

DPHHS-EAP-020
(Rev. 05/12)

State of Montana
Department of Public Health and Human Services

Agency Health and Safety Walk Away or Deferral Notice

Audit Number _____

Address: _____

Phone: _____

Weatherization Participant's Name: _____ Date: _____

Physical Address:

(Street)

(City)

(State)

(Zip)

The above listed participant's home is scheduled to receive weatherization. During the energy audit / while performing weatherization work, it was discovered the above mentioned home has a health and/or safety condition present. The health and/or safety condition *must be addressed* by the home owner or landlord before any weatherization work can begin / resume. To receive further weatherization assistance, the eligible occupant must notify the weatherization program when the health and/or safety conditions checked below have been addressed. The agency has the right to inspect and/or have a representative inspect all health and/or safety work before weatherization can begin / resume.

Conditions checked below were noted on _____.

- _____ Standing water, mold, friable asbestos, deteriorated lead-based paint surfaces or other hazardous materials beyond the scope of the program.
- _____ Evidence of infestations of rodents, insects, and/or other vermin.
- _____ 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.
- _____ The home receives HUD funding and at the time of completion, the unit will not meet applicable HUD Lead-Based Paint standards.
- _____ Electrical or plumbing hazards or structural failures that cannot be addressed as a part of weatherization.
- _____ Threat(s) of violence or abusive behavior to worker(s) or household member(s) during the weatherization process.
- _____ Any condition present in the dwelling that threatens the safety of the crew or contractor.
- _____ Occupant has known health conditions that prohibit the installation of insulation or other weatherization materials.
- _____ Other: _____

I _____ have read and understand the Health and/or Safety Agreement and
(Eligible Occupant's Name)

understand the aforementioned health and/or safety items are my responsibility. I also understand that once the health and/or safety measures listed above are addressed weatherization can begin/resume. Please note your eligibility for weatherization services lapses on _____. If you have not re-contacted us by then, your audit may be closed out and you may have to reapply for the weatherization program. I have read the aforementioned list of conditions and special instructions.

(Home Owner's or Landlord's Signature)

(Date)