

NYS Community Development Block Grant Disaster Recovery (CDBG-DR)  
Recreate NY Smart Home Programs

*This is a confidential internal document and is not for distribution*

### Assessor's Checklist

The assessor assigned to each property shall ensure the following items are completed prior to leaving the subject property:

- 1 . Right of Entry Form
- 2 . Form 1 ISA – Recommendation for Reconstruction
- 3 . Sketches
- 4 . Mold Investigation Form
- 5 . Universal/Household Waste Inventory Sheet
- 6 . Environmental Questionnaire

Date	Revision #	Revised By	Comments

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INITIAL SITE ASSESSMENT  
RECOMMENDATION FOR RECONSTRUCTION

Upon arrival at the subject property the assessor shall make a determination as to whether the structure should be reconstructed based on a condition evaluation as follows:

- If the house has already been demolished.
- If the local municipality has determined the structure is either unsafe to enter or has determined that demolition is required, and has labelled the house as such.
- If, in the assessor's opinion, the structure is not safe to enter due to damage.
- If, in the assessor's opinion, the structural integrity of the structure has been compromised.
- If, in the assessor's opinion, there is a threat of imminent danger.

According to the U.S. Occupational Safety & Health Administration the term ***imminent danger*** means any conditions or practices which are such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through normal procedures.

If any of these conditions exist the assessor shall not enter the structure; the assessor shall notify their supervisor immediately; and the assessor shall fully complete the attached Form 1 – Initial Site Assessment Recommendation for Reconstruction.

Imminent danger due to environmental circumstances does not necessarily require reconstruction. However, the assessor shall use all precautions and personal protective equipment required for the nature of the environmental circumstances encountered.

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DC# Draft - Recommendation for Reconstruction Procedure

Document Control

Origination Date: August 2, 2013

**FORM 1: INITIAL SITE ASSESSMENT  
RECOMMENDATION FOR RECONSTRUCTION**

Inspector Name: [REDACTED]	Inspection Date: [REDACTED]
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**Damaged Property Information**

Applicant Name: [REDACTED]
Applicant Address: [REDACTED]
Applicant ID Number: [REDACTED]
GPS Coordinates:

**Total Loss Evaluation: (check all that apply)**

<input checked="" type="checkbox"/> N/A	Structure Not Present
<input type="checkbox"/>	Structure Tagged for Demolition by city/county
<input type="checkbox"/>	Structure Unsafe to Enter
<input type="checkbox"/>	Structure Type is MHU with apparent Sandy damage
<input type="checkbox"/>	Major structural deterioration beyond repair
<input type="checkbox"/>	Moisture damage/mold/toxicity
<input type="checkbox"/>	Extensive damage to roofing, floor, sub-floor, or electrical/plumbing systems

**Inspector Must Document Condition with Photos and Provide Details below:**

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**Hurricane Sandy Damage Verification:**

I observed that the identified damages are consistent with damages caused by flooding and/or high winds commonly seen in the aftermath of Hurricane Sandy.
Inspector Name: [REDACTED]
Inspector Signature: [REDACTED]
Date: [REDACTED]



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**Mold Investigation Form**

Site Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

LiRo Project No.: \_\_\_\_\_ Client Contract No.: \_\_\_\_\_

Use the chart below to rate the surfaces of the room for water/mold related damage. Under condition, use the following scale of 0 to 4:

- 0 = No visible signs of water/mold damage, intact
- 1 = Visible water stains only
- 2 = Visible mold, with or without water stains
- 3 = Visible mold (with or without water stains) and some damage to the base material (peeling wallpaper, warped wood, etc.)
- 4 = Mold and water damage so extensive that it affects the structural integrity of the surface

Room Code #	Rating: at Worst Area of Mold	Total Square Feet Affected at Worst Mold Area
N/A	—	—

**Room Codes:**

- |                    |                            |
|--------------------|----------------------------|
| 1. Living Room     | 7. 2 <sup>nd</sup> Bedroom |
| 2. Dining Room     | 8. 3 <sup>rd</sup> Bedroom |
| 3. Kitchen         | 9. 4 <sup>th</sup> Bedroom |
| 4. First Bathroom  | 10. Hallway                |
| 5. Second Bathroom | 11. Basement               |
| 6. Master Bedroom  | 12. Asthmatic Bedroom      |

In the second column, note the number of square feet of the surface affected by the condition coded in the first column.







**NY RISING RECREATE NY SMART HOME PROGRAM  
SUPPLEMENTAL ENVIRONMENTAL CHECKLIST**

	Yes	No	Compliance Data Attach Supporting Material
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there any visible apparent indication of mold on the Property? If yes, describe location and extent.
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there any visible apparent evidence of asbestos, lead-based paint, or hazardous materials present in the structure? If yes, specify. Are removal plans or third-party clearance reports or operations and maintenance plans available from the property owner? If yes, attach copies.
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there other unusual conditions visibly apparent on Property? Explain and attach supporting material. Please take photographs,

**Inspector's Signature:** By signing this document I agree that I performed, or am familiar with, the site inspection(s) that are described above and certify that, to the best of my knowledge, the information provided is true and correct.

Printed Name:  \_\_\_\_\_

Firm:  \_\_\_\_\_

Signature:  \_\_\_\_\_

Date:  \_\_\_\_\_

Property address:  \_\_\_\_\_

Application #:  \_\_\_\_\_