

# Ohio Department of Health Environmental Visual Assessment

Contact name		Telephone (      )	
Property address	City	State	ZIP
Property owner name			
Property owner address	City	State	ZIP
Date of visual inspection / /	Type of home <input type="checkbox"/> single residence <input type="checkbox"/> multi-family <input type="checkbox"/> mobile		Approximate year built
Number of children in home and ages		Pets/animals indoors <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other _____	
Specific health concerns (allergies, asthma, coughing/wheezing) <input type="checkbox"/> for child <input type="checkbox"/> for adult _____ _____ _____			

Visual assessment conducted by
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Check '✓' the appropriate box to indicate the seven principles of a Healthy Home.

### Keep it well-ventilated

Observations	Yes	No	Notes
Cigarette/tobacco smoke or ash tray			
Fragrant candles/plug-ins			
Smell/odor of mold, mildew, or gas			
Any other concern			

### Keep it pest-free

Observations	Yes	No	Notes
Cockroaches, frass, bed bugs, fleas			
Rats, mice, bats			
Food (human or pet) and water improperly stored			
Any other concern			

### Keep it dry

Observations	Yes	No	Notes
Mold/mildew/moisture on surfaces/walls			
Peeling paint on surfaces/walls			
Damaged gutters, down spouts and/or roof			
Any other concern			

**Keep it contaminant-free**

Observations	Yes	No	Notes
Needs carbon monoxide detector			
Cleaning products, pesticides improperly stored			
Any other concern			

**Keep it clean**

Observations	Yes	No	Notes
Garbage improperly stored			
Accumulation of dust/dirt inside home			
Clutter			
Any other concern			

**Keep it safe**

Observations	Yes	No	Notes
Need smoke detectors/batteries			
Accessible medicines/cleaning supplies			
Damaged electrical outlets or frayed wiring			
Smooth shower or bath surfaces			
Fall/trip hazards present (rugs, broken steps)			
Inadequate lighting			
Lack of child proofing of home (outlet covers, stair gates, shortened window blind cords)			
Hand railings broken or missing			
Any other concern			

**Keep it well-maintained** (list any other maintenance issues)

	_____
	_____
	_____

**Summary**

Observations	Yes	No	Notes
Conducted education on-site			
Provided educational materials (s)			
Mailed educational material (s)			
Referral to			
Recommend follow-up visit			

\*A "yes" response indicates that education is needed on the healthy homes principle(s)