not seen 1. Unsecured cord seen/loops at end seen					
11. Child Safety Locks on Cabinets 0. Yes or no YOUNG children 1. No					
12. Door Knob Covers Present on Off-Limit Rooms 0. Yes or no YOUNG children 1. No					
13. Stair Gates Present 0. Yes or no YOUNG children 1. No					
14. Crib/Other Furniture Away from Window 0. Yes or no YOUNG children 1. No					
15. Window Guards Present 0. Yes or no YOUNG children 1. No					

HARTFORD NEIGHBORHOOD HEALTHY HOMES VISUAL ASSESSMENT

Street _____ Unit ID _____ Date _____ Assessor _____

BEDROOMS Blue=Keep It Pest-Free Pink= Keep It Safe Green=Keep It Dry Yellow= Keep It Clean	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Hallway
25. Windows – Damaged Sills/Frames/Trim 0. None 1. Some damage, inner wall not exposed, still weathertight 2. More damage with missing or exposed inner wall Record how many:					
26. Windows – Broken/Missing/Cracked 0. None cracked/missing 1. One or more cracked or missing 2. Both-cracked and missing Record how many:					
27. Windows – Missing/Deteriorated - Caulking/Seals/Glazing 0. None 1. Missing or deteriorated but no leaks or damage 2. Missing or deteriorated, water leaks or damage present Record how many:					
28. Open or Unsealed Food Present 0. None seen 1. Open/unsealed food seen					
29. Walls – Cracks and Gaps 0. None 1. < 1/8" wide x 1/8' deep x 6" long 2. > 1/8" wide x 1/8" deep x 6" long					
30. Litter 0. Not excessive 1. Excessive					
31. Are mattress and pillows covered with a dust-proof zippered cover? 0. Yes 1. No					
32. Dust on Surfaces 0. No dust on surfaces 1. Slight 2. Heavy					
33. Excessive Dust Visible on Window Treatments 0. No 1. Yes					
34. Stuffed Toys Present 0. No 1. Yes					