



Housing Standards and Checklist

TOP PORTION TO BE COMPLETED BY AGENCY (Please complete and submit prior to inspection)			
Date of Inspection			
Name of Participant			
Guardian (s)			
Physical or Mobility Impairments (Brief Description)			
Expected Date of Occupancy			
Type of Home	AFC	DS	TBI
Home Provider Name			
911 Address			
City, State, Zip Code			
Home Provider Phone Number			
Agency			
Service Coordinator			
Agency Phone Number			

FOR HOUSING INSPECTOR USE ONLY:

SMOKE DETECTORS

	Yes	No	Completed (Initials)
Is there at least one operable smoke detector located on each level of the home, and within the manufacturers expiration date. LIST LOCATIONS			
1) Photo electric smoke detector installed in a common area.			
2) Participant's bedroom			
3) Basement			
4)			

In structures that are spread out horizontally or vertically, additional smoke detectors may be required. This home requires additional smoke detectors in the following areas: LIST LOCATIONS
1)
2)
3)
4)



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FIRE EXTINGUISHERS:

	Yes	No	Completed (Initials)
Is there a fire extinguisher in the kitchen that is:			
1) A Minimum weight of three pounds			
2) Charged			
3) Clearly visible and mounted between the stove and exit path			
In a room with a wood burning furnace / stove or fireplace is there a fire extinguisher that is:			
1) A Minimum weight of three pounds			
2) Charged			
3) Clearly visible and mounted between the stove and exit path			

CARBON MONOXIDE DETECTORS

	Yes	No	Completed (Initials)
Is there at least one operable carbon monoxide detector that is installed in a common area such as a hallway or next to the sleeping area?			

WOOD STOVES, FIREPLACES & PELLET STOVES

	Yes	No	Completed (Initials)
All wood stoves (fireplaces 2 nd , 4 th and 5 th items) will meet the manufacturers installation requirements to include:			
1) Is the stove 36 inches from all combustibles (including sheet rock or plaster walls) or are heat shields properly applied to the combustible surface and/or the stove, which reduce the necessary clearance to 18 inches?			
2) Is there a non-combustible hearth of at least 18 inches in front of the loading door?			
3) Is the flue pipe 18 inches from combustibles or are heat shields properly applied to the combustible surface and/or the stove pipe, reducing the necessary clearance to 9 inches?			
4) Has the chimney that serves the wood stove/furnace/fireplace been cleaned within the past 12 months? *(All chimneys must be cleaned annually)			
5) Do all wood stoves/furnaces/fireplaces have their own designated flue?			
6) Are the vent pipes the correct size and in good condition?			
7) Pellet stoves are installed to manufacturers specifications? (Copies to be provided by the home owner)			
Notes:			



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WATER HEATERS

	Yes	No	Completed (Initials)
Does the water heater have a pressure release valve and a 3/4 "discharge pipe from the valve to within 6 inches of the floor?			
If applicable, is the water heater vented correctly?			

HEATING SYSTEM

	Yes	No	Completed (Initials)
Is the heating system capable of heating all living space to at least 70 degrees Fahrenheit during all weather conditions?			

Oil or Kerosene System:

	Yes	No	Completed (Initials)
1. Is there a clearly marked emergency switch located at or before the entrance to the furnace/boiler room?			
2. Is there a thermal switch located over the burner?			
3. Is there an automatic fuel shut-off switch in close proximity to the burner? (within 10 feet)			
Notes:			

Gas System:

	Yes	No	Completed (Initials)
Is there a clearly marked emergency switch located within 5 feet of the of the burner in the furnace/boiler room?			
Notes:			

For Boilers:

	Yes	No	Completed (Initials)
1. If there is a boiler style heating system, does it have a pressure relief valve?			
2. Is there a 3/4 inch discharge pipe within 6 inches of the floor?			
3. Is the heating system vented according to the appropriate building codes?			
Notes:			

Electric System:

	Yes	No	Completed (Initials)
1. If electric heating units are used, is there at least 6 inches of clear space from all combustibles?			
Notes:			



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BEDROOMS/WINDOWS/SECOND EXITS:

										Yes	No	Completed (Initials)
Bedroom #1 Location: (orientation from the main street)												
B	1	2	3	Left	Center	Right	Front	Center	Rear			
Is the bedroom a minimum of 8 feet in each direction, under a ceiling of at least 6 feet 6 inches?												
Does the bedroom have a solid surface door to prevent smoke from entering?												
Is there a door directly to outside from the bedroom or one operable window in good repair?												
Does the window have a minimum clear opening measuring 20 inches wide and 24 inches tall?												
Is the sill of the window <u>NOT</u> more than 44 inches from the floor?												
Notes:												

										Yes	No	Completed (Initials)
Bedroom #2 Location: (orientation from the main street)												
B	1	2	3	Left	Center	Right	Front	Center	Rear			
Is the bedroom a minimum of 8 feet in each direction, under a ceiling of at least 6 feet 6 inches?												
Does the bedroom have a solid surface door to prevent smoke from entering?												
Is there a door directly to outside from the bedroom or one operable window in good repair?												
Does the window have a minimum clear opening measuring 20 inches wide and 24 inches tall?												
Is the sill of the window <u>NOT</u> more than 44 inches from the floor?												
Notes:												

GFCI PROTECTION:

	Yes	No	Completed (Initials)
Does a GFCI outlet/circuit breaker protect the following outlets or fixtures:			
• Outlets within 6 feet of the kitchen sink?			
• All bathroom outlets?			
• All exterior outlets?			
• Outlets for washing machines, if indicated (or single device outlets?)			



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GENERAL WIRING:

	Yes	No	Completed (Initials)
Is the wiring system in good repair and meets the appropriate codes?			
Are all wiring connections made in electrical boxes and covered?			
Is the use of extension cords minimized? * (Extension cords shall not be used to operate "permanent" appliances)			

HAZARDOUS MATERIALS:

	Yes	No	Completed (Initials)
If paints, fuels or other combustibles are present in the home, are they stored in a separate room or as far away as possible from the furnace or any heat source?			
Is the home free of any hazardous/dangerous environmental materials? *(If such materials are present, are they or will they be managed in a way that is consistent with Vermont Department of Health guidelines, i.e. asbestos?)			

FIREARMS:

	Yes	No	Completed (Initials)
Are all firearms securely locked in a gun safe, closet, or with trigger or cable locks, with key(s) kept in a separate location? Gun cabinets with glass, or plexi glass fronts are allowed if equipped with one of the additional locks described above in place.			

WATER SUPPLY/WASTE DISPOSAL:

	Yes	No	Completed (Initials)
Is there a municipal water service, a drilled well, shallow well OR spring that has been tested at least annually by the Vermont Department of Health or Independent Lab and verified the water is potable?			
Does the home have municipal sewer service or correctly operating septic system?			

DOORS/EXIT PATHS:

	Yes	No	Completed (Initials)
Do all stairways have at least one handrail (or two if indicated)?			
Do all decks and porches have railings at the appropriate height? (If less than 30 inches above grade, then 30-36 inches tall; if over 30 inches, then 42 inches tall)			
Are exit doors or paths free from locking mechanisms keyed from the inside?			
Notes:			



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LEAD (for those dwellings where children 6 and under are present):

	Yes	No	Completed (Initials)
Was the home built before 1978, and if so are the painted surfaces of the home in good repair and without excessive peeling or cracking?			
Are window wells lined as described in the Vermont Department of Health guidelines?			

GARAGES/ADJACENT STRUCTURES (within 30 feet of home):

	Yes	No	Completed (Initials)
Is the wiring system in good repair?			
Are all the wiring connections made in electrical boxes and covered?			
Is the use of extension cords minimized? *(Extension cords shall not be used to operate "permanent" appliances)			
If paints, fuels or other combustibles are present in the structure, are they stored in a separate room or as far away as possible from the furnace or any heat source?			
Are all heating units installed and vented correctly?			

ESCAPE PLAN:

	Yes	No	Completed (Initials)
Does the home have a <u>written, workable plan AND map</u> that all occupants fully understand regarding what to do if a fire occurs? *(This should include how everyone gets out of the residence, where to meet, and who will go to a phone to call the fire department, etc.)			

Attach a copy of the fire escape plan to the report submitted to the Division of Disabilities and Aging Services.

THE FIRE ESCAPE PLAN AS OUTLINED ABOVE SHOULD BE REVIEWED AND PRACTICED AT LEAST EVERY 6 MONTHS.

THE HOME PROVIDER IS RESPONSIBLE FOR INSURING THAT ALL SMOKE AND CARBON MONOXIDE DETECTORS ARE IN WORKING ORDER.

Notes:



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PROCEDURES FOR COMPLIANCE:

All items marked "NO" will be corrected prior to occupancy, or by 30 days from the date of inspection, whichever is greater.

The Service Coordinator or other Agency Representative is responsible for ensuring that all items are corrected and scheduled for a follow up inspection within the time frame specified above.

THE HOME PROVIDERS ARE REQUIRED TO MAINTAIN THEIR HOME TO THE STANDARDS ON THIS CHECKLIST.

Reviewer Name (Printed)

Signature

Date

Agency Representative (Printed)

Signature

Date

Home Provider/Designee (Printed)

Signature

Date

CORRECTIONS MADE AND FOLLOW-UP INSPECTION COMPLETED:

Name (Printed)

Signature

Date