



**Weatherization Assistance Program (WAP)
Hazard Identification Notification**

Inspection Date: _____ **Inspector:** _____

Building ID: _____ **Subgrantee:** _____

Applicant Name: _____ **Notification Date:** _____

Address: _____

Lessor/Owner Name & Address (if applicable): _____

Recently your home was inspected for weatherization services. It is the policy of this Subgrantee to provide weatherization services when those services may be delivered effectively and safely, without undue hazards to our staff or our clients. Health and Safety problems and or conditions were noted on _____(date). Those conditions are checked below:

- Standing water, mold, friable asbestos, deteriorated lead-based paint surfaces or other hazardous materials, this cannot be addressed by the weatherization work.
- Evidence of infestations of rodents, insects, and/or other vermin.
- Un-vented space heater(s) that may have a harmful effect on the air quality of the home.
- Unsecured pets that may prevent workers from safely completing their work.
- The presence of sewage or animal feces in the home.
- Improperly stored chemicals, combustible materials, or other fire hazards that present a danger to the occupants or the workers.
- Maintenance or housekeeping practices that limit the access of workers to the dwelling or create an unhealthy work environment.
- Major remodeling is in progress, which limits the proper completion of major weatherization measures.
- Preexisting code compliance issues, combustion safety, mold, moisture.
- Electrical or plumbing hazards or structural failures that cannot be addressed as a part of weatherization services.
- Threat(s) of violence or abusive behavior to worker(s) or household member(s) during the weatherization process.
- The illegal presence or use of any controlled substance in the home during the weatherization process.
- Occupant has known health conditions that prohibit the installation of insulation or other weatherization materials.
- Other: _____

LA WAP: Hazard Identification Notification

Weatherization may be reconsidered, if you are able to meet the conditions listed below by:
_____ (date).

(List specific steps which must be taken below)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

When you have met the conditions listed above, or if you believe a mistake has been made in this determination, or would like to appeal the decision, please contact the party listed below, and we will re-inspect your home within ____ working days of hearing from you.

Subgrantee Contact: _____

Contact Title: _____

Phone: _____

Email: _____

To assure that you have received this notice it has been sent to you by certified mail or hand delivered to you for signature. The signature on the receipt verifies your receipt of this notice.

_____	_____	_____
Applicant Signed Name	Applicant Printed Name	Date Signed
_____	_____	_____
Lessor/Owner Signed Name	Lessor/Owner Printed Name	Date Signed

Please note your eligibility for weatherization services lapses on _____ (date).

If you have not re-contacted us by _____ (date), your application will be denied.

Instructions for completing the form:

Regardless of whether weatherization services are performed or not, auditors will provide the client with a written list of found health and safety concerns, with a copy inserted into the client file, using the form **Hazard Identification Notification** resources for specific safety issue corrections whenever possible. Potential referral resources include but may not be limited to:

- Childhood Lead Poisoning Prevention Program
- Lead Hazard Control
- Maternal and Child Health home visiting programs
- Housing and Urban Development
- City or Town welfare
- Rural Economic Development
- Landlords/homeowners
- Any other such sources known by Community Action Programs to be available

The evaluation is in no way intended to be a code compliance inspection and should not be construed as such. The form will also indicate repairs the client/owner is responsible for correcting prior to weatherization, if applicable. The client will also be informed that corrective action of all items is recommended and that it is the client's responsibility to do so.

Health and safety problems found during the health and safety assessment will result in a Subgrantee taking one of four actions:

1. If the problem(s) will not prevent the dwelling from being weatherized and installing the weatherization measures will not exacerbate the problem, the Subgrantee can proceed with weatherization.
2. If the problem(s) must be remedied before or during weatherization, the corrective action is allowable under this guidance, and the cost is reasonable as defined earlier in this document, weatherization can proceed; the health and safety issues must be corrected prior to job completion.
3. If the problem(s) must be remedied before weatherization measures can be installed, and the corrective action is not allowable under this guidance or the cost is not reasonable, then correction of the health and safety issue becomes the client/owner's responsibility. The Subgrantee must defer weatherization, until the issue can be corrected.

When deferral is necessary due to H&S problems, occupant may be required to provide documentation that a certified professional performed the remediation before work continues. The Subgrantee must also refer the client/owner to any known resource(s) that may be able to help correct the problem.

Regardless of which option is chosen, the Subgrantee must notify the client of all found Health and Safety issues on the Hazard Identification Notification form. It is very important for the Subgrantee to document any found health and safety problems and/or any problems or conditions that could potentially result in health and safety problems. Documentation must include photos. Careful and complete documentation can protect the Subgrantee from future client claims regarding the results of weatherization.