



Cleveland - Cuyahoga County  
Healthy House Project Training

Integrating Healthy Housing  
Considerations into  
Weatherization Inspections






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Joint inspections  
for housing health hazards

-  Weatherization - focus on building conditions
-  Health Department - focus on occupant behaviors

## Joint inspections



Health Department inspections - e.g.,

-  Dust repositories
-  Pests & pesticides
-  Smoking
-  Space heaters
-  Mold & moisture (overlap with wz)

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## Joint inspections

Weatherization + Health inspections -

-  Standard Wz inspections
  - Heat loss
  - Furnace functioning
-  Identify building conditions related to occupant health
  - Focus on moisture & mold

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## Moisture & mold- major focus

-  Rainwater intrusion
-  Plumbing leaks
-  Water vapor sources
-  Mold spore distribution

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## Review inspection forms

### **Additions to Weatherization** **Inspection**

**(to identify building conditions related  
to occupant health)**

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	<b>EXTERIOR</b>		
	<b>Gutters and downspouts:</b>	Moisture entry	
<b>1a</b>	Damaged or missing?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>1b</b>	Gutters poorly pitched		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>1c</b>	Downspouts connected to crock?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>2</b>	Driveway, other hard surfaces or yard pitch toward the foundation at any point?	Moisture entry	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>3</b>	Moisture impact from adjacent properties?	Moisture entry	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>

	Moisture entry through building envelope:	Moisture entry	
<b>4a</b>	Roof shingles/flashing not intact or not in good repair		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>4b</b>	Water staining on chimney or chimney flashing not intact		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>4c</b>	Rainwater entry through broken windows or siding		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>4d</b>	Cracks in at-grade walls		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>5</b>	Unsafe conditions? Railings?		

	<b>BASEMENT/CRAWL SPACE/SLAB</b>		
	<b>Basement Foundation:</b>	Moisture	
<b>1a</b>	Type: <input type="checkbox"/> slab <input type="checkbox"/> full <input type="checkbox"/> crawl space <input type="checkbox"/> combination (describe)		
<b>1b</b>	Composition: <input type="checkbox"/> stone <input type="checkbox"/> brick <input type="checkbox"/> clay tile <input type="checkbox"/> concrete block <input type="checkbox"/> other		
	<b>For slab foundations:</b>	Moisture	
<b>2a</b>	Ducts run under slab?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <b>n/a</b>
<b>2b</b>	If ducts in slab, is water visible or rust on grate:		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <b>n/a</b>
	<b>Basement floors:</b>	Moisture	
<b>3a</b>	Any dirt floors?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>3b</b>	Any carpets, rugs or other floor covering larger than 3'x4'?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where? What?</b>

	<b>Basement walls covered?</b>	Moisture/ mold	
<b>4a</b>	How much? <input type="checkbox"/> more than ½ <input type="checkbox"/> less than ½ <input type="checkbox"/> none		
<b>4b</b>	If walls covered, check type: <input type="checkbox"/> drywall <input type="checkbox"/> paneling <input type="checkbox"/> other <input type="checkbox"/> none		
	<b>Crawl spaces:</b>	Moisture/ mold	
<b>5a</b>	Is there a dirt floor?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <b>n/a</b>
<b>5b</b>	Is there debris?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <b>n/a</b>

	<b>Moisture sources/evidence</b>	Moisture	
<b>6a</b>	Visible wall dampness, peeling paint, efflorescence?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6b</b>	Visible floor dampness?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6c</b>	Standing water on floor?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6d</b>	Signs of previous flooding?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6e</b>	Floor drain has standing water above drain?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6f</b>	Plumbing leaks, supply and waste (not into drain)? (Make sure to look in crawl space)		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6g</b>	Toilet bowl or floor trap dried-out?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <b>n/a</b>
<b>6h</b>	Clothes dryer vented to outside?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <b>n/a</b>
<b>6i</b>	Functioning shower? (Note if vented)		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <b>n/a</b>
<b>6j</b>	Musty odor?		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>

	<b>Visible mold on building component:</b>	Mold	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Location:</b>
<b>7a</b>	Surface? <input type="checkbox"/> ceiling <input type="checkbox"/> floor <input type="checkbox"/> walls <input type="checkbox"/> shelving <input type="checkbox"/> other <input type="checkbox"/> n/a		
<b>7b</b>	Substrate? <input type="checkbox"/> cardboard <input type="checkbox"/> caulk <input type="checkbox"/> cinderblock <input type="checkbox"/> drywall <input type="checkbox"/> paneling <input type="checkbox"/> wood <input type="checkbox"/> other <input type="checkbox"/> n/a		
<b>7c</b>	Area? <input type="checkbox"/> small (<8 ½" x 11") <input type="checkbox"/> large (>8 ½" x 11")		
	<b>Visible mold on boxes or other objects?</b>	Mold	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>8a</b>	Object?		<b>What?</b> <b>Where?</b>
<b>8b</b>	Substrate? <input type="checkbox"/> cardboard <input type="checkbox"/> paper <input type="checkbox"/> fabric <input type="checkbox"/> other <input type="checkbox"/> n/a		
<b>8c</b>	Area? <input type="checkbox"/> small (<8 ½" x 11") <input type="checkbox"/> large (>8 ½" x 11")		

<b>9</b>	Are boiler, heating pipes or ducts covered with suspected asbestos? What is the condition?	Asbestos exposure	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <b>covering intact</b> <input type="checkbox"/> <b>some damage</b> <input type="checkbox"/> <b>much damage</b>
<b>10</b>	Potential backdrafting conditions?	Combustion products	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>11</b>	Unsafe conditions? Railings? GFI?		

	<b>KITCHEN</b>		
<b>1</b>	Water damage on walls or ceilings?	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where? What?</b>
<b>2</b>	Condensation on windows or walls?	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where?</b>
<b>3</b>	Plumbing leak (not into drain)? (Check above stained ceiling tile.)	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where? What?</b>
<b>4</b>	Is stove vented to the exterior?	Moisture/combustion products	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>5</b>	Is there carpet or rug covering 50% or more of the floor	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6</b>	Floor surface not cleanable due to deterioration or damage?	Cleanability	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>7</b>	Unsafe conditions? GFI?		

<b>BATHROOM</b>			
<b>1</b>	Water damage on walls or ceilings?	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where? What?</b>
<b>2</b>	Condensation on windows or walls?	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where?</b>
<b>3</b>	Plumbing leak (not into drain)? (Check above stained ceiling tile.)	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where? What?</b>
<b>4</b>	Is there carpet or rug covering 50% or more of the floor	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>5</b>	Floor surface not cleanable due to deterioration or damage?	Cleanability	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6</b>	Unsafe conditions? GFI? Safety glass needed?		

<b>ALL AREAS SAME AS ABOVE</b>			
<b>1</b>	Water damage on walls or ceilings?	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where? What?</b>
<b>2</b>	Condensation on windows or walls?	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where?</b>
<b>3</b>	Plumbing leak (not into drain)? (Check above stained ceiling tile.)	Mold/moisture	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Where? What?</b>
<b>4</b>	Are floor surfaces smooth and cleanable?	Cleanability	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
	Visible mold on building component:	Mold	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> <b>Location:</b>
<b>5a</b>	Surface? <input type="checkbox"/> ceiling <input type="checkbox"/> floor <input type="checkbox"/> walls <input type="checkbox"/> shelving <input type="checkbox"/> other <input type="checkbox"/> n/a		
<b>5b</b>	Substrate? <input type="checkbox"/> cardboard <input type="checkbox"/> caulk <input type="checkbox"/> cinderblock <input type="checkbox"/> drywall <input type="checkbox"/> paneling <input type="checkbox"/> wood <input type="checkbox"/> other <input type="checkbox"/> n/a		
<b>5c</b>	Area? <input type="checkbox"/> small (<8 1/2" x 11") <input type="checkbox"/> large (>8 1/2" x 11")		
	Visible mold on boxes or other objects?	Mold	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>6a</b>	Object?		<b>What? Where?</b>
<b>6b</b>	Substrate? <input type="checkbox"/> cardboard <input type="checkbox"/> paper <input type="checkbox"/> fabric <input type="checkbox"/> other <input type="checkbox"/> n/a		
<b>6c</b>	Area? <input type="checkbox"/> small (<8 1/2" x 11") <input type="checkbox"/> large (>8 1/2" x 11")		
<b>7</b>	Other observations?		