

Exercise #9

CEHRC Visual Assessment

Visual Survey Report

Resident: _____

Alternate Contact: _____

Address: _____

Unit # _____ Unique ID _____

Resident Phone: _____

Visual Conducted by: _____

Date: _____

Make a checkmark (✓) if the problem appears in the room or area. For deteriorated paint and water damage, indicate the extent of the problem (see instructions) Use the extra rows to identify any other hazards you notice. Put an asterisk (*) above any room(s) where a child sleeps or plays. Circle (○) where you photograph a problem.

ROOM OR AREA

| PROBLEM | | Exterior | Porch | Entryway | Living Room | Dining Room | Kitchen | Bedroom 1 | Bedroom 2 | Bedroom 3 | Bathroom 1 | Bathroom 2 | Basement | |
|---------------------------------------|-------------------------------|----------|-------|----------|-------------|-------------|---------|-----------|-----------|-----------|------------|------------|----------|--|
| Deteriorated paint | Walls | | | | | | | | | | | | | |
| | Windows, door, or trim | | | | | | | | | | | | | |
| | Paint chips on floor | | | | | | | | | | | | | |
| Soil with no grass or mulch | | | | | | | | | | | | | | |
| Cockroaches | | | | | | | | | | | | | | |
| Rodents | | | | | | | | | | | | | | |
| Holes in wall | | | | | | | | | | | | | | |
| Mold/ Mildew | Obvious source of moisture | | | | | | | | | | | | | |
| | No obvious source of moisture | | | | | | | | | | | | | |
| Water Damage: walls wet/newly stained | | | | | | | | | | | | | | |
| Strong musty smell | | | | | | | | | | | | | | |
| Natural gas/sewer gas smell | | | | | | | | | | | | | | |
| Unvented gas oven/dryer/heater | | | | | | | | | | | | | | |
| Worn-out carpeting | | | ■■■ | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |

If renting, received lead hazard disclosure information from landlord? Yes No

Follow-up visit scheduled for: Date _____ Time: _____

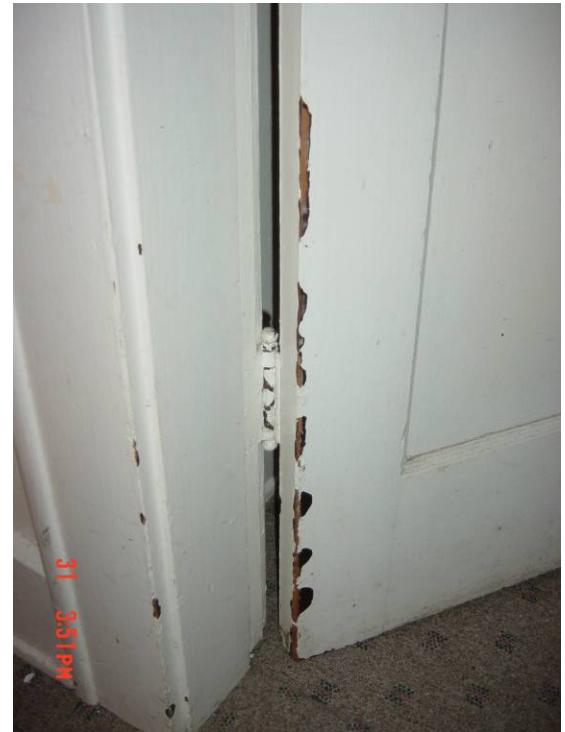
Exterior



Exterior



Entryway



Living Room



Dining Room



Kitchen



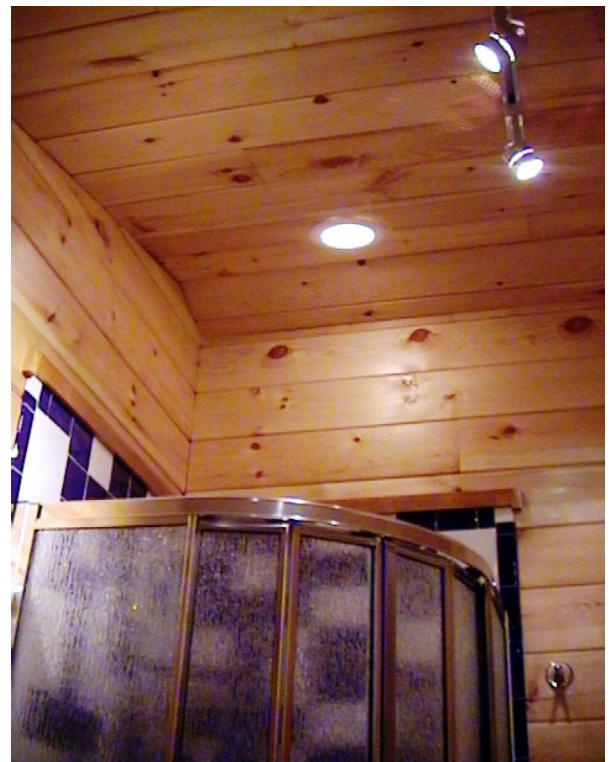
Bedroom 1



Bedroom 2



Bathroom



Basement



Laundry Room



Crawlspace



Completed Visual Survey Report

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Make a checkmark (✓) if the problem appears in the room or area. For deteriorated paint and water damage, indicate the extent of the problem (see instructions) Use the extra rows to identify any other hazards you notice. Put an asterisk (*) above any room(s) where a child sleeps or plays. Circle (○) where you photograph a problem.

ROOM OR AREA

| PROBLEM | | Exterior | Power | Entryway | Living Room * | Dining Room | Kitchen * | Bedroom 1 | Bedroom 2 * | Bedroom 3 | Bathroom 1 | Bathroom 2 | Basement | Laundry Room | Crawl space |
|---------------------------------------|-------------------------------|----------|-------|----------|---------------|-------------|-----------|-----------|-------------|-----------|------------|------------|----------|--------------|-------------|
| Deteriorated paint | Walls | (H) | | | | | | | | | | | (E) | | |
| | Windows, door, or trim | (M) | | (L) | | | | | | | | | (M) | | |
| | Paint chips on floor | (C) | | | | | | | | | | | | | |
| Soil with no grass or mulch | | ✓ | | | | | | | | | | | | | |
| Cockroaches | | | | | | | | ✓ | ✓ | | | | | | |
| Rodents | | | | | | | | | | ✓ | | | | | |
| Holes in wall | | | | | | | | | | | ✓ | | | | |
| Mold/ Mildew | Obvious source of moisture | | | | | | | ✓ | | | | | (V) | | |
| | No obvious source of moisture | | | ✓ | | | | | ✓ | ✓ | | | (V) | | |
| Water Damage: walls wet/newly stained | (H) | (H) | | | | | | | | | (L) | | (M) | | |
| Strong musty smell | | | | | ✓ | | | | | | | | | | ✓ |
| Natural gas/sewer gas smell | | | | | | | | | | | | | | | ✓ |
| Unvented gas oven/dryer/heater | | | | | | | | ✓ | | | | | | | (V) |
| Worn-out carpeting | | | | | | | | | | | | | | | |
| Other: <i>Trash at Corner</i> | | | | | | | ✓ | | | | | | | | |
| Other: <i>Asbestos Insulation?</i> | | | | | | | | | | | | | | | (V) |
| Other: | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | |