

Healthy Homes Diagnostic Assessment Combined Form – Part 1

Tribal Air Monitoring Support (TAMS) Center



House ID Code		Date	
Resident / Family Name			
Address			
Residence Phone		Res. email	
Auditor name			
Outdoor Baseline Measurements – <i>Before Entering Home</i>			
CO ²	CO	Temperature	RH
ppm	ppm	°F	%
Outdoor Baseline Particles □ /L □ /m ³			
0.3μ	0.5μ	1.0μ	2.0μ
		5.0μ	10.0μ
Outdoor baseline Comment (e.g. weather):			
Baseline Interior Measurements - <i>Immediately After Entry</i> Location:			
CO ²	CO	Temperature	RH
ppm	ppm	°F	%
Indoor Baseline Particles □ /L □ /m ³ Location:			
0.3μ	0.5μ	1.0μ	2.0μ
		5.0μ	10.0μ
Indoor baseline Comment:			
Household Members			
Total in Household		Children 4 yrs or younger	Children 4-18
Confined 12+hrs/day?		Special health concerns?	
Indoor Pollutants			
<input type="checkbox"/> Noticeable or Unusual Odors?		<input type="checkbox"/> Cooking Odors?	
		<input type="checkbox"/> Condensation?	
Comment:			
Mold and Moisture		<input type="checkbox"/> Use dehumidifier	
<input type="checkbox"/> No visible damage		<input type="checkbox"/> High RH	
		<input type="checkbox"/> Musty odor	
		<input type="checkbox"/> vaporizer or humidifier use	
		<input type="checkbox"/> Visible water / mold damage	
Comment:			
Pets	<input type="checkbox"/> No pets		<input type="checkbox"/> Cat # _____
	<input type="checkbox"/> Dog # _____		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Outdoors Only		<input type="checkbox"/> Indoor Access	
		<input type="checkbox"/> Not in BRs	
Animal sleeping location:			
Kitchen			
Gas / Propane Appliances <input type="checkbox"/> None <input type="checkbox"/> Range <input type="checkbox"/> Oven <input type="checkbox"/> Other			
<input type="checkbox"/> Exhaust Fan cfm Comment:			
Cleanliness:			
<input type="checkbox"/> Noticeable or Unusual Odors?		<input type="checkbox"/> Condensation on surfaces?	
<input type="checkbox"/> Mold growth present?			
<input type="checkbox"/> Under sink Moisture Refrigerator Drip pan		<input type="checkbox"/> Dry <input type="checkbox"/> Wet	
Product Storage safety?			
Composition Wood Products?			
<input type="checkbox"/> Thermal Imaging Scan Comments:			
<input type="checkbox"/> Laundry area		<input type="checkbox"/> Exhaust fan cfm <input type="checkbox"/> Dryer not vented outside	
<input type="checkbox"/> Hang clothes to dry			

Bathroom 1 Desc: <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Shower <input type="checkbox"/> Bathtub	
<input type="checkbox"/> Functioning exhaust fan/vent/window fan cfm	<input type="checkbox"/> Noticeable or Unusual Odors <input type="checkbox"/> Surface Condensation <input type="checkbox"/> Mold growth <input type="checkbox"/> Wall/ceiling/floor damage
Comments:	
Bathroom 2 Desc: <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Shower <input type="checkbox"/> Bathtub	
<input type="checkbox"/> Functioning exhaust fan/vent/window fan cfm	<input type="checkbox"/> Noticeable or Unusual Odors <input type="checkbox"/> Surface Condensation <input type="checkbox"/> Mold growth <input type="checkbox"/> Wall/ceiling/floor damage
Comments:	

Living Area 1 Desc:				
<input type="checkbox"/> No soiling	<input type="checkbox"/> Noticeable or Unusual Odors?	<input type="checkbox"/> Surface Condensation <input type="checkbox"/> Mold growth	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Living Area 2 Desc:				
<input type="checkbox"/> No soiling	<input type="checkbox"/> Noticeable or Unusual Odors?	<input type="checkbox"/> Surface Condensation <input type="checkbox"/> Mold growth	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage

Bedroom 1 Desc:		#Beds <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> More than 2		
<input type="checkbox"/> Individual room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Special Care occupant(s)?		<input type="checkbox"/> Other
<input type="checkbox"/> Noticeable or Unusual Odors?		<input type="checkbox"/> Condensation on surfaces?	<input type="checkbox"/> Humidifier Use	<input type="checkbox"/> Abundant Fragrances etc. _____
Bedroom 2 Desc:		#Beds <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> More than 2		
<input type="checkbox"/> Individual room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Special Care occupant(s)?		<input type="checkbox"/> Other
<input type="checkbox"/> Noticeable or Unusual Odors?		<input type="checkbox"/> Condensation on surfaces?	<input type="checkbox"/> Humidifier Use	<input type="checkbox"/> Abundant Fragrances etc. _____
Bedroom 3 Desc:		#Beds <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> More than 2		
<input type="checkbox"/> Individual room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Special Care occupant(s)?		<input type="checkbox"/> Other
<input type="checkbox"/> Noticeable or Unusual Odors?		<input type="checkbox"/> Condensation on surfaces?	<input type="checkbox"/> Humidifier Use	<input type="checkbox"/> Abundant Fragrances etc. _____

Bedroom 4/Other Desc:		#Beds <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> More than 2		
<input type="checkbox"/> Individual room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Special Care occupant(s)?		<input type="checkbox"/> Other
<input type="checkbox"/> Noticeable or Unusual Odors?		<input type="checkbox"/> Condensation on surfaces?	<input type="checkbox"/> Humidifier Use	<input type="checkbox"/> Abundant Fragrances etc. _____

Basement <input type="checkbox"/> None/No Access				
<input type="checkbox"/> Noticeable or Unusual Odors?	<input type="checkbox"/> Condensation on surfaces?	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Crawlspace				
<input type="checkbox"/> ventilated	<input type="checkbox"/> vapor retarder	<input type="checkbox"/> insulated	<input type="checkbox"/> Wet / Evidence of Moisture	

Attached garage? <input type="checkbox"/> None			
Vehicles Parked inside?		Door Rise from Garage?	
<input type="checkbox"/> Door to interior	<input type="checkbox"/> Step up to interior	<input type="checkbox"/> Good Door Seal	<input type="checkbox"/> Fire rated door
<input type="checkbox"/> Water heater / Combustion device in Garage			
<input type="checkbox"/> Well maintained?	<input type="checkbox"/> Excessive Storage?	<input type="checkbox"/> Gasoline/Oil	<input type="checkbox"/> Chemicals ?Solvents/ paints etc
Insulated?			

General Safety Comments:

Building Tightness Test	
Date:	Indoor Temperature (F):
Time:	Outdoor Temperature (F):
	Wind Speed:

Floor Area ft²	Total=	Volume ft³	Total=
Crawl	Basement	Crawl	Basement
1st FL	2nd FL	other	
1st FL	2nd FL	other	

Combustion Appliances	
Furnace A/C T stat setting =	Water heater temp setting =
Other	Other

Blower Door Tests	
Test # 1 Depressurize - 50 Pascals	Test # 2 Depressurize - 25 Pascals
Pre-test Baseline Pressure: _____ (Pa)	Pre-test Baseline Pressure: _____ (Pa)
Actual Test Pressure _____ Pa	Actual Test Pressure _____ Pa
Mode used: PR/Flow Flow @ 50	Mode used: PR/Flow Flow @ 25
Ring Used: Open A B C	Ring Used: Open A B C
Final CFM 50 = _____ CFM	Final CFM 50 = _____ CFM

<p>Calculated "N" = _____ ("N" must be between .5 and .75 for good test)</p> <p>"N" = (LN of the flow at 50 divided by flow at 25) divided by (LN of actual ~50 Pa divided by actual ~25 Pa)</p> <p><input type="checkbox"/> Check Pilot Lights at completion of testing?</p>

Results	
CFM 50 =	
CFM 50 divided by 10 =	
ACH 50 =	ACH 50 = (CFM 50 x 60) divided by volume
ACH "natural" =	ACH "natural" = ACH divided by 20
# Occupants: # Bedrooms:	Ventilation system?

COMMENTS:	

Duct Leakage Measurements	Method: <input type="checkbox"/> Duct Blower Test <input type="checkbox"/> Blower Door Subtraction	
Duct Operating Pressures (Pre WX):	Supply _____ Pa	Return _____ Pa
<input type="checkbox"/> Before <input type="checkbox"/> After WX:	Total	To Outside
Dust Blower Fan Flow	_____ cfm	_____ cfm
At Duct pressure difference ΔP	_____ Pa	_____ Pa
At House Pressure WRT Outside	_____ Pa	_____ Pa

Pressure Pan Measurements						
Register	Location	Reg. Type	PP. Press.	Reference	Ref. Press.	Comment
			Pa		Pa	
			Pa		Pa	
			Pa		Pa	
			Pa		Pa	
Date:		Equipment Used:				
Time:		Technician:				
Comments:						

Normal Operation Draft Measurements	Audit	Inspection
Outdoor temp (°F)	°F	°F
Draft (Pa)	Pa	Pa
Spillage Time (sec)	sec.	sec.

Comments:

Worst Case Draft Measurements							
	Date	Conducted During	Heating System ID	Outdoor Temp	Draft	Spillage Time	Comment
Heating				°F	pa	sec	
Water Heating				°F	pa	sec	

Photos / Thermal Images			
	Photo	Infrared	Comment
Exterior			
<input type="checkbox"/> Front	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Side	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Side	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Rear	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attic			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basement / Crawlspace			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment			
<input type="checkbox"/> Furnace/Air Handler	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> AAHX	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Housing Characteristics					
Age of Home	<input type="checkbox"/> Pre-1950	<input type="checkbox"/> 1950-1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know	
Structural Foundation (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace		
Floors lived In (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> Other	
Heating	Fuel Used	<input type="checkbox"/> Natural gas / LPG	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric <input type="checkbox"/> Wood	
	Heat Sources	<input type="checkbox"/> Radiators	<input type="checkbox"/> Forced warm air	<input type="checkbox"/> Space heater <input type="checkbox"/> Other:	
	Filters Changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> No filters	
	Control	<input type="checkbox"/> Easy to control	<input type="checkbox"/> Hard to control		
	Portable	<input type="checkbox"/> Electric	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Other	
Fireplace Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hrs/Day (Winter)	Fuel:	
Woodstove Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	EPA certified Stove?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hrs/Day (Winter) Fuel:	
Burning of trash, cardboard, plastic *anything other than dry wood and kindling)?					
Does House feel	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Unusually warm	<input type="checkbox"/> Unusually cold		
Cooling	<input type="checkbox"/> Central AC	<input type="checkbox"/> Window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> Windows <input type="checkbox"/> None	
Ventilation (check all that apply)	<input type="checkbox"/> Open windows	<input type="checkbox"/> Kitchen/bath fans	<input type="checkbox"/> Central Ventilation	<input type="checkbox"/> HRV <input type="checkbox"/> ERV	
Desc:					
Ventilation fans and vents operable and free from obstruction? <input type="checkbox"/> Yes <input type="checkbox"/> No Desc:					
NOTES:					
Exterior Environment	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Abundant trash / debris	<input type="checkbox"/> Chipping, peeling paint	<input type="checkbox"/> Broken window(s)	
<input type="checkbox"/> Active renovation or remodeling Desc:					

General Structure				
House Type	<input type="checkbox"/> Detached	<input type="checkbox"/> Attached	<input type="checkbox"/> Apartment	<input type="checkbox"/> Manufactured <input type="checkbox"/> Other (specify)
Occupied Area	ft ²	Occupied Volume	ft ³	Age(yrs)
Front Door Faces (Compass Dir)	Ext. Photos: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side () <input type="checkbox"/> Side () <input type="checkbox"/>			
<input type="checkbox"/> Floor Plan Diagram Attached	Note:			
Wall Construction:				
<input type="checkbox"/> Frame	<input type="checkbox"/> Conc.block	<input type="checkbox"/> Brick/Stone	<input type="checkbox"/> Poured Conc	<input type="checkbox"/> Adobe <input type="checkbox"/> Other (specify)
Exterior Finish	<input type="checkbox"/> Wood	<input type="checkbox"/> Stucco	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete <input type="checkbox"/> Metal/Vinyl <input type="checkbox"/> Other (specify)

House ID Code: _____ Date: _____
Family Name: _____
Address: _____
Auditor: _____