

Worcester Visual Assessment Form

Created by the Worcester Roots Project, Worcester Energy Barn-Raisers, and Regional Environmental Council to assess lead poisoning and other environmental hazard and energy inefficiencies in and around buildings within the City of Worcester.

Recorder Name _____ Team name (ex. Toxic Soil Busters, REC, WEB) _____
 Address of assessed building _____ Date _____

| POTENTIAL HAZARD | POSITIVE Above minimum levels | NEGATIVE Below minimum levels or N/A |
|--|----------------------------------|---|
| External Deterioration | <input type="checkbox"/> | <input type="checkbox"/> |
| Siding | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows, Doors and Trim | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> |
| Balcony/Porch/Stairs | <input type="checkbox"/> | <input type="checkbox"/> |
| Soil | Yes | No |
| Bare soil at drip line | <input type="checkbox"/> | <input type="checkbox"/> |
| Play area or garden present | <input type="checkbox"/> | <input type="checkbox"/> |
| Other yard area >9 sq ft of bare soil | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential Weatherization Needed | Yes | No |
| Plumbing or Electrical Penetrations | <input type="checkbox"/> | <input type="checkbox"/> |
| Mildew | <input type="checkbox"/> | <input type="checkbox"/> |
| Cracks in the Foundation | <input type="checkbox"/> | <input type="checkbox"/> |
| Likely Weatherization Needed | Yes | No |
| Old Spray foam (Orangish color) | <input type="checkbox"/> | <input type="checkbox"/> |
| Lifted or Missing Clapboards or Shakes | <input type="checkbox"/> | <input type="checkbox"/> |
| Cracked Glass (Windows) | <input type="checkbox"/> | <input type="checkbox"/> |
| Any Holes or Cracks in Siding | <input type="checkbox"/> | <input type="checkbox"/> |
| Other healthy homes hazards | Yes | No |
| Unsafe stairs and porches | <input type="checkbox"/> | <input type="checkbox"/> |
| Exposed electric lines | <input type="checkbox"/> | <input type="checkbox"/> |
| Leaning frames | <input type="checkbox"/> | <input type="checkbox"/> |

| Building Type | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Building Type 1 = single family 2 = 2 or 3 family 3 = multifamily 4 = commercial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of exterior 1 = wood 2 = brick 3 = aluminum/vinyl 4 = other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Replacement windows? 1 = yes 2 = no 3 = some | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Other observations, if contact made with resident, contact information.

Other hazards not listed above, resident's contact info, any other observations worth noting, including presence of rodent traps, ice dams, smoke coming from chimney, etc.

| POTENTIAL HAZARD | POSITIVE | NEGATIVE |
|------------------|----------|----------|
|------------------|----------|----------|