

Home Health and Safety Screening Questionnaire

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

CLIENT QUESTIONNAIRE

In performing Weatherization services, we strive to use the safest materials possible. All products used in Weatherization Services must be approved by the U.S. Department of Energy. It is recognized that some products used may have an odor (Volatile Organic Compound or VOC) that some people may find objectionable or to which some people may experience sensitivity. If any family member believes that they may be hypersensitive to, or otherwise objects to the use in your home of any of the common commercial building materials listed below, please indicate with a check mark next to the item:

- NO** household occupant(s) have known hypersensitivities, allergies or objection to the use in my home of the commercial building products listed below, and I hereby agree to hold harmless and release the Weatherization Assistance Program, its agencies and contractors from any liability that may result from the use of these products.
- YES** at least one household occupant is hypersensitive, allergic or objects to certain types of commercial building products.

If you answered “Yes” above, please fill out the section below.

PRODUCTS BANNED FROM USE


Please indicate the products that may **NOT** be used in your home. Be aware that there may be some products for which there are no reasonable or acceptable substitutions. Checking off some items on this list may mean that we are unable to perform some energy-saving measures for your home. If there are any questions about the products, please ask for more information about how the product may be used before checking an item as unacceptable:


Check the products NOT to be used:

- | | |
|---|---|
| <input type="checkbox"/> latex acrylic or silicone caulk or sealant | <input type="checkbox"/> adhesive tape products |
| <input type="checkbox"/> spray-on adhesives | <input type="checkbox"/> duct sealant |
| <input type="checkbox"/> wall spackle patch | <input type="checkbox"/> gas pipe sealant, pvc primer or glue |
| <input type="checkbox"/> interior latex paint or primer | <input type="checkbox"/> exterior paint, primer or roof sealant |
| <input type="checkbox"/> vinyl or plastic products or sheeting | <input type="checkbox"/> rigid foam insulation or spray foam |
| <input type="checkbox"/> fiberglass insulation (rigid, blanket, loose) | <input type="checkbox"/> cellulose insulation (loose fill) |
| <input type="checkbox"/> fluorescent light bulbs | <input type="checkbox"/> other (please list below) _____ |
| <input type="checkbox"/> any products with volatile organic compounds or odor | _____ |

The products checked above may not be used in the Weatherization of my home. It is understood that some energy conservation measures may not be completed due to the restrictions requested based upon possible health concerns.

SIGNATURES

Sign Here  Client Signature _____ Date _____

 Weatherization Representative _____ Date _____

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