

# 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