



Ohio Department of Health

Healthy Homes Environmental Visual Assessment Tool

Date of Visual Inspection ____/____/____

Resident/Provider name		Telephone ()	
Property address	City	State	ZIP
Property owner name (optional)			
Property owner address (optional)	City	State	ZIP
Type of structure <input type="checkbox"/> Single Residence <input type="checkbox"/> Multi-family <input type="checkbox"/> Mobile <input type="checkbox"/> School			Approximate year built
Number of children in home and ages			
Pets/animals indoors <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other _____			
Specific health concerns (allergies, asthma, coughing/wheezing) for child <input type="checkbox"/> or adult <input type="checkbox"/>			
Visual assessment conducted by			

(✓) Check the appropriate box to indicate the seven principles of a Healthy Home. * Self-observed or reported

Keep it well ventilated

Observations	Yes	No	Notes
Cigarette/tobacco smoke or ash tray			
Fragrant candles/plug-ins			
Smell/odor of mold, mildew, or gas			
Fuel burning appliances			
Any other concern			

Keep it pest-free

Observations	Yes	No	Notes
Cockroaches, frass, bed bugs, fleas			
Rats, mice, bats			
Food (human or pet) and water improperly stored			
Any other concern			

Keep it dry

Observations	Yes	No	Notes
Mold/mildew/moisture on surfaces/walls			
Peeling paint on surfaces/walls			
Damaged gutters, down spouts and/or roof			
Any other concern			

Keep it contaminant-free

Observations	Yes	No	Notes
No carbon monoxide detector			
Cleaning products, pesticides not stored properly			
Hobbies i.e., make jewelry or glaze pottery, work with stained glass			
Any other concern			

Keep it clean

Observations	Yes	No	Notes
Garbage improperly stored			
Accumulation of dust/dirt inside home			
Clutter			
Any other concern			

Keep it safe

Observations	Yes	No	Notes
No smoke detectors/batteries installed/operable			
Accessible medicines/cleaning supplies			
Damaged electrical outlets or frayed wiring			
Smooth shower or bath surfaces			
Fall/trip hazards present (rugs, broken steps)			
Inadequate lighting			
Lack of child proofing of home (outlet covers, stair gates, shortened window blind cords)			
Hand railings broken or missing			
Any other concern			

Keep it well-maintained (list any other maintenance issues)

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Summary

	Yes	No	Notes
Conducted education on-site			
Provided educational materials (s)			
Mailed educational material (s)			
Recommended to a referral agency?			
Recommend follow-up visit			

*A "yes" response indicates that education is needed on the healthy homes principle(s)