

INDOOR AIR QUALITY AND SAFETY CHECKLIST

NAME: _____ ADDRESS: _____

YES NO

- ___ ___ Has it been longer than six months since your furnace filter has been cleaned or replaced?
- ___ ___ Do you have mold or mildew problems during the winter or experience high humidity at any time of the year?
- ___ ___ Is your clothes dryer vented indoors or do you dry damp clothes indoors?
- ___ ___ Is the basement or crawl space below your home frequently damp or wet?
- ___ ___ Are any of the following items typically stored inside your home: Gasoline, kerosene, paints, solvents, grease, oil, pesticides, herbicides, gasoline powered equipment, space heaters, etc.
- ___ ___ Do you use a wood stove, fireplace or unvented space heaters during the winter?
- ___ ___ Does your wood stove ever back draft or is the draft weak, even after the first few minutes?
- ___ ___ Are the burner flames on your cook stove, water heater or furnace yellow rather than solid blue?
- ___ ___ Do you regularly use any of the following products in your home: Strong cleaning products, insect sprays, bug bombs, room deodorizers, tobacco, glue, paint, varnish or other strong vapor producing products.
- ___ ___ Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?
- ___ ___ Does a fine white dust or powder regularly appear on the floor, on furniture, or beneath textured ceilings, or old pipe and duct insulation?
- ___ ___ Is anyone in your household experiencing any of the following symptoms? Chronic headaches, burning or watery eyes, breathing difficulties, chronic drowsiness, asthma or bronchitis, dizziness, repeated nausea, etc.
- ___ ___ Does more than one member of the household report these symptoms?
- ___ ___ Are these symptoms more severe in those who spend the most time indoors at home?
- ___ ___ Are these symptoms most severe in household members younger than 4 or older than 60 years of age?
- ___ ___ Do these symptoms become less severe when away from the house?
- ___ ___ Are these symptoms worse in the winter or during a particular season?
- ___ ___ Have any of the following things been added to or done to your home recently: Newly constructed or extensive remodeling or painting in the past 3 years, new plywood or particle board paneling or sub-flooring, new carpets, draperies, cabinets or furniture, extensive weatherization, including insulation and windows, changes to your heating system, new water heater, or new chimney for furnace, water heater, or wood stove.
- ___ ___ Is there evidence of rodents or rodent droppings in or around your home, attic, basement, crawlspace, etc.?
- ___ ___ Is there anything else in or about your home that you suspect may contribute to poor indoor air quality, excessive moisture, or be a physical hazard to the occupants? Please explain: