



# HEALTHY AIR / HEALTHY HOMES

## Home Walkthrough Checklist

This do-it-yourself Home Walkthrough Checklist will help you find ways to increase the indoor air quality in your home and make it a healthier place to live.

### INSTRUCTIONS

1. Walk around the outside and inside of your home using your senses of sight, smell, feeling, and hearing to gather information.
  - **Observe** the cleanliness of every room. Is there a lot of clutter or dust? Look for sources of pollutants such as animals, dirty carpets, evidence of leaks, blocked airflow, improperly stored chemicals.
  - **Smell** for any unusual chemical or musty odors. Make note of where they are coming from.
  - **Feel** for uncomfortable temperatures, humidity, drafts, and air flowing in and out of air vents and around doors and windows.
  - **Listen** to the occupants of the room. What do they complain about? Temperature? Smells? Coughing? Sneezing? Headaches?
2. Answer the questions in each of the nine sections of the walkthrough checklist. The questions are categorized by occupants, home construction, home exterior, heating and ventilation, home cleanliness, kitchen, living room, bath room, and bedroom. The list of rooms may not be complete for your home, but they represent the rooms that are common in most homes.
3. Identify the Indoor Air Quality (IAQ) Hazard for each question you checked “yes”. YES responses to any of the questions on the checklist will alert you to areas of concern.

IAQ HAZARDS KEY			
<b>As</b>	Asbestos	<b>Dust</b>	Dust = pollen, mold spores
<b>AD</b>	Animal Dander	<b>ETS</b>	Environmental Tobacco Smoke
<b>C</b>	Cockroach parts	<b>Lead</b>	Lead
<b>CO</b>	Carbon monoxide	<b>M</b>	Mold (includes Moisture)
<b>DE</b>	Diesel Exhaust	<b>Ra</b>	Radon
<b>DM</b>	Dust Mites	<b>VOCs</b>	Volatile organic compounds

4. Develop an action plan to address the IAQ Hazards using any of the control methods listed on your *Indoor Air Hazard Game Reference Packet*. Write the action plan for each category in the box provided.
5. Carry out your action plan and **enjoy healthy air in a healthy home.**

For additional resources, visit the EH@Home website:

<http://ehsc.oregonstate.edu/ehathome>



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## 1. OCCUPANTS

**IAQ HAZARDS: Animal Dander (AD), Dust (pollen, mold spores), Dust Mites (DM), Environmental Tobacco Smoke (ETS)**

1. Are there any susceptible individuals living in the home?  yes  no  
Susceptible Individuals are:
- under 7 years or over 70 years
  - pregnant
  - confined to the home for more than 12 hours a day
2. Does anyone in your home complain of watery or irritated eyes, sneezing, coughing, headaches, or fatigue?  yes  no
3. Is anyone in your home diagnosed with asthma, allergies, bronchitis, emphysema, or heart problems?  yes  no **AD, DM, Dust**
4. Does anyone smoke in the home?  yes  no **ETS**
- Environmental Tobacco Smoke has been shown to cause asthma in sensitive populations.
5. Do you have cats, dogs, or birds inside the home?  yes  no **AD**

### OCCUPANTS ACTION PLAN

Use your *Indoor Air Hazard Game Reference Packet* to help develop a plan to protect your health.



# HEALTHY AIR / HEALTHY HOMES Home Walkthrough Checklist

## 2. HOME CONSTRUCTION

**IAQ HAZARDS: Asbestos (As), Carbon monoxide (CO), Lead, Mold (M), Radon (Ra), Volatile Organic Compounds (VOCs)**

- |  |  |                       |
|--|--|-----------------------|
| 6. Was your home built or remodeled within the last two years?<br>• Particleboard used home construction (i.e. flooring, walls, etc.) use resins and adhesives that may contain formaldehyde and other volatile organic compounds. | <input type="checkbox"/> yes <input type="checkbox"/> no | <b>VOCs</b>           |
| 7. Is there lead-based paint in the interior or exterior?<br>• Lead was commonly used in indoor paints until 1978  | <input type="checkbox"/> yes <input type="checkbox"/> no | <b>Lead</b>           |
| 8. Have you painted the inside or outside of your home in the last two years?<br>• Sanding old layers of paint can generate lead particles which can be inhaled.   | <input type="checkbox"/> yes <input type="checkbox"/> no | <b>VOCs,<br/>Lead</b> |
| 9. Does your house contain asbestos? (e.g. furnace insulation, "popcorn" ceiling, siding, 9" floor tiles)<br>• Asbestos was used in floor and ceiling tiles and insulation until the 1970s   | <input type="checkbox"/> yes <input type="checkbox"/> no | <b>As</b>             |
| 10. Is the crawl space or basement damp (musty odor, mildew, damp carpet, furniture or walls)?<br>• If the crawl space is bare soil then mold spores can enter the home through leaky ducts or cracks in the flooring.             | <input type="checkbox"/> yes <input type="checkbox"/> no | <b>M</b>              |
| 11. Is this home in an area where radon is common?<br>• If radon is measured, levels below 4 picoCuries/liter of air is safe.  | <input type="checkbox"/> yes <input type="checkbox"/> no | <b>Ra</b>             |
| 12. Is the garage is attached to the house? If so, are pesticides or gasoline stored in the garage? Do you idle your car in the attached garage?   | <input type="checkbox"/> yes <input type="checkbox"/> no | <b>VOCs, CO</b>       |

### HOME CONSTRUCTION ACTION PLAN

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# HEALTHY AIR / HEALTHY HOMES Home Walkthrough Checklist

## 3. HOME EXTERIOR

**IAQ HAZARDS: Diesel exhaust (DE), Dust (pollen, mold spores), Lead, Mold (M), Volatile Organic Compounds (VOCs)**

- |  |                              |                             |                 |
|--|------------------------------|-----------------------------|-----------------|
| 13. Is your home located near an airport, railway, busy road, or bus station?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DE, VOCs</b> |
| 14. Is your home near a factory, gas station, dry cleaners or auto body shop?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DE, VOCs</b> |
| 15. Do you use pesticides or fertilizers in your yard?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>VOCs</b>     |
| 16. Are there any unpaved roads or driveways nearby?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>Dust</b>     |
| 17. Are there trees, grass fields, or areas with uncontrolled weeds nearby?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>Dust</b>     |
| 18. Do you have any peeling paint on the exterior?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>Lead</b>     |
| 19. Do you have vegetation growing within 8-12" of outside walls?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 20. Does the home have any drainage problems? (e.g., clay soil around the foundation, yard that slopes toward the house) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 21. Do you have single-pane windows? Do the windows need caulking?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 22. Are the gutters clogged with leaves? Are the down spouts disconnected?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 23. Are shingles missing, holes in the roof or problems with the flashing?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 24. Was there any water damage or flooding within the last five years?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |

### HOME EXTERIOR ACTION PLAN

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## 4. HEATING AND VENTILATION

**IAQ HAZARDS: Carbon monoxide (CO), Mold (M)**

25. Do windows fog up during the cold season?  yes  no **M**
26. Are there windows in any of the rooms in the house that don't open?  
If so, is there a noticeable lack of air movement in that room?  yes  no **M**
27. Are air supplies or return vents blocked by furniture, books, or clutter?  yes  no **M**
28. Are your indoor humidity levels above 60% or below 40%?  yes  no **M**
29. During the heating season, does the temperature in any of the rooms get below 55 °F or above 75 °F?  yes  no **M**
30. Is there an odor of mold or mildew in your home? Does your home smell "musty"?  yes  no **M**
31. Do you lack central air conditioning?  yes  no **M**
32. Does your home have natural gas, kerosene, wood, or oil heat?  yes  no **CO**
33. Has it been more than a year since your furnace was maintained (filters cleaned or replaced) or your chimney cleaned or inspected?  yes  no **CO**
34. Do you have appliances such as a stove, dryer, hot-water heater, or a fireplace that are vented into the home (instead of outside)?  yes  no **CO, M**

### HOME HEATING AND VENTILATION ACTION PLAN

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# HEALTHY AIR / HEALTHY HOMES Home Walkthrough Checklist

## 5. HOME CLEANLINESS

**IAQ HAZARDS: Dust (pollen, mold spores), Lead, Volatile Organic Compounds (VOCs)**

35. Do people wear shoes in your home?  yes  no **Dust, Lead**
36. Can you see dust on your furniture, draperies, or blinds?  yes  no **Dust**
37. Are some of the outside doors missing a doormat?  yes  no **Dust**
38. Do you vacuum less than once or twice a week?  yes  no **Dust**
- Vacuum cleaners that have HEPA filters (high efficiency particulate air filters) are 99.97% effective at trapping particles 0.3 microns and larger.
39. Do you use the following products in your home?
- ammonia or chlorine-based cleaners  yes  no **VOCs**
  - paint, stains, varnish  yes  no **VOCs**
  - solvents, such as thinner or degreasers  yes  no **VOCs**
  - adhesives, such as rubber cement, plastic glue, or epoxy  yes  no **VOCs**
  - products labeled: "Use in well-ventilated area", "highly flammable", or "harmful if inhaled"  yes  no **VOCs**
40. Do you use scented products? (cleaning, aerosol sprays, etc.)  yes  no
41. Do you use these products inside the home without proper ventilation?  yes  no **VOCs**

### HOME CLEANLINESS ACTION PLAN

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## HEALTHY AIR / HEALTHY HOMES Home Walkthrough Checklist

### 6. KITCHEN

**IAQ HAZARDS: Cockroach parts (C), Mold (M)**

- |   |                              |                             |          |
|---|------------------------------|-----------------------------|----------|
| 42. Is food kept out overnight?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>C</b> |
| 43. Are unwashed dishes left in the sink or on the counters?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>C</b> |
| 44. Is your kitchen's garbage can open on top (no lid)?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>C</b> |
| 45. Do you have evidence of pests such as cockroaches, ants, or mice?                                 | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>C</b> |
| 46. Are there leaks around or under the sink or other damp areas?                                     | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b> |
| 47. Do you have a dishwasher?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b> |
| 48. Is there condensation (fog or moisture) on the walls, ceiling, or windows of the kitchen?         | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b> |
| 49. Are there any signs of mold?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b> |
| 50. Do you boil foods, such as rice, pasta, beans, etc. more than twice a week?                       | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b> |
| 51. Does the kitchen lack a ventilation fan (range hood)? Do you cook without the range hood running? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b> |
| 52. Is the stove fan ventilated to the inside of the house?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b> |
| 53. Do cooking odors linger in your home for several hours?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b> |

#### **KITCHEN ACTION PLAN**

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# HEALTHY AIR / HEALTHY HOMES

## Home Walkthrough Checklist

### 7. LIVING ROOM

**IAQ HAZARDS: Animal Dander (AD), Dust (pollen, mold spores), Dust Mites (DM), Mold (M), Volatile Organic Compounds (VOCs)**

- |  |                              |                             |                     |
|--|------------------------------|-----------------------------|---------------------|
| 54. Does the living room have carpeting?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DM</b>           |
| 55. Is the furniture upholstered with fabric?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DM</b>           |
| 56. Do you allow pets on the furniture or in the room?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>AD</b>           |
| 57. Is the room cluttered with books, newspapers, toys, furniture, etc. that makes cleaning difficult? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DM, AD, Dust</b> |
| 58. Do you have plants?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>Dust, M</b>      |
| 59. Do you have fish aquariums or reptiles?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>            |
| 60. Is the relative humidity 60% or higher? OR Is the temperature above 75 °F?                         | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>            |
| 61. Does the furniture rest against outside walls?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>            |
| 62. Is there brown staining or discoloration on the ceilings, walls, or furnishings?                   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>            |
| 63. Is there condensation on the windows, windowsills, or window frames?                               | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>            |
| 64. Are there any signs of mold?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>            |
| 65. Do you have any new furniture or carpeting?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>VOCs</b>         |

#### LIVING ROOM ACTION PLAN

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## HEALTHY AIR / HEALTHY HOMES Home Walkthrough Checklist

### 8. BATHROOM

**IAQ HAZARDS: Mold (M), Volatile Organic Compounds (VOCs)**

- |  |                              |                             |             |
|--|------------------------------|-----------------------------|-------------|
| 66. Are there leaks around or under the sink or other damp areas?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 67. Does your bathroom lack a fan? Do you run the fan less than five minutes after every shower?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 68. Is the humidity in your bathroom above 60%?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 69. Is there condensation on the bathroom window, mirror, ceiling, or toilet tank?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 70. Is there evidence of mold growth around the shower or bathtub?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 71. Is the caulking around the tub or shower split, broken, or missing?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 72. Is there a moldy smell in the bathroom?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 73. After showering, is there moisture or humidity in other rooms?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 74. Is there mold on the walls, windows, or window sills that share the same wall with the shower? (E.g. If the shower is on the outside wall, do you find mold in other rooms on that same wall?) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>    |
| 75. Do you use scented cleaners, air fresheners or deodorizers?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>VOCs</b> |
| 76. Do you use personal care products, such as aerosol hair spray, fingernail polish/remover, or any other products that contain alcohol?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>VOCs</b> |

**BATHROOM ACTION PLAN**

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## HEALTHY AIR / HEALTHY HOMES Home Walkthrough Checklist

### 9. BEDROOM

**IAQ HAZARDS: Animal Dander (AD), Dust (pollen, mold spores), Dust Mites (DM), Mold (M)**

- |  |                              |                             |                 |
|--|------------------------------|-----------------------------|-----------------|
| 77. Are the windows opened during the day?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>Dust</b>     |
| 78. Does the bedroom have carpeting?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DM</b>       |
| 79. Do you have excessive bedding, such as pillows, down comforter?                                    | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DM</b>       |
| 80. Do you have blinds or upholstered furniture?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DM, Dust</b> |
| 81. Do you allow pets in the room or do they sleep on the bed?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>AD</b>       |
| 82. Is the room full of clutter which makes it difficult to clean and vacuum?                          | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>DM, AD</b>   |
| 83. Are heating vents or air supply vents blocked?   | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 84. Does the furniture touch the outside walls?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 85. Is the humidity in the bedroom above 60%?  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 86. Does condensation form on the windows and window frames overnight?                                 | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 87. Is there brown staining or discoloration on the ceiling, walls, or furnishings?                    | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |
| 88. Are there signs of mold in the closets or on your clothes? (Are the closets on the outside walls?) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <b>M</b>        |

#### **BEDROOM ACTION PLAN**

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