

OCCUPANT HEALTH PRE-SCREENING

Applicant Name: _____ **Agency Name:** _____
Address to be Weatherized: _____ **Agency Contact Email:** _____
Date of initial screening: _____ **Agency Contact Phone:** _____

INSTRUCTIONS: The Occupant Health Screening must be signed by applicants/property owners in consideration of any WAP services received.

During the weatherization process your household will be exposed to materials and equipment that may pose a risk to occupant's health and safety. Common weatherization measures may include work on: air sealing, insulation, windows, doors, HVAC and ventilation equipment. Known hazards are similar to those found in a construction environment such as exposure to power tools, excessive noise, dust, temporary odors, etc.

I understand and agree that cellulose or fiberglass insulation, various types of foam plastic insulation and/or various types of sealants and caulking may be used in the weatherization of my home.

The following are examples of high risk conditions that may be affected: chronic allergies; breathing problems; high blood pressure. Are there any special accommodations or actions you would like to take or like the WAP provider to take while contractors are on site:

Are you aware of any existing:

Moisture problems: No Yes, location: _____

Possible Lead or asbestos: No Yes, location: _____

Known radon test levels: _____

Other concerns: _____

The client shall receive Material Safety Data Sheets from the contractor chosen for the job. The SDS sheets shall cover the materials used in my home.

I certify that the information contained in this health condition screening is accurate and complete to the best of my knowledge.

As the occupant of the above address, I acknowledge I have been informed that some types of work can affect certain health conditions. I am in agreement with the Weatherization services in my home, and understand that I can contact the Energy Auditor if there are any questions related to Weatherization services that might impact an occupant's health.

Applicant Signature: _____ **Date:** _____

Owner Signature (if applicable): _____ **Date:** _____

As the Energy Auditor, have identified the actions above that may be necessary to assure the health and safety of clients based on occupant preexisting health conditions. I have explained to the occupants the planned use of spray foam or any other product that may cause a health hazard and the recommended manufacturer's precautions to be taken.

Auditor Signature: _____ **Date:** _____