

# SAFETY ASSESSMENT

Client name: \_\_\_\_\_ Client ID#: \_\_\_\_\_

The following items have been noted as a potential safety hazard in your home.

1. ☐ No safety hazards have been identified at this time.
2. ☐ One or more safety hazards have been identified:

*All identified safety hazards (WSW, OSW and DEF) are defined as follows:*

*WSW= Within the scope of weatherization; issue may be addressed through weatherization*

*OSW = Outside the scope of weatherization; does not constitute deferral*

*DEF = Restricts weatherization; home must be deferred*

WSW	OSW	DEF	Safety Hazard	Location/Source/Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open electrical junction boxes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe wiring	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potentially friable (loose) asbestos on venting or hot water lines	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vermiculite insulation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High carbon monoxide	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mold*	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture or high humidity*	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potential fire safety issue	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trip or fall hazard	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	

\* See **SAFETY ASSESSMENT - MOLD AND MOISTURE** form.

- ☐ I was informed of known risks, as well as practices that minimize these risks, related to the materials being installed in my home as part weatherization including: blown cellulose, spray foam, other \_\_\_\_\_.
- ☐ I or a household member have health concerns related to weatherization materials for which I am requesting accommodation beyond standard weatherization practices.  
If yes, the following accommodation is being requested \_\_\_\_\_.
- ☐ If I have questions related to health concerns for me or members of my household I should contact \_\_\_\_\_.

I understand that the items listed above present a potential safety hazard to me and anyone in my home and I have received client education on these topics. I have received a copy of the Safety Assessment - Mold and Moisture form, if applicable. I further understand that Weatherization services may not be able to correct the identified safety items. I understand that the issues identified above include only those observed by the Energy Auditor.

\_\_\_\_\_  
Property Owner Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider Representative Signature (required)

\_\_\_\_\_  
Date