



**Orange County Health Department
Environmental Health Division**

Healthy Homes Inspection	Date of Inspection: _____ Status Code: _____	Location: _____
Water Supply <input type="radio"/> Community <input type="radio"/> Private Water Well	If private well, has it been tested in the last two years? _____	
Wastewater System <input type="radio"/> Community <input type="radio"/> On-Site System	Is it discharging outside or backing up in the house? _____	
Name of Occupant: _____		Number of Residents: _____
General House Characteristics (Circle best options)		
The home is: <input type="radio"/> Rented <input type="radio"/> Owned <input type="radio"/> Occupied without payment		
How is the home heated? <input type="radio"/> Radiators <input type="radio"/> Baseboard Heater <input type="radio"/> Forced hot air (vents) <input type="radio"/> Space Heater <input type="radio"/> Fireplace/Wood-burning Stove		
How is the home cooled? <input type="radio"/> Central AC <input type="radio"/> Window AC or portable <input type="radio"/> Fans <input type="radio"/> Evaporative cooler Other: _____		
Is the home water heat set at or below 120 degrees F? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> I DON'T KNOW		
Home Safety/Injury Prevention	Y N OR I DON'T KNOW	Comments
1) Chemicals, pesticides, cleaning supplies, medications stored in original containers and out of sight and reach (or cabinets/drawer locks/lock boxes used)?		
2) Exposed/frayed wires, cracked outlets, or too many items plugged into one outlet?		
3) Unvented combustion appliances present (gas fueled appliances: space heaters, clothes dryers, fireplace, stove/range, water heater, gas grills)		
4) Are gas or charcoal grills operated at least 10 feet from structures and have a clearance of other items of 10 feet around all sides?		
5) Presence of functioning smoke alarm? (verify battery, date)		
6) Presence of functioning CO alarm? (verify battery, date)		
7) Mats and rugs in the house are nonslip/ have rubber backs?		
8) Stairs, windows, doors, cooking and working space are free of clutter?		
9) Presence of any stairwell, baby gates, child safety window guards or locks, door knob covers, non-slip appliques in bath?		
10) If there is a pool, are there gate or other ways to keep children safe?		
11) Are there any guns kept on premises (in house and/or car)?		
a) Are all guns kept unloaded, locked, and separated from the bullets?		
Asthma and Allergens		
12) Air fresheners, scented cleaners, or incense used?		
13) Visible dust present?		
14) Does anyone smoke and/or vape inside the home?		
a) How many minutes per day does smoking or vaping occur inside the home?	<input type="radio"/> 30 minutes or less <input type="radio"/> 30 minutes or more	
Mold and Moisture		
15) Visible ventilation or window present in the bathroom?		
16) Does the home have visible mold growth or a damp/musty smell?		
17) Any leaks, water damage, or flooding, or visible condensation?		
Lead		
18) Was the house built before 1950 or before 1978 with a recent Peeling pain present on ceiling, windows, floors, or walls?		
19) Does the home have vinyl miniblinds?		
a) Are the miniblinds in good repair?		

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b) Are the miniblind cords wound and bracketed up out of reach of children?		
Maintenance and Cleaning		
20) Home has been tested for radon gas?		
21) Place for occupant to wash their hands regularly?		
22) Toilet lid shuts, locks presents, bathroom door locks?		
Pests and Pets		
23) Evidence of pests such as cockroaches or rodents (bodies, fecal pellets, gnaw marks?)		
24) In the past 12 months, has an exterminator or the resident used any pest control measures (pesticides, traps, etc.) to control pest in the home?		
25) Are there any pets in the home (cats, dogs, birds, other (rabbits, hamsters, mice)		
a) Are pet medications locked or stored out of reach of children?		

Notes/Comments

Actions Taken During Visit

1)
2)
3)
4)
5)
6)
7)