

Visual Survey Report

Resident: _____

Alternate Contact: _____

Address: _____

Unit # _____ Unique ID _____

Resident Phone: _____

Visual Conducted by:

Date:

Make a checkmark (✓) if the problem appears in the room or area. For deteriorated paint and water damage, indicate the extent of the problem (see instructions) Use the extra rows to identify any other hazards you notice. Put an asterisk (*) above any room(s) where a child sleeps or plays. Circle (○) where you photograph a problem.

ROOM OR AREA

PROBLEM		Exterior	Porch	Entryway	Living Room	Dining Room	Kitchen	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom 1	Bathroom 2	Basement		
Deteriorated paint	Walls														
	Windows, door, or trim														
	Paint chips on floor														
Soil with no grass or mulch															
Cockroaches															
Rodents															
Holes in wall															
Mold/ Mildew	Obvious source of moisture														
	No obvious source of moisture														
Water Damage: walls wet/newly stained															
Strong musty smell															
Natural gas/sewer gas smell															
Unvented gas oven/dryer/heater															
Worn-out carpeting															
Other:															
Other:															
Other:															
Other:															
Other:															

If renting, received lead hazard disclosure information from landlord? Yes No
Follow-up visit scheduled for: Date _____ Time: _____