

INDOOR AIR QUALITY AND SAFETY CHECKLIST

Name: _____ Date: _____

Address: _____

Give an example for those items not completed.

1.		Yes	No
2.	Do you have mold or mildew problems during the winter or experience high humidity at any time of the year?	Yes	No
3.	Is your clothes dryer vented indoors at any time?	Yes	No
4.	Do you dry clothes inside your home (not in the dryer)?	Yes	No
5.	Is the basement or crawlspace below your home frequently damp or wet?	Yes	No
6.	Do your bathrooms have working exhaust fans? Are they used?	Yes	No
7.	Do you have and use your kitchen exhaust fan (not recirculating type) when using the stove or oven? When was the last time the grease filter was cleaned? _____	Yes	No
8.	Are any of the following items typically stored or used inside your home? (Circle one(s) that apply). Paints, solvents, glue, varnish, grease, oil etc. Pesticides, herbicides, bug bombs, etc. Gasoline cans, gasoline lawn mowers, chain saws, etc Pest killers, insect sprays, flea bombs, etc. Strong cleaning products Other strong vapor producing chemical(s) Room deodorizers	Yes	No
9.	Do you use a wood stove, fireplace or unvented space heater(s) during the winter?	Yes	No
10.	Does your wood stove or fireplace ever back draft or is the draft weak, even after the first few minutes?	Yes	No
11.	Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?	Yes	No
12.	Is anyone in your household experiencing any of the following symptoms? If NO skip to question 15. Chronic headaches, burning or watery eyes, breathing difficulties, chronic drowsiness, asthma, or bronchitis, dizziness, repeated nausea, etc. A. Are any of these symptoms reported by more than one member of the household? B. Are these symptoms more severe in those who spend the most time indoors at home? C. Are the symptoms most severe in household members younger than 4 or older than 60 years of age? D. Are these symptoms worse in winter or during a particular season? E. Do these symptoms become less severe when away from the house? About how many hours seem to make a difference? _____	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No
13.	Does anyone smoke inside your home?	Yes	No
14.	Have any of the following things been added or done to your home recently? New construction, extensive remodeling or painting in the past 3 years? New plywood or particle board paneling or subflooring? New carpets, draperies, or upholstered furniture? New kitchen cabinets, teak, or oak veneer or plastic laminate furniture? Changes to your heating system? (80% + efficiency furnace, new water heater or new chimney for furnace, or wood stove?	Yes Yes Yes Yes Yes Yes	No No No No No No

PLEASE COMPLETE THE BACK OF THIS SHEET

15. Is there evidence of rodents or rodent droppings in or around your home, attic, basement, crawlspace, heating ducts, or other enclosed areas?	Yes	No
16. Is there anything else in or around your home that you suspect may contribute to poor indoor air quality, excessive moisture, or be a physical hazard to the occupants? Please explain in the space below	Yes	No
17. Do you use a humidifier during the winter (free-standing or furnace-mounted)?	Yes	No
18. Are there any medical conditions in the household that may require our crew(s) to use additional safe work practices?	Yes	No
19. Have you had your home tested for radon?	Yes	No
20. Do you have a working carbon monoxide detector?	Yes	No
21. Do you have a working smoke alarm?	Yes	No
22. Have you had your home tested for lead based paint?	Yes	No

Use the space below for additional comments.

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the Renovate Right pamphlet, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work

Printed name of recipient

Date

Recipient Signature