



Housing Standards and Checklist

TOP PORTION TO BE COMPLETED BY AGENCY (Please complete and submit prior to inspection)	
Date of Inspection	
Name of Participant	
Guardian (s)	
Physical or Mobility Impairments (Brief Description)	
Expected Date of Occupancy	
Type of Home	<input type="checkbox"/> AFC <input type="checkbox"/> DS <input type="checkbox"/> TBI
Home Provider Name	
911 Address	
City, State, Zip Code	
Home Provider Phone Number	
Agency	
Service Coordinator	
Agency Phone Number	

FOR HOUSING INSPECTOR USE ONLY:

SMOKE DETECTORS

	Yes	No	Completed (Initials)
Is there at least one operable smoke detector located on each level of the home, and within the manufacturers expiration date. LIST LOCATIONS			
1) Photo electric smoke detector installed in a common area.	<input type="checkbox"/>	<input type="checkbox"/>	
2) Participant's bedroom	<input type="checkbox"/>	<input type="checkbox"/>	
3) Basement	<input type="checkbox"/>	<input type="checkbox"/>	
4)			

In structures that are spread out horizontally or vertically, additional smoke detectors may be required. This home requires additional smoke detectors in the following areas: LIST LOCATIONS
1)
2)
3)
4)



Housing Standards and Checklist

FIRE EXTINGUISHERS:

	Yes	No	Completed (Initials)
Is there a fire extinguisher in the kitchen that is:			
1) A Minimum weight of three pounds	<input type="checkbox"/>	<input type="checkbox"/>	
2) Charged	<input type="checkbox"/>	<input type="checkbox"/>	
3) Clearly visible and mounted between the stove and exit path	<input type="checkbox"/>	<input type="checkbox"/>	
In a room with a wood burning furnace / stove or fireplace is there a fire extinguisher that is:			
1) A Minimum weight of three pounds	<input type="checkbox"/>	<input type="checkbox"/>	
2) Charged	<input type="checkbox"/>	<input type="checkbox"/>	
3) Clearly visible and mounted between the stove and exit path	<input type="checkbox"/>	<input type="checkbox"/>	

CARBON MONOXIDE DETECTORS

	Yes	No	Completed (Initials)
Is there at least one operable carbon monoxide detector that is installed in a common area such as a hallway or next to the sleeping area?	<input type="checkbox"/>	<input type="checkbox"/>	

WOOD STOVES, FIREPLACES & PELLET STOVES

	Yes	No	Completed (Initials)
All wood stoves (fireplaces 2 nd , 4 th and 5 th items) will meet the manufacturers installation requirements to include:			
1) Is the stove 36 inches from all combustibles (including sheet rock or plaster walls) or are heat shields properly applied to the combustible surface and/or the stove, which reduce the necessary clearance to 18 inches?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Is there a non-combustible hearth of at least 18 inches in front of the loading door?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Is the flue pipe 18 inches from combustibles or are heat shields properly applied to the combustible surface and/or the stove pipe, reducing the necessary clearance to 9 inches?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Has the chimney that serves the wood stove/furnace/fireplace been cleaned within the past 12 months? *(All chimneys must be cleaned annually)	<input type="checkbox"/>	<input type="checkbox"/>	
5) Do all wood stoves/furnaces/fireplaces have their own designated flue?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Are the vent pipes the correct size and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
7) Pellet stoves are installed to manufacturers specifications? (Copies to be provided by the home owner)	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			



Housing Standards and Checklist

WATER HEATERS

	Yes	No	Completed (Initials)
Does the water heater have a pressure release valve and a 3/4 "discharge pipe from the valve to within 6 inches of the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
If applicable, is the water heater vented correctly?	<input type="checkbox"/>	<input type="checkbox"/>	

HEATING SYSTEM

	Yes	No	Completed (Initials)
Is the heating system capable of heating all living space to at least 70 degrees Fahrenheit during all weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>	

Oil or Kerosene System:

	Yes	No	Completed (Initials)
1. Is there a clearly marked emergency switch located at or before the entrance to the furnace/boiler room?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there a thermal switch located over the burner?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there an automatic fuel shut-off switch in close proximity to the burner? (within 10 feet)	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			

Gas System:

	Yes	No	Completed (Initials)
Is there a clearly marked emergency switch located within 5 feet of the of the burner in the furnace/boiler room?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			

For Boilers:

	Yes	No	Completed (Initials)
1. If there is a boiler style heating system, does it have a pressure relief valve?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there a 3/4 inch discharge pipe within 6 inches of the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the heating system vented according to the appropriate building codes?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			

Electric System:

	Yes	No	Completed (Initials)
1. If electric heating units are used, is there at least 6 inches of clear space from all combustibles?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			



Housing Standards and Checklist

BEDROOMS/WINDOWS/SECOND EXITS:

	Yes	No	Completed (Initials)
Bedroom #1 Location: (orientation from the main street)			
<input type="checkbox"/> B <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Center <input type="checkbox"/> Rear			
Is the bedroom a minimum of 8 feet in each direction, under a ceiling of at least 6 feet 6 inches?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the bedroom have a solid surface door to prevent smoke from entering?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a door directly to outside from the bedroom or one operable window in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the window have a minimum clear opening measuring 20 inches wide and 24 inches tall?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the sill of the window <u>NOT</u> more than 44 inches from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			

	Yes	No	Completed (Initials)
Bedroom #2 Location: (orientation from the main street)			
<input type="checkbox"/> B <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Center <input type="checkbox"/> Rear			
Is the bedroom a minimum of 8 feet in each direction, under a ceiling of at least 6 feet 6 inches?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the bedroom have a solid surface door to prevent smoke from entering?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a door directly to outside from the bedroom or one operable window in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the window have a minimum clear opening measuring 20 inches wide and 24 inches tall?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the sill of the window <u>NOT</u> more than 44 inches from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			

GFCI PROTECTION:

	Yes	No	Completed (Initials)
Does a GFCI outlet/circuit breaker protect the following outlets or fixtures:			
• Outlets within 6 feet of the kitchen sink?	<input type="checkbox"/>	<input type="checkbox"/>	
• All bathroom outlets?	<input type="checkbox"/>	<input type="checkbox"/>	
• All exterior outlets?	<input type="checkbox"/>	<input type="checkbox"/>	
• Outlets for washing machines, if indicated (or single device outlets?)	<input type="checkbox"/>	<input type="checkbox"/>	



Housing Standards and Checklist

GENERAL WIRING:

	Yes	No	Completed (Initials)
Is the wiring system in good repair and meets the appropriate codes?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all wiring connections made in electrical boxes and covered?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the use of extension cords minimized? * (Extension cords shall not be used to operate "permanent" appliances)	<input type="checkbox"/>	<input type="checkbox"/>	

HAZEROUS MATERIALS:

	Yes	No	Completed (Initials)
If paints, fuels or other combustibles are present in the home, are they stored in a separate room or as far away as possible from the furnace or any heat source?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the home free of any hazardous/dangerous environmental materials? *(If such materials are present, are they or will they be managed in a way that is consistent with Vermont Department of Health guidelines, i.e. asbestos?)	<input type="checkbox"/>	<input type="checkbox"/>	

FIREARMS:

	Yes	No	Completed (Initials)
Are all firearms securely locked in a gun safe, closet, or with trigger or cable locks, with key(s) kept in a separate location? Gun cabinets with glass, or plexi glass fronts are allowed if equipped with one of the additional locks described above in place.	<input type="checkbox"/>	<input type="checkbox"/>	

WATER SUPPLY/WASTE DISPOSAL:

	Yes	No	Completed (Initials)
Is there a municipal water service, a drilled well, shallow well OR spring that has been tested at least annually by the Vermont Department of Health or Independent Lab and verified the water is potable?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the home have municipal sewer service or correctly operating septic system?	<input type="checkbox"/>	<input type="checkbox"/>	

DOORS/EXIT PATHS:

	Yes	No	Completed (Initials)
Do all stairways have at least one handrail (or two if indicated)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do all decks and porches have railings at the appropriate height? (If less than 30 inches above grade, then 30-36 inches tall; if over 30 inches, then 42 inches tall)	<input type="checkbox"/>	<input type="checkbox"/>	
Are exit doors or paths free from locking mechanisms keyed from the inside?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			



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LEAD (for those dwellings where children 6 and under are present):

	Yes	No	Completed (Initials)
Was the home built before 1978, and if so are the painted surfaces of the home in good repair and without excessive peeling or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
Are window wells lined as described in the Vermont Department of Health guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	

GARAGES/ADJACENT STRUCTURES (within 30 feet of home):

	Yes	No	Completed (Initials)
Is the wiring system in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all the wiring connections made in electrical boxes and covered?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the use of extension cords minimized? *(Extension cords shall not be used to operate "permanent" appliances)	<input type="checkbox"/>	<input type="checkbox"/>	
If paints, fuels or other combustibles are present in the structure, are they stored in a separate room or as far away as possible from the furnace or any heat source?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all heating units installed and vented correctly?	<input type="checkbox"/>	<input type="checkbox"/>	

ESCAPE PLAN:

	Yes	No	Completed (Initials)
Does the home have a written, workable plan AND map that all occupants fully understand regarding what to do if a fire occurs? *(This should include how everyone gets out of the residence, where to meet, and who will go to a phone to call the fire department, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

Attach a copy of the fire escape plan to the report submitted to the Division of Disabilities and Aging Services.

THE FIRE ESCAPE PLAN AS OUTLINED ABOVE SHOULD BE REVIEWED AND PRACTICED AT LEAST EVERY 6 MONTHS.

THE HOME PROVIDER IS RESPONSIBLE FOR INSURING THAT ALL SMOKE AND CARBON MONOXIDE DETECTORS ARE IN WORKING ORDER.

Notes:



State of Vermont
Department of Disabilities, Aging and Independent Living

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PROCEDURES FOR COMPLIANCE:

All items marked "NO" will be corrected prior to occupancy, or by 30 days from the date of inspection, whichever is greater.

The Service Coordinator or other Agency Representative is responsible for ensuring that all items are corrected and scheduled for a follow up inspection within the time frame specified above.

THE HOME PROVIDERS ARE REQUIRED TO MAINTAIN THEIR HOME TO THE STANDARDS ON THIS CHECKLIST.

Reviewer Name (Printed)

Signature

Date

Agency Representative (Printed)

Signature

Date

Home Provider/Designee (Printed)

Signature

Date

CORRECTIONS MADE AND FOLLOW-UP INSPECTION COMPLETED:

Name (Printed)

Signature

Date