

ATTACHMENT G



State of Vermont
Division of Disability and Aging Services
Housing Standards and Checklist

Form with fields: Date of Inspection, DESCRIPTION, INDIVIDUAL NAME, Name, Guardian(s), Physical/Mobility Impairments, Date of Occupancy, Services Coordinator, Responsible Agency, Home Provider, 911 Address, City, State, Zip Code, Telephone #.

* The following checklist applies to the main structure of the house, attached structures, or structures within 30 feet of the home.

SMOKE DETECTORS

Is there at least one operable smoke detector located on each level of the home, including the basement, in accordance with the manufacturer's instructions?

Yes No Complete (Initial)

Locations: 1) One photo electric smoke detector installed in a common area.

- 2) Consumer's bedroom.
3)
4)
5)

Checklist grid for smoke detectors with Yes, No, Complete columns.

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:

- Locations: 1)
2)
3)
4)

Checklist grid for additional smoke detectors with Yes, No, Complete columns.

FIRE EXTINGUISHERS

Is there a fire extinguisher in the kitchen that is:

A minimum gross weight of three pounds?

Charged?

Clearly visible and mounted between the kitchen stove and the exit path?

Checklist grid for kitchen fire extinguisher with Yes, No, Complete columns.

In a room with a wood burning furnace/stove is there a fire extinguisher that is:

A minimum gross weight of three pounds?

Charged as indicated by a readable gauge?

Clearly visible and mounted between the stove/furnace and the exit path?

Checklist grid for wood burning furnace fire extinguisher with Yes, No, Complete columns.

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CARBON MONOXIDE DETECTORS

Is there at least one carbon monoxide detector that is installed in a common area such as a hallway or next to the sleeping area?

Yes No Complete
(Initial)

WOOD STOVES

All wood stoves (fireplaces 2nd, 4th, and 5th items) will meet manufacturer's installation requirements, to include:

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?

Is there a non-combustible hearth of at least 18 inches in front of a loading door?

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?

Has the chimney that serves the wood stove/furnace/fireplace been cleaned within the past 12 months?*

*(All chimneys that serve wood stoves/furnaces/fireplaces **must** be cleaned annually.)

Do all wood stoves/furnaces/fireplaces have their own designated flue?

Are the vent pipes the correct size and in good condition?

Notes: _____

WATER HEATERS

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?

If applicable, is the water heater vented correctly?

HEATING SYSTEM

If an oil/kerosene system:

Is there a clearly marked emergency switch located at or before the entrance to the furnace/boiler room?

Is there a thermal switch located over the burner?

Is there an automatic fuel shut-off switch in close proximity to the burner? (within 10 feet)

If a gas system:

Is there a clearly marked emergency switch located within 5 feet of the burner in the furnace/boiler room?

If there is a boiler style heating system, does it have a pressure release valve?

Is there a 3/4 inch discharge pipe within 6 inches of the floor?

Is the heating system vented according to the appropriate building codes?

If electric heating units are used, is there at least 6 inches of clear space from all combustibles?

Is the system capable of heating all living space to at least 70 degrees Fahrenheit during all weather conditions?

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BEDROOMS/WINDOWS/SECOND EXITS

**Yes No Complete
(Initial)**

Bedroom #1 Location: b/1/2/3 - left/center/right - front/center/rear

Is the bedroom a minimum of 8 feet in each direction, under a ceiling of at least 6 feet 6 inches? _____

Does the bedroom have a solid surface door to prevent smoke from entering? _____

Is there a door directly to outside from the bedroom or one operable window in good repair? _____

Does the window have a minimum clear opening measuring 20 inches wide x 24 inches tall? _____

Is the sill of the window not more than 44 inches from the floor? _____

Bedroom #2 Location: b/1/2/3 - left/center/right - front/center/rear

Is the bedroom a minimum of 8 feet in each direction under a ceiling of at least 6 feet 6 inches? _____

Does the bedroom have a solid surface door to prevent smoke from entering? _____

Is there a door directly to outside from the bedroom or one operable window in good repair? _____

Does the window have a minimum clear opening measuring 20 inches wide x 24 inches tall? _____

Is the sill of the window not more than 44 inches from the floor? _____

NOTE: In new construction, the minimum opening must be 24 inches x 34 inches; **replacement** windows are considered to be new construction.

Notes: _____

GFCI PROTECTION

Does a GFCI outlet/circuit protect the following outlets or fixtures:

Outlets within 6 feet of the kitchen sink? _____

All bathroom outlets? _____

All exterior outlets? _____

Outlets for washing machines, if indicated (or single device outlets)? _____

GENERAL WIRING

Is the wiring system in good repair and meets the appropriate codes? _____

Are all wiring connections made in electrical boxes and covered? _____

Is the use of extension cords minimized?*

*(Extension cords shall not be used to operate "permanent" appliances.) _____

Is the home free of Halogen lamps? _____

Notes: _____

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HAZARDOUS MATERIALS

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?

**Yes No Complete
(Initial)**

Is the home free of any hazardous/dangerous environmental materials?*

*(If such materials are present, are they or will they be managed in way that is consistent with the Vermont Department of Health guidelines, i.e. asbestos.)

FIREARMS

Are all firearms securely locked in a gun safe, closet, or with trigger or cable locks, with the key(s) kept in a separate location? (Gun cabinets with glass (incl. Plexi) fronts are allowed if equipped with one of the additional locks described above in place.)

WATER SUPPLY/WASTE DISPOSAL

Is there a municipal water service, a drilled well, or a shallow well or spring that has been tested at least annually by the Vermont Department of Health or independent lab and verified that the water is potable?

Does the home have municipal sewer service or correctly operating septic system?

DOORS/EXIT PATHS

Do all stairways have at least one handrail (or two, if indicated)?

Do all decks and porches have railings at the appropriate height?
(If less than 30 inches above grade, then 34-36 inches tall; if over 30 inches, then 42 inches tall.)

Are exit doors or paths free from locking mechanisms keyed from the inside?

Notes: _____

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

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?

Are window wells lined as described in the Vermont Department of Health Guidelines?

GARAGES/ADJACENT STRUCTURES (within 30 feet of home)

Is the wiring system in good repair and meets the appropriate codes?

Are all wiring connections made in electrical boxes and covered?

Is the use of extension cords minimized?*

*(Extension cords shall not be used to operate "permanent" appliances.)

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?

Are all heating units installed and vented correctly?

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Yes No Complete
(Initial)

ESCAPE PLAN

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.)*

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

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

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

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 services coordinator or other agency representative is responsible for ensuring that all items are corrected and submitting a completed report to the Division of Disability and Aging Services no later than thirty (30) days from the date of the inspection. **Home providers are required to maintain their home to the standards on this checklist.**

Reviewer

Date

Agency Representative

Date

Home Provider/Designee

Date

Agency Use

I certify that all the items on the attached checklist have been completed as of the date listed below:

Date mailed to DDAS: _____

Services Coordinator/
Agency Representative: _____

DDAS Use

Date Received by DDAS: _____

Received by: _____

**Mail to: Department of Disabilities, Aging and Independent Living
Division of Disability and Aging Services
103 South Main Street - Weeks Building
Waterbury, VT 05671-1601**

Original - Division of Disability & Aging Service

Yellow Copy - Home Provider

Pink Copy - Services Coordinator

Gold Copy - Return to DDS upon compliance