OHCS - On-Site Health & Safety Evaluation and Inspection Field Log

Building Name:

Inspection Date:

Inspected By:

Page #: of

Contact Person[s]:

Walkthrough Participants:

Area-	Contact		blem/Issue List As Pro	y	Field Observations - During	Measurements			
Room	Person	l p	lace an "x" next to each	"reported" issue	Walkthrough	Collected [if any]			
111	Jodi F.	1. Asbestos	6. Toxic Chems.	11. Cancer	1. Dmgd. ACM	Temp			
		2. Lead	7.Mold Growth	12. Asthma	2.Visible Mold	RH			
		3. HVAC	8. Bldg.Mat.Dmg.	13 CNS Effects	3.Leaks from HVAC	C02			
		4. Leaks	9. Thermal Control	14 Eye/Nose/Throat	4. Flaking Paint	Rel. Pr - +/-			
		5. Pest/Rodent	10. Exterior	15. Resp. Illness -non-asthma	5. Damaged Plaster	AirFlow			
Field Notes [notes are room/area specific] - make sure to note and pay particular attention to the following: 1. Long-term issues; 2. Repetitive problems; 3. Reoccurring problems; 4. Describing the nature and									

scope of all problems; 5. Severity of problems; 6. Impact on occupant health; 8. Odors; 7. Destruction of ed materials; 7. Loss of rooms/areas; 8. Details associated with issues/problems reported/included above; 9. Areas photographed; 10.Descriptions of previous evaluations, reports, etc.; 11. Room construction [drywall, plaster, block, poured concrete, metal deck; 12. HVAC system; 13. Note condensation, streaking from past water intrusion,

#	Area-Room	Contact Person	Reported Problem [from list above]	Observations & Findings Field Notes	Measurements & Photos

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Problem/Issue List As Provided by Occupant