



MINNESOTA HEALTHY HOMES ASSESSMENT TOOL

Date _____

Housing Info

Address _____ Apt# _____

Assessor _____

City _____ Zipcode _____ County _____

Housing Type: (circle one) Owner-Occupied Rental-Single Rental-Duplex Rental-Multi

Approx. year built: (circle one) Pre-1940 1940-1959 1960-1977 1978-2000 2001+

Home Phone: (____) _____ - _____ Number of Occupants: _____

Cell Phone: (____) _____ - _____ Number under 6yrs: _____

Email: _____ Number over 65yrs: _____

Location Key:

- B1 - Bedroom
- B2 - Bedroom
- B3 - Bedroom
- LR - Living Room
- DR - Dining Room
- KT - Kitchen
- BA - Bath
- HA - Hallway
- ST - Stairs
- P1 - Porch
- P2 - Porch
- BT - Basement
- OT - Outside

Action Key:

- EO - Education Only
- ER - Education and Rehab
- T - Testing

Condition Key:

- Go - Good
- Avg - Average
- Pr - Poor

Resident Survey

Does anyone who lives in the home smoke?	Y	N	DK
Do visitors ever smoke in your home?	Y	N	DK
Are there extension cords used, inside the home?	Y	N	DK
Is there any condensation visible? OR water/moisture problems/concerns?	Y	N	DK
Are there any visible mold or musty odor problems?	Y	N	DK
Are chemicals, pesticides, cleaning supplies, or medications stored within easy reach of children? (e.g. below the sink)	Y	N	DK
Do you have a problem/concern with pests in the home? (e.g. bodies, fecal pellets or gnaw marks)	Y	N	DK
Has anyone in the house been scalded (burned) by water in the past 12 mo? If yes, did this require medical attention	Y	N	DK
Has anyone less than 6 yrs, that lives in the home, been diagnosed by a health professional with asthma? If yes, has there been symptoms in the past 12 mo?	Y	N	DK
Has any child been injured in the home in the past 12 mo? Did they require medical attention?	Y	N	DK
Have your children been tested for lead? If so, how many _____	Y	N	DK
Has the home been tested for radon? If so, Result: _____ pCi/L	Y	N	DK

Assessor Inspection

Is there any condensation visible?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER	Actions:	
Are there any visible mold or musty odor problems?	Y	N	DK	HA	ST	P1	P2	BT	BA	EO	ER	Actions:	
Does the bathroom(s) have a working exhaust fan?	Y	N	DK							EO	ER	T	Actions:
Does the bathroom have non-slip surfaces?	Y	N	DK	Types:						EO	ER	Actions:	
Are there any water damage or water stains?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER	Actions:	
Is there evidence of pests in the home?	Y	N	DK	HA	ST	P1	P2	BT	BA	EO	ER	Actions:	
Is there a mitigation system?	Y	N	DK	Type:						EO	ER	T	Actions:
Are there any missing or non-working smoke alarms?	Y	N	DK	B1	B2	B3	BT	HA		EO	ER	T	Actions:
Are there any missing or non-working CO alarms?	Y	N	DK	B1	B2	B3				EO	ER	T	Actions:

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Assessor Inspection (continued)

Is there any chipping or peeling paint?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER	T		
				HA	ST	P1	P2	BT	BA	Actions:				
If yes, explain:														
Is there any bulging/buckling in the floors?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				HA	ST	P1	P2	BT	BA	Actions:				
Is the home free from hazards that could cause injuries, such as tripping hazards, sharp edges, and missing or broken stairs or railings?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				HA	ST	P1	P2	BT	BA	Actions:				
				Explain:										
Are the railings of a porch, deck, patio or balcony secure?	Y	N	DK	Explain:							EO	ER		
Are all spindles in place, in good condition, and not more than 4 inches apart?	Y	N	DK								Actions:			
Is the railing high enough to prevent falling, a minimum of 36 inches high?	Y	N	DK											
Do the stairs have proper lighting?	Y	N	DK								EO	ER		
											Actions:			
Are un-vented combustion appliances present? or Dryer? If yes, what types?	Y	N	DK	Types:							EO	ER		
											Actions:			
Is the clothes dryer drum free of lint?	Y	N	DK								EO	ER		
											Actions:			
Are there extension cords used? If so, what is their condition?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				Ex	Avg	Pr	HA	ST	P1	P2	BT	BA	Actions:	
For homes with children														
Is there evidence of smoking in the home?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				HA	OT	P1	P2	BT	BA	Actions:				
Are chemical(s), pesticides, cleaning supplies, or medications stored within easy reach of children?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				HA	ST	P1	P2	BT	BA	Actions:				
Are there window blind cords or other strangulation hazards?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				HA	ST	P1	P2	BT	BA	Actions:				
If there are stair gates, do they work?	Y	N	DK								EO	ER		
											Actions:			
Are window guards present?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				HA	ST	P1	P2	BT	BA	Actions:				
Are there missing or broken electrical covers?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				HA	ST	P1	P2	BT	BA	Actions:				
Are there child tamper-resistant outlet covers?	Y	N	DK	B1	B2	B3	LR	DR	KT	EO	ER			
				HA	ST	P1	P2	BT	BA	Actions:				
The water heater is set at what temperature? Is it safe for children? (<120 F)	_____ F										EO	ER	T	
				Y	N	DK								Actions:

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To obtain this information in a different format, call: 651-201-4620.