

18 October 2018

Ministry of Housing and Urban Development's
C/O Ministry of Business, Innovation and Employment
15 Stout Street
PO Box 1473, Wellington 6140
Attention: Healthy Homes Standards submissions
Email via: Healthyhomes@mbie.govt.nz

Submission on the "Healthy Homes Standards"

Thank you for the opportunity for the three Auckland metropolitan District Health Boards (DHBs) (Auckland, Waitemata and Counties Manukau), the Auckland based Primary Health Organisations (PHOs) and the Auckland Regional Public Health Service (ARPHS) to provide a submission on the Ministry of Housing and Urban Development's (HUD) "Healthy Homes Standards".

The following submission has been prepared by ARPHS and has been endorsed by the Chief Executives of the three DHBs, the Chair of the Metro Auckland Clinical Governance Forum (MACGF) and the Chairs of the two district Alliance Leadership Teams (ALTs, which include all of the Auckland based PHOs). Please refer to Appendix 1 for more information on the DHBs, MACGF, ALTs and ARPHS, further referred to in this submission as the "Auckland health sector".

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Yours faithfully



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Healthy Homes Standards

Overview

1. The Auckland health sector welcomes the opportunity to provide a submission on the Ministry of Housing and Urban Development's (HUD) "Healthy Homes Standards".
2. The Auckland health sector strongly supports action to improve the quality of New Zealand's rental housing through the introduction of the "Healthy Homes Standards". Housing is a major determinant of health, and the link between health and housing is well established¹. In primary care, hospitals and wider health services, we see the impacts of poor housing, which are avoidable. Issues such as dampness, mould and overcrowding all have a negative impact on rates of infectious diseases, chronic health conditions and injuries as well as mental wellbeing, and interventions that address these factors have substantial benefits for whānau and for the health system^{2,3,4,5,6}.
3. Rental housing is one of the biggest challenges facing the Auckland region. It has one of the highest proportions of rental housing (40% of existing dwellings being part of the rental pool) in the country, and a population growth of 40,000 people per year⁷. There is considerable disparity in rates of renting by ethnic group, with higher rates of renting by Māori and Pacific peoples. Nationally ten per cent of people lived in crowded conditions at the time of Census 2013; in the Auckland region the highest proportion living in crowded conditions was in Counties Manukau

¹The Royal Australasian College of Physicians. *Make it the Norm – Equity through the social determinants of health*. Wellington. August 2017

²Statistics NZ (2016). *Perceptions of housing quality in 2014/15 from the 2014 New Zealand General Social Survey*. Retrieved from: Statistics NZ: http://www.stats.govt.nz/browse_for_stats/people_and_communities/housing/perceptions-housing-quality-2014-15.aspx.

³Berry S, Carr PA, Kool B, Mohal J, Morton S, Grant C. *Housing tenure as a focus for reducing inequalities in the home safety environment: evidence for Growing up in New Zealand*. Aust N Z J Public Health. 2017 Oct;41(5):530-534. doi: 10.1111/1753-6405.12695. Epub 2017 Jul 27

⁴The Royal Australasian College of Physicians. *Make it the Norm – Equity through the social determinants of health*. Wellington. August 2017

⁵Free S, Howden-Chapman P, Pierse N, Viggers H, (2010) *Housing Heating and Health Study Research Team Study Team. Does more effective home heating reduce school absences for children with asthma?* Journal of Epidemiology and Community Health. 2010; 64:379-86

⁶Baker, M. G., Zhang, J., Blakely, T., Crane, J., Saville-Smith, K., & Howden-Chapman, P. (2016). *Collaborating with a social housing provider supports a large cohort study of the health effects of housing conditions*. BMC Public Health, 16(1), 159.

⁷Johnson A, Howden-Chapman P, Eaquad S. *A Stocktake of New Zealand's Housing*. February 2018

DHB region (22%), followed by the Auckland DHB region (16%)⁸. Children are overrepresented in crowded households, as are Māori (20%), Pacific peoples (40%) and Asian (18%) whānau⁹. Nationally, rented properties had the highest levels of crowding at 19% compared with 3-6% for properties that were owned (whether or not mortgage payments are made)¹⁰.

4. The “Healthy Homes Standards” have the potential to address some of these issues and could, if adequately implemented and enforced, fundamentally change the standards of rental accommodation in New Zealand and help to improve the wellbeing of a substantial proportion of the population.
5. The “Healthy Homes Initiatives” (HHIs) are a national health initiative established under the Rheumatic Fever Prevention programme. Metro Auckland has two HHIs, Kainga Ora for the Waitemata and Auckland DHB area, and Auckland Wide Healthy Homes Initiative (AWHI) for Counties Manukau Health. The focus of the local HHIs, established to reduce household crowding and the subsequent transmission of Group A Streptococcus (which can lead to rheumatic fever), have been broadened and assist vulnerable whānau with housing improvements to benefit health and with navigating the complex housing system. The goal was to have all eligible families referred, a housing assessment and plan completed, a full biopsychosocial assessment, and all identified interventions completed. Early audits of the local programmes have demonstrated health benefits on conditions such as bronchiectasis (see Appendix 2). A recent national HHI evaluation notes that to be successful, there needs to be a systematic approach to implementation and communication, so that all parties involved are aware of changed roles and responsibilities¹¹.
6. There will need to be a mechanism to ensure compliance with the “Healthy Homes Standards”. To achieve this HUD could consider introducing a “Residential Tenancy Warrant of Fitness”. A “Residential Tenancy Warrant of Fitness” has already been developed and trialled in the Wellington area (see Appendix 3).
7. The Auckland health sector recognises the important role that quality housing plays in contributing to our collective vision for equitable health and wellbeing for the people living in Auckland, Te Ora ō Tāmaki Makaurau.

⁸ Ministry of Health (2014.) *Analysis of Household Crowding based on Census 2013 data*. Wellington: Ministry of Health

⁹ The Royal Australasian College of Physicians. *Make it the Norm – Equity through the social determinants of health*. Wellington. August 2017

¹⁰ Ministry of Health (2014) *ibid*

¹¹ Allen + Clarke. *Healthy Homes Initiative Evaluation- Final report*. April 2018

Section 1: Heating

1.1 Do you support option one or two for the location of heating devices that landlords must provide in rental homes? Please explain your reason.

8. The Auckland health sector **supports option two**; heating devices to be provided in both the living room as well as the bedroom(s). Currently, the Housing Improvement Regulations 1947 requires every 'living room' shall be fitted with a fireplace and chimney or other approved form of heating; however, 22 per cent of New Zealand rental homes have no fixed heating compared to 7 per cent of owner occupied properties with no fixed heating¹².
9. Research shows that bedroom temperature is as important for health as living room temperature¹³. This is particularly so for children and elderly who spend more time in their bedrooms. If the living room is the only area of the home that requires adequate heating under the standard and other areas are cold, tenants may crowd into the living room during sleeping times which has the potential to increase transmission of infectious diseases.

1.3 Do you support option one or two above on whether landlords should provide heating devices that are capable of reaching 18°C or 20°C in room(s) covered by the heating standards? Please explain.

10. The Auckland health sector **supports option two**; heaters provided should be capable of achieving an ambient temperature of 20°C.
11. The World Health Organisation recommends a minimum indoor temperature of 18°C, and ideally 21°C if babies or elderly people are included as residents¹⁴. The average daily indoor temperature in the winter for most New Zealand houses is just 16°C¹⁵. This average includes houses which are well-heated and well-insulated, whereas many houses will be close to the outdoor temperature because of poor thermal performance and lack of heating.
12. An additional reason for supporting option two is the likelihood that a high proportion of people who rent are, either or both, financially constrained and may suffer from chronic health

¹² Ministry of Business, Innovation and Employment. *Healthy Homes Standards – Discussion Document*. September 2018

¹³ The Royal Australasian College of Physicians. *Make it the Norm – Equity through the social determinants of health*. Wellington. August 2017

¹⁴ World Health Organization. 1987. *Health impact of low indoor temperatures: Report on a WHO meeting*, Copenhagen, 11-14 November 1985. Copenhagen: WHO.

¹⁵ Health Research Council. *The link between housing and health*. HRC28; 2004

conditions¹⁶. For these households, inclusion in the standards the capability for heating devices to achieve and an ambient temperature of 20°C provides an opportunity to improve equity in health outcomes.

13. We are aware that there will be a decrease in efficiency and effectiveness of the various heating devices over time and would therefore recommend including maintenance guidelines as part of the Healthy Homes Standards.

1.4 Do you support option one or two for heating devices to be provided by a landlord in a rental home?

14. The Auckland health sector **supports option two**; landlords must provide fixed and portable heating devices to heat the required rooms. This option ensures that all tenants, including those who cannot afford to buy a portable electric heater, have access to heating devices¹⁷.

1.5 Do you agree that a class of acceptable heating devices is created for those devices that are efficient, healthy and affordable for the heating standard? Please explain.

15. The Auckland health sector agrees that **a class of acceptable heating devices should be created** as part of the “Healthy Homes Standards”. This will provide clarity on what is acceptable for all parties. Additionally it represents an opportunity to specify the types of devices that are most efficient and environmentally friendly in order for the government to achieve its climate change outcomes.

1.5 Do you agree that the heating devices listed above (unflued heaters, open fires etc.) should be not acceptable for the heating standard? Please explain.

16. The Auckland health sector agrees that **open fires should be excluded** from the class of acceptable heating devices. Open fires significantly contribute to indoor and outdoor air pollution¹⁸. In the Auckland context, open fires are the main contributor of PM₁₀ in winter¹⁹. As some families may not have the means to get the right type of wood to fuel the fire, it can be expected that renters will potentially burn treated wood (tanalised wood contains arsenic) and other types of fuel. This will lead to other pollutants being discharged into the air. Open fires can also pose a health and safety risk, especially for families with young children.

¹⁶ Perry, B. *Household Incomes in New Zealand; Trends in indicators of inequality and hardship 1982 to 2016*. Ministry of Social Development. June 2017

¹⁷ Ministry of Business, Innovation and Employment. *Healthy Homes Standards – Discussion Document*. September 2018. Page 18

¹⁸ Environmental Health Indicators New Zealand. *Use of Wood and Coal for Home Heating*. EHI issue 12, July 2014

¹⁹ RIMU, Auckland Council. *State of Auckland Air Quality Report Card*. August 2016

17. **Electric heaters**, with a heating capacity less than 2.4kW, **should only be deemed acceptable when destined for a small (<30m³) room** with sufficient ceiling and floor insulation, as well as well fitted, lined, floor length curtains on the basis that it will not be capable of reaching the required temperature of 20°C without significant cost to the tenant if the room is any larger, or without the thermal envelope already addressed. Electric resistance heaters are most suitable for small bedrooms as referenced by EECA Energywise²⁰ because of their incapacity to heat large spaces.
18. **Unflued LPG fuelled heaters** should also **be excluded** from the class of acceptable heating devices. LPG heaters produce a lot of moisture, CO and NO₂ while heating. This moisture contributes substantially to indoor dampness (each kilogramme of LPG releases about two litres of water into the room) and promotes mould growth. Damp rooms are more difficult to heat and do not feel warm. Presence of NO₂ contributes to respiratory illness such as asthma.

Section 2: Insulation

2.1 Which of the options (one, two or three) for the minimum level of insulation required do you support? Please explain.

19. The Auckland health sector **supports option three** (insulation requirements in line with the 2008 Building Code) as this option will achieve the greatest health gain and improve housing equity. One standard will be easier to understand and assess (for compliance). The Auckland health sector supports this option because of the advantages set out in the HUD's "Healthy Homes Standards" discussion document²¹.
20. Additionally, with greater insulation comes greater energy efficiency and lower energy bills. Based on the experience of our local Healthy Homes Initiatives (HHIs) with families that come through these services, keeping energy bills affordable is essential²² (see Appendix 2).

²⁰ <https://www.energywise.govt.nz/>

²¹ Ministry of Business, Innovation and Employment. *Healthy Homes Standards – Discussion Document*. September 2018. Page 27

²² The Southern Initiative. *Healthy Homes Initiative Auckland. Co-design: Making Auckland homes warmer and drier*. Report on stage 1. October 2015 – September 2016

2.1 Do you agree that the exceptions set out in the 2016 regulations should continue under the proposed insulation standard (e.g. when it is not reasonably practicable to install insulation)? Please explain.

21. The Auckland health sector understands that a balance needs to be struck between what is practically possible and achievable. The Auckland health sector therefore **supports the exceptions set out in the 2016 regulations.**

2.1 Do you think any other requirements for insulation should be included in the standard and, if so, what?

22. Curtains are an easy and cost effective mechanism to prevent heat loss via windows²³. Heat loss through windows is significant (21 – 31% in an uninsulated house and up to 45% in an insulated house)²⁴. The Auckland health sector therefore **supports curtains being included in the standards.**

2.2 Do you support option one or two to assess a “reasonable condition” for insulation? Please explain.

23. The Auckland health sector **supports option two**, which only allows a minimal reduction in ceiling insulation thickness as a result of settlement or compression, to assess reasonable condition for insulation.

24. As stated in the Ministry’s discussion document, more tenants will benefit from improved insulation and warmer homes and the government will benefit from a reduction in energy use and therefore in carbon emissions²⁵.

2.3 Do you agree landlords should show compliance with the insulation standard by retaining particular records? If so, which records should be retained? Please explain.

25. The Auckland health sector **agrees with the need for landlords to be able to demonstrate compliance to the standards.** The Auckland health sector recommends making this as streamlined as possible. Renters can be given visibility of compliance with the standards through tenancy agreements and if implemented, a “Residential Tenancy Warrant of Fitness” (see Appendix 2).

²³ The Southern Initiative. *Healthy Homes Initiatives Auckland* – Co-design: testing ideas to make homes warmer and drier. October 2016 – February 2018, page 29

²⁴ The Southern Initiative. *Healthy Homes Initiatives Auckland* – Co-design: testing ideas to make homes warmer and drier. October 2016 – February 2018, page 29

²⁵ Ministry of Business, Innovation and Employment. *Healthy Homes Standards – Discussion Document*. September 2018, page 30

Section 3: Ventilation

3.1 Do you support option one, two or three to provide adequate ventilation in rental homes? Please explain.

26. The Auckland health sector **supports option three** (extractor fans installed in rooms with bath or shower or indoor cook top, and living rooms, dining rooms, kitchens, and bedrooms have windows that can be opened for the entry of air unless an exemption applies).
27. As stated in the Ministry's discussion document "there is a large body of evidence linking poor health outcomes, particularly respiratory diseases, to the presence of harmful moulds and mildews, which are a result of excess dampness and inadequate ventilation"^{26,27}. Research has also shown that addressing housing conditions is associated with reduced acute hospitalisation rates for 0 to 34 year olds²⁸.
28. With regards to **extractor fans in the bathroom** it is very useful if **they come with a timer**. This is to ensure one complete turnover of the bathroom air after people have utilised the shower. Getting rid of water vapour from shower usage is integral to a healthy indoor environment²⁹.
29. The Auckland health sector also suggests **the standards include ventilation to floor area ratios**. This will assist landlords in meeting the healthy homes ventilation requirements.

Section 4: Moisture ingress and drainage

4.1 Do you support option one or two above to address the problems identified with moisture ingress and inadequate drainage in New Zealand rental homes? Why/why not?

30. The Auckland health sector **supports option two** (landlords provide efficient drainage and guttering, downpipes and drains and ensure that the subfloor has a ground moisture barrier, unless there is already adequate subfloor ventilation or an existing concrete floor).

²⁶ Ministry of Business, Innovation and Employment. *Healthy Homes Standards – Discussion Document*. September 2018

²⁷ Tin Tin S, Woodward A, Saraf R, Berry S, Atatoa Carr p, Morton SM, Grant CC. *Internal living environment and respiratory disease in children: findings from Growing Up in New Zealand longitudinal child cohort study*. *Environ Health*. 2016 Dec 8;15(1):120

²⁸ Jackson G, Thornley S, Woolston J, Papa D, Bernacchi A, Moore T. *Reduced acute hospitalisation with the healthy housing programme* *J Epidemiol Community Health*. 2011 Jul;65(7):588-93. doi: 10.1136/jech.2009.107441. Epub 2011 Jan 30

²⁹ Environmental Protection Agency. *Moisture Control Guidance for Building Design, Construction and Maintenance*. EPA 402-F-13053. December 2013

31. BRANZ Housing Condition Survey (HCS)³⁰ shows up to 40 litres of moisture can evaporate from under a home of 100m², even when the ground (under the home) looks dry, and when adequate subfloor ventilation is in place. The HCS found that unprotected ground contributed to 74% of cases of internal moisture problems.

Section 5: Draught stopping

5.1 Do you support option one or two above to stop draughts and create warm and dry rental homes? Why?

32. The Auckland health sector **supports option two** (landlords to stop any unnecessary gaps or holes that cause noticeable draughts and a colder rental home).
33. Draught stopping as per option two **can be addressed with minimum cost and disruption** and can reduce uncontrolled two-way air movement by up to 20%.

5.1 Do you think other requirements for draught stopping should be included in the standard? If so, what?

34. Additional improvements to ensure warm and dry rental houses could include the requirement for landlords to fix cracked and broken windows, skylights, broken cat doors and repair holes or gaps in external wall cladding and roofing.

Section 6: Date to comply with the standards

6.1 Do you support option one, two or three above for the date that landlords need to comply with the standards for their rental homes? Why/why not?

35. The Auckland health sector **supports option two, introducing one single date**, at which time compliance with the standards is expected.
36. The Auckland health sector understands that landlords need to be given lead in time to meet the standards. Given the fact that these measures have been under discussion for some time, the Auckland health sector considers a lead in time of three years, from the date the standards have been agreed upon, appropriate.

³⁰ White V, Jones M, Cowen V, Chun S. *BRANZ 2015 house condition survey: comparison of house condition by tenure*. 2017. Wellington: Building Research Association New Zealand. Available from: <https://www.branz.co.nz>

Conclusion

37. The Auckland health sector recognises the important role that quality housing plays in contributing to our collective vision for equitable health and wellbeing for the people living in Tāmaki Makaurau. In primary care, hospitals and wider health services, we see the avoidable impacts of poor quality housing. The “Healthy Homes Standards” have the potential to substantially improve health and equity outcomes. The Auckland health sector would like to thank Ministry of Housing and Urban Development again for the opportunity to provide a submission on the “Healthy Homes Standards”.

Appendix 1 - The Auckland health sector

District Health Boards

District Health Boards (DHBs) are responsible for providing or funding the provision of health services in their district. There are currently 20 DHBs in New Zealand, three covering the Auckland metropolitan area. DHBs are required to plan and deliver services regionally, as well as in their own individual areas, and are expected to show a sense of social responsibility. DHB objectives include:

- improving, promoting and protecting the health of people and communities, and
- reducing health disparities by improving health outcomes for Māori and other population groups.

Alliance Leadership Teams

Alliance Leadership Teams (ALTs) were established in 2013 across each District Health Board in New Zealand to help promote better communication and collaboration between Primary Health Organisations (PHOs) and District Health Boards. Membership of ALTs comprise of representatives from the District Health Board, Primary Health Organisation partners, local Mana Whenua and Mataawaka partners. ALTs meet regularly to conduct a broad range of activities to improve the health of their populations including strategic planning, implementation planning and delivery, monitoring, and continuous improvement activities.

Metro Auckland Clinical Governance Forum

The Metro-Auckland Clinical Governance Forum (MACGF) provides a clinical governance function across the metropolitan Auckland health sector. There is broad participation that includes representatives from three DHBs, seven PHOs, pharmacy, healthAlliance, consumers, and a clinical representative from the aged care sector.

Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health and Auckland and Waitemata District Health Boards).

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.

Appendix 2 – Healthy Homes Initiatives (HHIs)

The Healthy Homes Initiatives (HHI) were developed as part of a five year Rheumatic Fever Prevention Programme was developed by the Ministry of Health focusing on primary prevention. The HHI were tasked with reducing structural and functional household crowding by making homes warmer and drier and the subsequent transmission of Group A Streptococcus (which can lead to Rheumatic Fever). The services were further expanded as part of Budget 2016, beyond reducing household crowding and rheumatic fever to creating warm, dry and healthy homes for pregnant women and vulnerable 0-5 year olds. The model is targeted and outcomes based and each region developed their own structure and processes.

Each region has set up their HHI to suit their local community. In metro Auckland there are two HHIs Kainga Ora for the Waitemata and Auckland DHB regions, and Auckland Wide Healthy Homes Initiative (AWHI) for Counties Manukau Health. All the HHIs have a whānau centred approach and assessors must visit the family in their home for the assessment. HHI programmes assist families to understand how to make changes in their home to improve their health, providing cheap simple yet effective solutions such as providing full-length double-lined curtains, and facilitating transfer into a new Public Housing more quickly and effectively.

Many of the HHI families are vulnerable and are often reluctant to access agencies such as Housing New Zealand (HNZ) or the Ministry for Social Development (MSD) so the housing assessment has been developed in a non-confrontational and non-agency way into a home (in a similar way to whānau ora assessments) where often multiple other issues can be addressed such as mental distress. The HHIs have multiple pre-existing pathways to develop referral pathways and are able to use community contracts such as Well Child Nurses who are already in the homes and generally trusted.

An audit was undertaken for Kainga Ora reviewing outcomes for Auckland's bronchiectasis patients who had been through the Auckland HHI and either moved into a new and bigger home or had improvements to their existing house. There was an improvement for families who had a housing intervention with decreased hospital admissions and decreased courses of antibiotics in the 18 months following the intervention when this was compared with the 18 months prior to the intervention.

The Ministry of Health had a national process evaluation done in 2017³¹ and all the HHI services are well accepted by whānau, case workers and referrers. However, our poor housing stock and huge waitlist for Public Housing has limited the outcomes. Each HHI is funded \$610 per family and can only be used for staff and set up not for any supplies e.g. Curtains or heaters. Many HHI have managed to get some philanthropic donations but ongoing supply and sustainability will need to be

³¹ Allen + Clarke. *Healthy Homes Initiative Evaluation- Final report*. April 2018

addressed as referral numbers increase. Managing and navigating the complexity of the housing system is also a challenge with many agencies involved e.g. Housing New Zealand, MSD, Tenancy Tribunal, Auckland Council. The collaboration and close working relationship with the Ministry of Health has led to the easy sharing of learnings, development of standard forms and processes between the HHIs.

Appendix 3 – Residential Tenancy Warrant of Fitness (developed and trialled in Wellington)

Assessor Details		Assessment Date:	
Assessor Name:		Assessor ID:	
Organisation:		Phone:	
Property Contact Information		Property Contact Information	
Tenant Name:		Owner Name:	
Property Address:		Contact Address:	
Property Phone:		Owner Phone:	
Email:			
Property Information			
House Age (approx. yr.):		Approximate Size	m ²
Stores:		Number of bedrooms:	
Type: <input type="checkbox"/> detached <input type="checkbox"/> duplex <input type="checkbox"/> terrace <input type="checkbox"/> apartment		Start Time:	
F P Kitchen & Laundry		F P F P F P F P F P Bedrooms	
<input type="checkbox"/>	Wall and ceiling linings, and floor intact	<input type="checkbox"/>	Opening window, with latch
<input type="checkbox"/>	Surfaces clear of mould	<input type="checkbox"/>	Window stays (if required)
<input type="checkbox"/>	Functioning stove and oven	<input type="checkbox"/>	Wall/ceiling linings intact
<input type="checkbox"/>	Effective ventilation to the outside	<input type="checkbox"/>	Surfaces clear of mould
<input type="checkbox"/>	Adequate food preparation and storage	<input type="checkbox"/>	Working artificial light
<input type="checkbox"/>	Working artificial lighting	<input type="checkbox"/>	Safe power & light switches
<input type="checkbox"/>	Potable water supply	<input type="checkbox"/>	Smoke alarm within 3 m
<input type="checkbox"/>	Hot water temperature at tap (55°C ±5°C) °C	<input type="checkbox"/>	Curtains/drapes present
<input type="checkbox"/>	Waste water drainage with sound connection	<input type="checkbox"/>	
<input type="checkbox"/>	Visibly safe power outlets and light switches	F P Entrance	
<input type="checkbox"/>	Secure storage (1.2 m high or child-safe lock)	<input type="checkbox"/>	Address clearly labelled and identifiable
F P Bathroom & Toilet		<input type="checkbox"/>	Securely locking door(s)
<input type="checkbox"/>	Wall and ceiling linings, and floor intact	<input type="checkbox"/>	Working light
<input type="checkbox"/>	Surfaces clear of mould	F P Ceiling	
<input type="checkbox"/>	Operational toilet	<input type="checkbox"/>	Insulation to requirements (120 mm)
<input type="checkbox"/>	Sewage connection functional	<input type="checkbox"/>	No gaps, tucks, or folds
<input type="checkbox"/>	Functioning bath or shower	<input type="checkbox"/>	No dampness in insulation
<input type="checkbox"/>	Effective ventilation to the outside	<input type="checkbox"/>	Clearance from lights, ducts and roof
<input type="checkbox"/>	Waste water drain connected	<input type="checkbox"/>	Thermoplastic insulated cabling
<input type="checkbox"/>	Working artificial lighting	F P Under Floor	
<input type="checkbox"/>	Visibly safe power outlets and light switches	<input type="checkbox"/>	Insulation to requirements <input type="checkbox"/> Foil <input type="checkbox"/> Bulk
F P Living Areas		<input type="checkbox"/>	Dry underfloor
<input type="checkbox"/>	Wall and ceiling linings, and floor intact	<input type="checkbox"/>	Ground vapour barrier
<input type="checkbox"/>	Surfaces clear of mould	<input type="checkbox"/>	No ponding
<input type="checkbox"/>	Working artificial lighting:	F P General	
<input type="checkbox"/>	• Living, lounge, dining	<input type="checkbox"/>	Envelope in reasonable repair and weather tight
<input type="checkbox"/>	• Hallway	<input type="checkbox"/>	No cracks, holes in roof
<input type="checkbox"/>	• Stairs (switch at each end)	<input type="checkbox"/>	No cracks, holes in external cladding
<input type="checkbox"/>	• Other	<input type="checkbox"/>	No cracks, holes or missing panes in windows
<input type="checkbox"/>	Visibly safe power outlets and light switches	<input type="checkbox"/>	Spouting and stormwater functioning and not leaking
<input type="checkbox"/>	Heating, fixed, effective and safe kW	<input type="checkbox"/>	Two effective methods of egress
<input type="checkbox"/>	Opening window (each area) with secure latch	<input type="checkbox"/>	Structurally sound
<input type="checkbox"/>	Window security stays (where required)	<input type="checkbox"/>	Glass doors include visibility strips
<input type="checkbox"/>	Curtains/drapes present	<input type="checkbox"/>	Handrails and balustrades to code
		<input type="checkbox"/>	Non-potable water labelled
		<input type="checkbox"/>	Paths, decks and surfaces non-slippery/free from moss
Comments		<input type="checkbox"/> Fail	<input type="checkbox"/> Pass
Signed:		Date:	End Time: