



NEW JERSEY COMFORT PARTNERS Health and Safety Condition and Findings

Customer Last Name: _____ First Name: _____ Control #: _____

Street Address: _____ Owner Renter

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Be Advised that during the assessment and/or testing performed on your home we have found a Health and Safety Condition(s) that will require repair prior to any measures or services being performed that will improve the air leakage rates or insulation levels of your home.

Health and Safety issues that are a barrier to receiving energy improvements:

- Gas Leak(s) (potential explosive condition may develop) You should report this leak immediately Reported to Gas Utility
Location: _____ Action/Note: _____
- High ambient Carbon Monoxide (CO) levels found in the home (elevated levels can cause illness or death)
Location: _____ Action/Note: _____
- Combustion Appliances not properly venting gases to outside (CO & moisture entering your home poses a serious safety issue)
Location: Furnace Boiler Water Heater Space Heater In your home/unit In another unit in the building
Action/Note: _____
- High CO level in Combustion Appliances:
Location: Furnace Boiler Water Heater Stove Oven Other: _____
 In your home/unit In another unit in the building
Action/Note: _____
- Uncontrolled Moisture Condition: Mold may develop What appears to be mold is visibly present
Location: Basement Bathroom Kitchen Living Area Bedroom Roof Assembly
 In your home/unit In another unit in the building
Potential Sources: Roof Leak Improper spot ventilation (bath/kitchen) Improper Dryer venting
 Exterior Grading Ground Water Gutters/Downspouts Foundation Issues
Action/Note: _____
- Unsafe Electrical Wiring: Knob & Tube wiring present Open Electrical Boxes Other: _____
- Other Issues: Infestation Structural Issues Other: _____
Action/Note: _____

The above condition(s) were observed during a limited assessment process during an energy conservation audit of the home. No guarantee is being made or implied that all such conditions have been fully verified during this limited assessment inspection. I understand that I am responsible to have the condition(s) checked above, corrected prior to coordinating any building air sealing or insulation work being performed that would alter the homes air tightness or thermal performance. I understand the potential hazard(s) associated with the condition(s). I understand that my participation in the New Jersey Comfort Partners WILL NOT continue until the condition(s) have been corrected. I hereby agree to release the Utility and its affiliates for any incidental, punitive, exemplary or indirect damages arising out of any tort, injury or death arising out of any health and safety issues listed above. **If the condition(s) have been corrected within six months of when I sign this form, I will request a re-assessment (or testing) prior to consideration for receiving air sealing and/or insulation measures.**

Family Partner Signature: _____ Date: _____

Potential Corrective Actions

Health & Safety Issue

- | | | | | | | | | |
|--|-------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A contractor may report to the program the potential corrective action at no-cost to you. | Re #: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> The conditions in your home are beyond the scope of the program and will need to be repaired. | Re #: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> You will need to inform your Landlord to make the necessary repairs. | Re #: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> Check here if you would like us to inform your Landlord of the situation found at your home. | Re #: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

Landlord Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Resources

Local agencies that may be of assistance in correcting the Health & Safety conditions found in your home. You will need to communicate with them directly if they have assistance funds or options to address the conditions.

- _____
- _____

When the conditions have been corrected, please contact us at: (_____) _____



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