

**Baltimore City Health Department- Healthy Homes Division
Healthy Homes Visual Inspection**

Sanitarian assigned to this case: _____

Visit Date: _____ Start: _____ End: _____

EBL PPI

Address: _____

Section 8? Yes No

EXTERNAL INSPECTION:

1. Housing type (check as appropriate):

- Single family detached
- Duplex or two-family
- Row house or town house
- Apartment

If YES, check the structural defect(s) below:

2. Can you identify any hazards on the exterior stairs, rails, and porches?

- Yes _____ →
- No
- Cannot determine

- Broken, rotting, or missing steps
- Absence of a handrail when there are four or more consecutive steps
- Absence of/ insecure railings around porch and/or balcony
- Other: _____

3. Can you identify any hazards on the roofs, gutters, and downspouts?

- Yes _____ →
- No
- Cannot determine

If YES, check the structural defect(s) below:

- Roof is bucking or sagging
- Large holes or other defects visible
- Gutters or downspouts show significant decay
- Other: _____

4. Evidence of deteriorated paint?

- More than 10 % of exterior has deteriorated paint
- Less than 10 % of exterior has deteriorated paint
- No deteriorated paint
- Cannot determine

Specify: _____

Specify: _____

5. Is there evidence of construction/renovation in neighboring houses or shops?

Yes No

6. Litter and trash on the property?

- A lot
- Some
- A little
- None

Comments: _____

7. Presence of trash can?

- Yes
- No

Does the trash can have a cover? Yes No N/A Cannot determine

8. Maximum CO Level Displayed Outside Home (measure before entering) = _____ ppm

LEAD- Child Behavior Assessment

ASK THE FOLLOWING QUESTIONS (#9-#16) ONLY IF THE FAMILY HAS A CHILD*

9. **Indicate which child is being assessed:**

- Child with an EBL
- PPI child
- Other child in the house (specify): _____

10. Does the child suck his/her fingers? Yes No

11. Does the child put painted or metal objects into his/her mouth? Yes No

13. Does the child eat paint chips or chew on painted surfaces? Yes No

14. Evidence of child's bitemarks on walls, sills, trim and/or other parts of the unit? Yes No

15. List any painted components with visible bite marks: _____

16. Assessment (check):

____ Child is at risk due to hand to mouth behavior.

____ Child is at risk for mouthing probable lead-containing substances (specify):

ASK THE FOLLOWING QUESTIONS FOR ALL CASES

17. Write down any hobbies of the family that could lead to lead exposure (examples: hunting; painting; jewelry; stained glass)

IDENTIFY ALL THAT APPLY _____

18. Where do adult family members work? (mother, father, older siblings, other adult household members).

Relationship	Occupation or Job Title	Probable Lead Exposure (YES, NO, MAYBE)

19. Has there been recent repainting, remodeling, window replacement, sanding or scraping of painted surfaces in this dwelling? **Please specify by circling the appropriate item.**

- Yes
- No

If YES, describe the activities: _____ Date of activities: _____

20. Does the family ever use any homemade remedies or herbal treatments? Use **“Home Remedies and Lead” Handout.**

- Yes
- No

21. List: _____

22. What containers are used to prepare, serve, and store the child's food?

Please only write down potential items of concern and test.

Item: _____ Result: _____

Item: _____ Result: _____

Item: _____ Result: _____

Lead Education and Referral

Perform Risk Assessment, including XRF reading, if applicable.

Action Steps

For EBL cases, take lead dust samples. For PPI cases, offer to take lead dust samples.

Lead dust samples taken?

- Yes
- No
- N/A
- Refused

Specify location(s) of dust samples (if taken): _____

XRF completed?

- Yes
- No
- N/A – PPI protocol determined XRF was unnecessary
- Refused

Notice of Defect issued?

- Yes
- No
- N/A
- Refused

ALL CASES:

- Conducted education
- Gave educational materials
- Referred to LAAP
- Referred to LEAP

KITCHEN

23. Can you identify any hazards in the ceiling?

- Yes _____ →
- No
- Cannot determine

If YES check the structural defect(s) below:

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing/broken ceiling tiles or parts
- Water damage
- Mold (visible/odor)
- Chipping/peeling paint
- Other: _____

24. Can you identify any hazards in the floor?

- Yes _____ →
- No
- Cannot determine

If YES, check the structural defect(s) below:

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing parts
- Floor covering badly worn/soiled
- Water damage
- Mold (visible/odor)
- Other: _____

25. Can you identify any hazards in the walls?

- Yes _____ →
- No
- Cannot determine

If YES, check the structural defect(s) below:

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing parts
- Chipping/peeling paint
- Water damage
- Mold (visible/odor)
- Other: _____

26. **Get 1 reading of CO in the kitchen.**

Max. CO Level Displayed In Kitchen = _____ ppm

Test the following appliances if there is a CO risk.

27. Range: Electric Gas

Is the range working? Yes No

Is there a fan vented to outside?

Yes

No → **Test**

Is there a lot of food encrusted on range?

Yes → **Test**

No

To test: Fill a pot with 1 inch of cold water, and turn on most used burner from cold start up and test.

Measure CO 1' above MOST USED burner: Peak= _____ ppm. Steady state = _____ ppm

- Unable to test (specify reason: _____)
- Occupant refused test
- N/A- range not working
- N/A- range does not appear to be CO risk

28. Oven: Electric Gas

Is the oven working? Yes
 No

Does family use the oven for heat? Yes → **Test**
 No

Is there a lot of food encrusted in the oven? Yes → **Test**
 No

**To test: Measure oven from cold startup with temperature set at 500.
Check first that oven is empty!**

Measure CO: Peak= _____ppm Steady State=_____ ppm (OK if SS <35ppm)

- Unable to test (specify reason: _____)
- Occupant refused test
- N/A- oven not working
- N/A- oven does not appear to be CO risk

29. Counter:

Food open on counter: Yes No

Crumbs on counter: Many Some A few None

Dishes in sink or on counter: Many Some A few None

30. Are there any cleaning products, pesticides, or chemicals stored within reach of a child? Yes No

31. Presence of trashcan:

- Yes
- No

With cover? Yes No

Remarks: _____

CARBON MONOXIDE

*** IF CO LEVEL ANYWHERE INDOORS TRIGGERS INSTRUMENT ALARM (35+PPM), NOTIFY OCCUPANTS IMMEDIATELY, CALL 911 AND FOLLOW OTHER INSTRUCTIONS IN CO PROTOCOL SHEET.**

32. Conduct a walk-through of all rooms in the house with the CO monitor on.

Max. CO Level Displayed in other visited rooms (excluding the kitchen)=

Specify room with max CO reading: _____

33. Test Other CO Sources ONLY is there is evidence of risk. All Measurements should be done until CO level stabilizes (2-5min).

a. Furnace

Furnace type: Electric → **No need to test**
 Gas
 Oil

- Furnace or duct work appears in poor condition → **Test**
- Furnace appears in good condition
- Unable to determine condition of furnace

To test: If furnace or ductwork is in poor condition and furnace is GAS or OIL, turn furnace on and test.

Measure CO _____ ppm 1' above and around any visible seams of furnace and above any joints in vent piping between furnace and chimney.

- Unable to test (specify reason: _____)
- Occupant refused test
- N/A-furnace not working
- N/A- furnace not on
- N/A- furnace is electric
- N/A- furnace does not appear to be CO risk

b. Gas Space Heaters

- Currently in use → **Test**
- N/A-no gas space heater

To test: measure CO _____ ppm 1' in front of and at top of opening.

- Unable to test (specify reason: _____)
- Occupant refused test
- N/A-no gas space heater

e. Water Heater

Water heater type Electric Gas N/A- no water heater

- Water heater appears in poor condition → **Test**
- Flue not securely connected to the chimney (for gas) → **Test**
- Water heater appears in good condition
- Unable to determine

To test: Turn on one hot water tap and test.

Measure CO _____ ppm 1' above open flue collar at top of water heater and around any joints in vent piping between water heater and chimney.

- Unable to test (specify reason: _____)
- Occupant refused test
- N/A-water heater not working
- N/A-water heating not on
- N/A- water heater does not appear to be CO risk

f. Clothes Dryer

Clothes dryer type: Electric Gas No clothes dryer

Is there a vent hose connected? Yes No

Does vent hose go to the outside? Yes No

NO need to test for CO, but educate client about the risks if answer YES to either of the questions above.

CO Action Checklist

- Conducted Education on CO (general) Referred to Fire Dept. Counseled on 311/Housing referral

CHILD'S BEDROOM OR SLEEPING AREA

If PPI, complete this section for the youngest child in the house. If no child in the house, indicate below

34. Whose room is being assessed?

- EBL: Child's room
- PPI: Youngest child's room
- PPI: N/A (no child) → **Skip to Question # 42**

35. Age: _____

36. Which room does the child sleep in?

- Child's own bedroom
- Parent/guardian's room
- Living room/family room
- Other (specify): _____

37. Can you identify any hazards on the ceiling? →

- Yes
- No
- Cannot determine

If YES, check the structural defect(s) below:

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing/broken ceiling tiles or parts
- Water damage
- Mold (visible/odor)
- Chipping/peeling paint
- Other: _____

38. Can you identify any hazards on the floor? →

- Yes
- No
- Cannot determine

If YES, check the structural defect(s) below:

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing parts
- Floor covering badly worn/soiled
- Water damage
- Mold (visible/odor)
- Other: _____

39. Can you identify any hazards on the walls? →

- Yes
- No
- Cannot determine

If YES, check the structural defect(s) below:

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing parts
- Chipping/peeling paint
- Water damage
- Mold (visible/odor)
- Other: _____

40. Are there sheets on the bed?

- Yes No

41. What is the condition of the mattress?

- stained; tears or holes
- no stains, tears, or holes
- covered by sheet
- mattress not visible
- no mattress

OTHER ROOMS

42. Identify any other rooms in the unit that have **ceilings** with hazards

CEILING defects

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing/broken ceiling tiles or parts
- Water damage
- Mold (visible/odor)
- Chipping/peeling paint

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

43. Identify any other rooms in the unit that have **floors** with hazards.

FLOOR defects

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing parts
- Floor covering badly worn/soiled
- Water damage
- Mold (visible/odor)

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

44. Identify any other rooms in the unit that have **walls** with hazards.

WALL defects:

- Large cracks/holes
- Severe bulging/buckling
- Small cracks/holes
- Missing parts
- Chipping/peeling paint
- Water damage
- Mold (visible/odor)

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

Room: _____ Please describe the condition: _____

REMARKS:

PESTS

Rats

- Observed
- Reported by occupant
- No evidence

Mice

- Mouse observed
- Mouse droppings visible
- Mouse bite marks observed
- Reported by occupant
- No evidence

Roaches

- Roaches observed
- Roach droppings/residue visible
- Reported by occupant
- No evidence

45. If NO EVIDENCE is cited above, are there risk factors present for a future pest problem? Yes No

PEST MANAGEMENT

46. Evidence of bug sprays? Observed Reported by occupant No evidence

47. Evidence of pesticides? Observed Reported by occupant No evidence

48. If YES, are the pesticides stored within reach of a child? Yes No

49. If the family uses pesticides, describe what type: _____

Pest Management Action Checklist:

- Gave Roach Motels Gave Mouse Traps Conducted Education on pest management
- Gave other pest management supplies: specify: _____

CLEANING & HYGIENE

50. Clutter: Rank on hoarding scale (1-10): _____

51. Evidence of housecleaning?

- Appears clean
- Some evidence of housecleaning
- No evidence of housecleaning

52. Is the unit free from heavy accumulation of garbage or debris inside? Yes No

If NO, please indicate the type of debris:

- piles of trash and garbage
- discarded furniture
- other: _____

FIRE SAFETY

53. Are there working smoke detectors on all floors? Yes No

54. Is there an acceptable fire exit from this unit?

- Yes
- No
- Cannot determine

- Open-able window (for ground or 1st floor units)
- Back door with opening to porch or stairs leading to ground
- Fire escape, fire ladder, fire stairs

55. Is the fire exit blocked?

- Yes
- No
- Cannot determine

- Debris in front of exit
- Nailed shut
- Broken lock

56. Are there electrical hazards in the house? Yes No

If YES, please identify the type and location of electrical hazard: _____

57. Other fire hazards? Yes No Describe: _____

If YES, please identify the type and location of fire hazard: _____

Fire Safety Education & Referral

Educate on fire hazards; creation of fire safety plan; and other fire safety issues, as needed.

Refer to Fire Department, if necessary.

This must occur on the SAME day as the assessment if families do not have smoke detectors that work!!

Referral to Fire Department necessary? Yes No N/A

Referral to Fire Department accepted? Yes No N/A

Action Checklist

- Provided education on fire safety
- Educational Materials
- Referred to Fire Department
- Referred to 311/Housing

HOUSEHOLD INJURY CONCERNS

58. What accidents or injuries have occurred in this household in the past 3 months? (falls, burns/scalds, poisoning)

59. **Test the water temperature. Run the hot water for two minutes.**

Recorded water temperature: _____

60. Check off any potential safety hazards. Check all that apply.

- Unsafe banisters
- Unsafe stairs
- No stair gate
- Unsafe window Describe: _____
- No electric outlet cover
- Window blind cords accessible
- Choking hazards w/in reach of toddler Describe: _____
- Firearms/knives stored unsafely

Injury Education & Referral

- Do not have hot liquids, cleaning supplies, or medicines within a child’s reach
- Do not use electrical appliances near water
- Post the national poison control number 800-222-1222 near telephone.
- Do not store matches and lighters where children can reach them
- Do not leave children unattended in the tub

Action Checklist:

- Provided education on household safety
- Gave Educational Materials
- Referred to Hopkins Safety Center
- Adjusted water temperature
- Gave safety items: specify: _____

ENVIRONMENTAL TOBACCO SMOKE

61. Evidence of smoking?

- Yes
- No

If YES, please indicate the type of evidence:

- Cigarette butts
- Ashtrays with ash
- Ashtrays
- Smoke in air
- Person smoking
- Lit cigarette
- Discarded cigarette
- Cigarette pack
- Other: _____

VENTILATION:

- 62. Is there a vent in the bathroom? Yes No
- 63. Are there open-able windows on every floor? Yes No [You can ask the respondent this question]

Remarks: _____

HEAT, ELECTRICITY and PLUMBING

- 63. No electricity
- No heat
- Has heat and electricity
- Other heat-related issue: _____

Reason for lack of electricity or heat: _____

- 64. Candles used for light
- Exposed electric wires
- Space heaters

- 65. Is there a working shower or bath in the unit?
 - Yes
 - No
 - Cannot determine

- 66. Is there a working toilet in the unit?
 - Yes
 - No
 - Cannot determine

Remarks: _____

Education and Referral

If no heat or electricity, please provide list of energy assistance centers.

Action Checklist

- Referred to energy assistance center
- Referred to 311/Housing
- Other: _____

FINAL ASSESSMENT

67. Overall, would you say describe this family as:

- Very high concern
- High concern
- Moderate concern
- Low level of concern

68. What 3 things concern you most about this case?

69. Check the box below if you need to follow-up with the HH Program Manager.

- Refer to HH Program Manager

ADDITIONAL SPACE FOR ROOM HAZARD ASSESSMENTS:

Room: _____ Please describe the condition: _____
Room: _____ Please describe the condition: _____
Room: _____ Please describe the condition: _____
Room: _____ Please describe the condition: _____