

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Environmental and Occupational Health Assessment Program
PO Box 369, Trenton, NJ 08625-0369

Child Care Center - Indoor Environmental Health Assessment
FORM C: DESCRIPTIONS AND CONDITIONS OF BUILDING COMPONENTS

Facility Name	Street Address	City	County
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Directions: Check the component to be evaluated and then provide an evaluation of what was checked.

I. Interior Components (Describe the Condition of Each)	
<input type="checkbox"/> Walls	
<input type="checkbox"/> Floors	
<input type="checkbox"/> Ceilings	
<input type="checkbox"/> Windows	
<input type="checkbox"/> Doors	
<input type="checkbox"/> Stairs	
<input type="checkbox"/> Other, Specify:	

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(Continued)

II. Exterior Components (Check all that apply and describe condition)

Siding Type (check all that apply and include any siding underneath visible siding):

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Wood Clapboard | <input type="checkbox"/> Brick | <input type="checkbox"/> Asbestos Shingle |
| <input type="checkbox"/> Wood Shingles | <input type="checkbox"/> Stone | <input type="checkbox"/> Other Shingles |
| <input type="checkbox"/> Aluminum/Vinyl Covered | <input type="checkbox"/> Masonry | <input type="checkbox"/> Other, Specify: _____ |

Describe condition of siding materials indicated above:

III. Additional Building Components

Indicate any additional building components (inside or outside) which might be of concern: