Health & Safety Client and Home Screening Questionnaire

KHC Weatherization Assistance Program

Date: __________________       Applicant Name: ____________________________________________

Interviewer: ____________________________________________________________

High Risk Household Members

1. Any family members less than 4 years old?       Yes____       No____
2. Any family members 60 years old or older?       Yes____       No____
3. Is anyone living in the house pregnant?         Yes____       No____
4. Any household members with asthma, 
   respiratory problems or flu-like symptoms?       Yes____       No____
5. Any Household members with sensitivity or allergies to 
   fiberglass of cellulose based materials?         Yes____       No____

Source of Contaminants/Pollutants

How old is the House? _______

6. Any paint peeling or flaking on the floors, walls, or ceiling?       Yes____       No____
7. Has the carpet ever been water soaked?             Yes____       No____
8. Is the carpet covering a concrete floor?           Yes____       No____
9. Are unvented combustion appliances used?          Yes____       No____
10. Are Portable electric space heaters used?        Yes____       No____
11. Do Cares Park in an attached garage?             Yes____       No____
12. Is there seasonal water pooling in the crawl space? Yes____       No____
13. Are there any plumbing leaks in the crawl space? Yes____       No____
14. Are there any noticeable leaks or water staining 
   on the ceilings or walls?                        Yes____       No____
15. Any indoor pets?

16. Any paints, solvents, thinners, or pesticides stored in home? Yes____ No____

17. Any clutter Problems or unsanitary conditions? Yes____ No____

18. Has this house been tested for Radon? Yes____ No____

19. Are insecticides or rodenticides used in the home? Yes____ No____

20. Any other problems? Yes____ No____

21. Any unusual odors in the house? Yes____ No____

22. Is moisture noticeable on the windows? Yes____ No____

23. Is there any visible mold anywhere in the house? Yes____ No____

24. Is the home temperature unusually warm or cold? Yes____ No____

25. Are humidity levels unusually high? Yes____ No____

26. Is indoor smoking allowed in the home? Yes____ No____

27. Has the home been tested for asbestos presence? Yes____ No____

28. Has the home been tested for lead based paint presence? Yes____ No____

Applicant Signature: ____________________________________________

Comments:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

I have reviewed this form and do hereby affirm that no new health and safety concerns were present at
the home during the Dwelling Needs Evaluation/Energy Audit except those indicated above.

Signature of Dwelling Needs Evaluator:
____________________________________________________________________________________________________ Date: __________________________