

Form H – LRMF Dwelling Unit Health & Safety Checklist

Client ID/Job number: _____

Building address: _____

Dwelling unit number: _____

Health & Safety inspection performed by (print name clearly): _____

Date of inspection: _____

Does the dwelling have operable smoke alarms in all locations required by the Grantee?

☐ **Yes.** ☐ **No.** New smoke alarm(s) needed in: _____

Does the dwelling have operable carbon monoxide (CO) alarms in the vicinity of all sleeping areas and on each occupiable level (as required by ASHRAE 62.2)?

☐ **Yes.** ☐ **No.** New CO alarm(s) needed in: _____

ASHRAE 62.2 Ventilation Data Collection:

- Total Conditioned Floor area: _____ ft²
 - Vertical distance between lowest and highest above-grade points within the pressure boundary: _____ ft
 - # of Bedrooms: _____ # of Occupants: _____ # of Full Baths: _____
 - Operable windows: ☐ Kitchen ☐ Bath 1 ☐ Bath 2 ☐ Bath 3
 - Is there an operational and vented kitchen fan?
 - ☐ **Yes.** Measured fan flow: _____ CFM
 - ☐ Fan is vented directly to outside
 - ☐ Fan is vented to an unconditioned space (e.g., unfinished attic)
 - ☐ **No.**
 - Are there existing and operational fans in any full bathrooms(s)?
 - ☐ **Yes.** ☐ Bath 1 ☐ Bath 2 ☐ Bath 3

Measured fan flow(s) CFM:	Bath 1: _____	Bath 2: _____	Bath 3: _____
Fans vented directly to outdoors:	Bath 1: <input type="checkbox"/>	Bath 2: <input type="checkbox"/>	Bath 3: <input type="checkbox"/>
Fans vented to unconditioned space:	Bath 1: <input type="checkbox"/>	Bath 2: <input type="checkbox"/>	Bath 3: <input type="checkbox"/>
 - ☐ **No.**
 - Target blower door (if known): _____ CFM₅₀ Final blower door (if known): _____ CFM₅₀
- Continuous ventilation required: _____ CFM.

Other observed health & safety issues (include photo of each item found):

- ☐ Lead:
Describe: _____
- ☐ Suspected Asbestos:
Describe: _____
- ☐ Pests:
Describe: _____
- ☐ Water heater issues:
Describe: _____
- ☐ Combustion appliance issues:
Describe: _____
- ☐ Electrical issues:
Describe: _____
- ☐ Moisture issues
Describe: _____
- ☐ Occupant Health Concerns:
Describe: _____
- ☐ Radon precautionary measures needed:
Describe: _____
- ☐ Other:
Describe: _____