

McLeod County Public Health Nuisance Visual Survey Report

Date:

Name:

Address:

Visual Conducted By:

Notes:

Problem		Exterior	Porch	Entryway	Living Room	Dining Room	Kitchen	Bedroom 1	Bedroom2	Bedroom 3	Bathroom 1	Bathroom 2	Basement	Other	Other
Deteriorated Paint	Walls														
	Windows														
	Paint Chips on floor														
Soil with No Grass or Mulch															
Cockroaches															
Rodents															
Holes in the wall															
Mold/Mildew	Moist. Source														
	Ø Moist source														
Water Damage: Walls Wet/newly stained:															
Strong Musty Smell															
Natural Gas/Sewer Smell															
Unvented Gas oven/Dryer/Heater															
Worn our Carpeting															
Other															
Other															
Other															
Other															
Other															

Make a checkmark (√) if the problem appears in the room or area. For deterioration of paint and water damage indicate the extent of the problem.
 Use the extra rows to identify any other hazards you notice. Put an (*) above any room(s) where a child sleeps or plays. Put a (+) above any room where an adult sleeps.
 Circle where you photographed a problem.