

Health & Safety Assessment Findings

Iowa Weatherization Program

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone Number: _____ Rent Own

The purpose of the Iowa Weatherization Program is to lower the energy burden for our clients through energy conservation measures. Weatherization also completes an assessment of the home for potential health and safety issues. Because of programmatic and/or funding limits, Weatherization is not always able to address these issues. Items checked on this form have been identified as potential issues in your home.

1. Carbon Monoxide Testing

CO Reading

_____ Ambient Air

_____ Furnace/Boiler/Space Heater (*refer to Iowa Weatherization Work Standards Section 2043, Table 8 for recommended action levels*)

_____ Gas Water Heater (*refer to Iowa Weatherization Work Standards Section 2043, Table 8 for recommended action levels*)

_____ Gas Oven (*client/landlord is responsible for repair/replacement*)

_____ Other (*specify*) _____

2. Draft Testing (atmospheric)

Record

_____ Outside temperature

_____ Gas furnace (in Pascals)

_____ Gas water heater (in Pascals)

Minimum Drafting Based on Outside Temperatures

Below 10° F	-2.5 Pascals
10° F – 90° F	$(T_{out} / 40) - 2.75$
> 90° F	-0.5 Pascals

3. Electrical System Visual Inspection

Check

_____ Bare wires

_____ Knob & tube wiring
(*If "Yes", inspect for proper size fuses*)

Repair to be done by Client/Landlord

Repair to be done by Agency

4. Gas Line Inspection (*check all gas lines for leaks*)

Check Leaks

_____ Furnace

_____ Water heater

_____ Other combustion appliances
(*specify*) _____

Repair to be done by Client/Landlord

Repair to be done by Agency

5. Unsanitary Conditions (*may cause odors, viruses, or bacteria in the home*)

Check

_____ Insects pests in work area

_____ Excessive animal feces/carcasses in work area

_____ Excessive bird/bat feces/carcasses in work area

_____ Raw sewage in house/basement/crawlspace

Cleanup to be done by Client/Landlord

Cleanup to be done by Agency

- Educate the client regarding existing screws in dryer ducts (*if applicable*).
- Tests and visual inspections of the items listed above were performed and no problems were identified.

These are the existing conditions as of the date below. By signing below, I agree to complete the items marked for repair or cleanup by the client or landlord. I will then contact the agency so the weatherization work may proceed. I also agree to allow the agency to install needed exhaust fans. If I refuse to allow exhaust fan installation, the work on my home will be deferred.

Additional Comments: _____

Client Signature: _____ Date: _____

Agency Representative: _____ Phone #: _____ Date: _____