

# Visual Survey Report

Resident: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Unit # \_\_\_\_\_ Unique ID \_\_\_\_\_

Resident Phone: \_\_\_\_\_

<b>Visual Conducted by:</b>
_____
<b>Date:</b>
_____

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			
<b>Deteriorated paint</b>	Walls															
	Windows, door, or trim															
	Paint chips on floor															
<b>Soil with no grass or mulch</b>			[Hatched pattern]													
<b>Cockroaches</b>																
<b>Rodents</b>																
<b>Holes in wall</b>																
<b>Mold/ Mildew</b>	Obvious source of moisture															
	No obvious source of moisture															
<b>Water Damage: walls wet/newly stained</b>																
<b>Strong musty smell</b>																
<b>Natural gas/sewer gas smell</b>																
<b>Unvented gas oven/dryer/heater</b>																
<b>Worn-out carpeting</b>		[Hatched pattern]														
<b>Other:</b>																
<b>Other:</b>																
<b>Other:</b>																
<b>Other:</b>																
<b>Other:</b>																

If renting, received lead hazard disclosure information from landlord? <b>Yes</b> <b>No</b>
<b>Follow-up visit scheduled for: Date</b> _____ <b>Time:</b> _____