Health & Safety Requirements Form Building ID#

Subrecipient:		Bu	iiding iD#	
Occupant/Tenant/Owner Name:				
Subrecipient Representative:				
Home/Unit Address:				
	Clie	ent Questionnaire		
Question		Resident Answer		Comments/ recorders Initials
Where do you store cleaning products or oth chemicals?	ner			
Does any part of your home have moisture problems?				
Does anyone in the household have unexplain headaches, itchy eyes, sinus problems, or dize				
Do you have any unusual, unexplained odors smells?	or			
Do you have any problems with pests or rodents? Any beehives, etc.?				
Does your home have any structural problem roof leaks, or large exposure to the outdoors	;?			
Do you or any members of the home have ar health problems or medical conditions?	าy			
Is there anything in your home that is of particular concern to you health-wise? +++++++++++++++++++++++++++++++++++				
Based on our initial review of your building, imited visual inspection. These are the existing been informed of the conditions, have been preddress some of the items prior to any weath fear Home Built: State Historic	ig condition rovided a erization	ons as of the date below. By sall applicable forms and prope	signing below, I acknow er education materials,	ledge that I have
Appliances and Mechanical Systems	(Applies	to Homes 45 years or older) Comment	Recommendation	
Heating System Types				
Water heater - properly vented; tank leakage, etc.				
Electrical System - adequate service; grounded properly; exposed wires or connections				
Plumbing Facilities - water supply or drain leak; unsanitary conditions				
Appliances - gas leaks; poor electrical connections; CO				
Specify Other:				

1 Revised January 2025

Indoor Air Quality		Comments	Recommendation		
If mold is present, complete Mold-Like					
Substance Release Form & follow section					
6.12 of current He					
Moisture Problem	s: drainage, water				
leaks.					
Standing Water in	low areas				
Friable Asbestos: I	Material that may be				
	sed in living area				
Ventilation:	<u> </u>				
0 16 0.1					
Specify Other:					
Structural Hazards		Comments	Recommendation		
oti detai di liazara:	•	Comments	Recommendation		
Roof Condition					
Wall Condition					
Foundation Condit	ion				
Floor Condition					
Ceiling Condition					
Interior and Exteri	or Stairways				
Window and Door	Condition				
Smoke & CO Detec	tors -one per floor in				
working order	•				
Lead Paint - peelin					
contain lead	,				
Specify Other:					
, ,					
	I				
Client Initials	Forms (as applicable)				
	<u>Lead Hazard</u> : Occupant/Tenant/Owner has received a copy of the lead hazard information pamphlet informing				
	me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling				
	unit. The pamphlet was received before the work began. Radon Consent: I am aware that weatherization may result in increased levels of radon, and that mechanical				
	ventilation may counteract those increases. I have received the Environmental Protection Agency's (EPA's) "A				
	Citizen's Guide to Radon," and radon-related risks were discussed. I have chosen to go forward with weatherization				
	and accept all risks of injury or damages. I have carefully read the completed informed consent form and agree to				
	move forward with weatherization work.				
Occupant/Tenant/C	Owner Signature:	Date:			
Subrecipient Repres	sentative:	Date:			

2 Revised January 2025

Mold-Like Substance Notification and Release Form for Texas Weatherization Programs

(Complete if applicable)

Biological growth, such as mold, can be a problem in any home, but especially in those where there is an excessive amount of moisture or humidity present. In addition, if there are moisture problems – causes include water leaks or activities of people, or the present of pets, plants, or fish aquariums – then biological growth can occur. A weatherization inspection includes a visual check for mold-like substances. This is not an inspection for mold or any biological growth. The person making this weatherization evaluation is not a licensed mold assessor or biological growth inspector. Testing and identification of specific molds or biological growth is beyond the scope of this program, and we are not liable for mold or biological growth that was not found during this inspection.

we are not liable for mold or biologic	9	•
		(date), our personnel identified a possible mold-like substance in
the following area(s) of your home I		(address):
Living/Bedroom Areas		☐ Kitchen Areas
Laundry Areas	Combustion Areas	Attic Areas
☐ Crawlspace Areas	☐ Basement Areas	☐ Other Location
Describe Location:		
The size (contiguous area) of the mo	ld-like substance was determin	ed to be: (circle one)
Under 25 square	feet 25 square fee	et or greater
of concern is greater than 25 contig Licensed Mold Assessor for a definitive be accomplished by a Licensed Mold Musty or odd odors are possible indi	uous square feet then it is recovered to the square feet then it is also recovered to the square feet the square feet the square feet the square feet feet feet feet feet feet feet fe	on definitively determine if the mold-like substance is mold. If the area commended that the owner or managing agent consider employing a mmended that actual remediation of mold (if that is the determination) ner or managing agent can choose to do the remediation themselves. In mold or mold-like substances in the home.
Moldy or Musty Odors	Are present	Are not present
=	The state of the s	re problems, but some actions associated with a cost-effective energy
	ice moisture problems. We will	take the following measures that may help to resolve existing moisture
problems:		
Ц	Charlenad Simo One of	he Following Disclaimers
like substance in my home existing harmless for any future moisture o weatherization work on my home male authorize the weatherizing 25 contiguous square feet). I will take steps to reduce mole intend to employ a Licensed	prior to any weatherization wo r biological growth problems t ay be delayed or denied until or agency and their contractors to sisture conditions and remediate d Mold Assessor to evaluate the	owledge that I have received information that there is a possible mold- rk being done. I agree to hold the agency performing weatherization hat are not associated with the weatherization work. I understand the of the below options is selected and accomplished. Choose one: remove the mold-like substance (only possible if the size is less than the the mold-like substance on my own. mold-like substance in my home. If more than 25 contiguous square for hire a Licensed Mold Remediator to do so.
Weatherization Client		Date
Subrecipient Representative	,	Date
notified that the agency performing	g the weatherization assessme	ons in the home): By signing below, I acknowledge that I have been nt cannot cost effectively weatherize my home because of existing crization work must be deferred until the condition is remedied. Date

Date

3

Subrecipient Representative

TDHCA Radon Informed Consent Form

(optional)

Weatherization achieves energy and cost savings and improved comfort, health, and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, Building Assessment of Radon Reduction Interventions with Energy Retrofits Expansion (BEX) Final Report (ORNL/TM- 2020/1769): "There is a small risk of increased radon levels in homes when the building air tightness levels are improved. The study results show that current practices have produced substantial benefit compared to previous practices, and that there are no statistically significant changes in indoor radon levels on the lowest living levels with these practices". These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site-built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

Precaution	ary Measures: Precautionary measures indicated below will be installed as part of weatherization:
	Cover exposed dirt floors within the pressure/thermal boundary with a sealed soil gas retarder
	Cover sump well/pits with airtight covers
	Implement ventilation as required by ASHRAE 62.2-2016
	Other:
	Other:
	Other:
	Other: