



New York City Department of Health and Mental Hygiene
 Lead Poisoning Prevention Program
 253 Broadway, CN 58, New York, NY 10007
 (212) 676-6379

Healthy Homes Inspection Report

Date:	Child ID Number:	Building Type: <input type="checkbox"/> 1-2 family <input type="checkbox"/> Multiple Dwelling
Address:	Apartment Number:	Floor:
Borough:	Zip Code:	Phone Number:

Inspect apartment and speak with the tenant about Healthy Homes topics. Fill out form, provide appropriate education messages, and make call to 311 with tenant to make a complaint, where applicable:

1. Was **mold** observed in apartment? (Do not report mold found on bathroom tiles or grout.)
 No
 Yes → Has tenant already made a complaint?
 Yes → Advise that they call 311 to find out status of their complaint.
 No → Make referral to 311 with tenant and record complaint number in question 7.

2. If yes, please list all locations (room and component) where mold was observed:

3. Were the following **pests** observed during inspection or reported by tenant? Indicate yes if pests were directly observed or reported by tenant. If Yes for RATS → Make referral to 311 with tenant and record complaint number in question 7.

RATS	MICE	ROACHES
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Are there **smoke alarms** present in the following areas?

Primary Sleeping Area	Other Sleeping Area (> 15 feet away from primary sleeping area)	Basement (1- and 2-family homes only)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

5. Are there **carbon monoxide alarms** present in the following areas?

Primary Sleeping Area	Other Sleeping Area (>15 feet away from primary sleeping area)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

6. Were 9 Volt batteries provided for smoke or carbon monoxide alarms? Yes No Needs other battery type: _____
 6a. # of 9V batteries provided: _____

7. Complaint # (RATS): _____ Complaint # (MOLD): _____

Comments: _____

PHS (Print)	PHS (Signature)	Badge #	Employee ID #
Supervisor (Print)	Supervisor (Signature)	Badge #	Employee ID#