

Alaska Pollution Source Occupant Survey

Client Name: _____

Client No.: _____

Address, City: _____

Date: _____

Assessor: _____

High-Risk Household Members

Disclosing private health information is optional. Your responses are protected by HIPAA and considered as we develop the work plan for your home.

- 1) Family members less than 4 or more than 60 yrs old Yes ___ No ___
- 2) Any household members with asthma, respiratory problems or flu like symptoms? Yes ___ No ___
- 3) Is anyone living in the home pregnant? Yes ___ No ___

Source of Contaminants

How old is the home? _____

Comments:

- | | | |
|--|----------------|-------|
| 4) Paint peeling or flaking on floors, walls, ceilings? | Yes ___ No ___ | _____ |
| 5) Has carpet ever been water soaked? | Yes ___ No ___ | _____ |
| 6) Is carpet covering a concrete floor? | Yes ___ No ___ | _____ |
| 7) Any unvented combustion appliances in the home? | Yes ___ No ___ | _____ |
| 8) Do household members smoke inside the home? | Yes ___ No ___ | _____ |
| 9) Do cars park in attached garage? | Yes ___ No ___ | _____ |
| 10) Seasonal water pooling in crawl space? | Yes ___ No ___ | _____ |
| 11) Plumbing leaks in crawlspace? | Yes ___ No ___ | _____ |
| 12) Noticeable leaks or water staining on ceilings or walls? | Yes ___ No ___ | _____ |
| 13) Indoor pets? | Yes ___ No ___ | _____ |
| 14) Paints, solvents, thinners, pesticides stored in home? | Yes ___ No ___ | _____ |
| 15) Housekeeping problems? Clutter / Unsanitary | Yes ___ No ___ | _____ |
| 16) Has this house been tested for Radon? | Yes ___ No ___ | _____ |
| 17) Are insecticides or rodenticides used in home or ductwork? | Yes ___ No ___ | _____ |

18) Evidence of pest infestation? Comment on location Yes ___ No ___ _____
19) Evidence of Radon mitigation? Yes ___ No ___ _____

Strengths of Indoor Contaminants

Comments

20) Unusual odors in the home? Yes ___ No ___ _____
21) Is moisture noticeable on windows? Yes ___ No ___ _____
22) Visible mold anywhere in home? Yes ___ No ___ _____
23) Home temperature unusually warm or cold? Yes ___ No ___ _____
24) Humidity levels unusually high? Yes ___ No ___ _____

Certifications

I certify that the information contained in this health condition screening is accurate and complete to the best of my knowledge.

As the occupant/owner of the above address, I certify that I have been informed that some types of work can affect certain health conditions. I agree with the Weatherization services in my home and understand that I can contact the Energy Auditor/Assessor if there are any questions related to Weatherization services that might impact an occupant's health.

I certify that I understand the issues identified above include only those observed by the Energy Auditor/Assessor.

I certify that I understand Weatherization services may not be able to correct all or any of the identified issues.

Applicant Signature: _____ Date: _____

Owner Signature (if applicable): _____ Date: _____

As the Energy Auditor/Assessor, I have identified the actions above that may be necessary to assure the health and safety of clients based on the preexisting health conditions of the occupant(s). I have explained the planned use of spray foam or any other product that may cause a health hazard and the recommended manufacturer's precautions to be taken.

Assessor Signature: _____ Date: _____

Name of Agency Point of Contact: _____ Phone: _____