

Appendix D

Home Hazard Checklist

Older Adults Home Modification Program Home Hazard Checklist¹

(adapted from [CDC's Home Safety Checklist](#), [CPSC's Home Safety Checklist](#), [PD&R 2011](#),
[Rebuilding Together Safe at Home Checklist](#))

Study ID			Visit	Today's Date	Form Completed By:	
Site ID	Field Team ID	Client ID			Name	Job Title
			<input type="checkbox"/> Baseline <input type="checkbox"/> Follow-Up		(dropdown menu: OT, OTA, CAPS, other [Specify])	

OMB Control No. 2528-XXXX, expiration date XX/XX/2024. This form is designed to provide HUD with information about how effective its Older Adults Home Modification Grant Program is. The information you provide is voluntary. Your home can be enrolled in the program whether you decide to participate or not. The public reporting burden for collection of this information is estimated to be 25 minutes per response. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Instructions: This home hazard checklist is designed to be completed by the OT but can be completed by other grantee staff. In general, answer questions based on your observations but ask the client if clarification is needed.

Suggested Script: "Thank you for meeting with me today. This walkthrough will take about 25 minutes. Do you have any questions before we begin?"

GENERAL DWELLING QUESTIONS:

A.1. (**baseline only**) *Ask the client if you don't already know the answer: "When was your home built?"*

- Pre-1900
- 1900-1920
- 1921-1940
- 1941-1960
- 1961-1980
- 1981-2000
- 2001-2020
- 2021-present
- Not answered/don't know

A.2. (**baseline only**) Type of home/primary residence:

- Single-family home, detached
- Single-family home, attached to one or more other dwellings (e.g., townhouse, rowhouse, duplex, triplex, fourplex)
- Condominium in multi-unit building
- Unit in cooperative housing
- Manufactured or mobile home

¹ Code for this document: Black font=Question asked of the grantee; *Blue italics* = Instruction for the grantee; **yellow highlighted italics**: Instruction for REDCap programmer.

- Accessory dwelling unit
- Another type not already mentioned. Specify: _____

A.3. Number of stories inside home: _____

GENERAL HOME INTERIOR (PD&R 2011, RT Safe at Home Checklist) *For homes in multi-unit buildings, inspect only the unit itself, not common areas.*

A.4. Does the home currently have any of the following features:	Yes, and is a hazard	Yes, but is not a hazard	No	Not applicable
A.4a. Missing grab bars or pressure-mounted vertical safety pole (“super pole”) in any non-bathroom areas of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.4b. Broken or boarded-up windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.4c. Missing storm windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Storms removed for summer or unneeded
A.4d. Hardware for drapes, shades, and/or curtains that are difficult for client to use?	<input type="checkbox"/>		<input type="checkbox"/>	
A.4e. Plaster or drywall with cracks or holes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.4f. Thermostat displays that are difficult for client to access and read?	<input type="checkbox"/>		<input type="checkbox"/>	
A.4g. Washing machine and/or dryer in a location that is difficult for client to access?	<input type="checkbox"/>		<input type="checkbox"/>	

A.5. **(baseline only)** Does the home already contain older adult home modifications?

- Yes **Go to A.5a** No **(Go to A.6)**

A.5a **optional** Summarize existing older adult home modifications: _____

HOME EXTERIOR **(Skip section if A.2=condominium or cooperative housing unit in multi-unit building)**

A.6. Does the home exterior have:	Yes, and is a hazard	Yes, but is not a hazard	No	Not Applicable
A.6a. Foundation that is crumbling or has open holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Foundation not observed
A.6b. Missing bricks, siding, or other outside material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.6c. Roof problems (e.g., missing material, sagging, or hole(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roof not observed
A.6d. Slippery walking surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.6e. Gutters or downspouts in poor repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.6f. (Ask only if A.2=mobile/manufactured home) Skirting in need of repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A.7. In the area leading to the home entrance, are there uneven walking surfaces or broken steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.8. Do the steps just outside the home entrance have missing or broken handrails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No entry steps
A.9. Is the exterior poorly lit at entrances? <i>“Poorly lit” means (1) lights cause shadows on the walkway; (2) glare is thrown from the lights (e.g., unfrosted bulbs, or no shades or covers on lights); (3) bulb wattage is inadequate for size of walkway; (4) light bulb is burned out; or (5) bulb is missing from socket- If visit is during daylight hours, ask client.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.10. Is the address number posted on the home missing or not visible from the street for emergency responders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.11. Does the client need to stretch or bend to reach into the mailbox?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No mailbox

HOME SAFETY DEVICES INSIDE HOME *For multi-unit buildings, inspect only the unit itself, not common areas.*

	Yes, and is a hazard	Yes, but is not a hazard	No	Not Applicable
B.1. Are smoke detectors missing or not functioning? <i>Ask client before testing detector(s). If multiple detectors are or should be present, choose “yes, and is a hazard) if ≥1 is not present where it should be or is not working.</i>	<input type="checkbox"/>		<input type="checkbox"/> Smoke detectors present & functioning	
B.2. Are carbon monoxide alarms missing or not functioning? <i>Ask client before testing alarm(s). If multiple alarms are or should be present, choose “yes, and is a hazard) if ≥1 is not present where it should be or is not working.</i>	<input type="checkbox"/>		<input type="checkbox"/> CO alarms present & functioning	<input type="checkbox"/> No CO alarm needed-no combustion appliances or attached garage
B.3. Are light switches difficult to locate in the dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.4. Are light switches difficult for the client to operate? (e.g., not equipped with rocker-style or other easy-to function switches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.5. Can the client reach light switches only if they stretch or bend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.6. Is hot water heater thermostat in need of repair or set above 120 degrees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did not observe hot water heater

FLOORS INSIDE HOME *For multi-unit buildings, inspect only the unit itself, not common areas.*

	Yes, and is a hazard	Yes, but is not a hazard	No
C.1. Height differences exist between flooring transitions (e.g., between rooms or between different types of flooring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.2. Floors and floor surfaces (e.g., tile, carpet) pose slipping or tripping hazards or are in need of repair (e.g., uneven surfaces, holes, tears in flooring, torn carpet, carpet curling, uneven surfaces in hardwood, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.3. Do you have to walk over or around wires or cords (e.g., lamp, telephone, or extension cords)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.4. Are rugs in rooms other than the kitchen and bathroom not secured? Answer "no" if no rugs are present in rooms other than kitchen or bathroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTRANCE DOORS AND DOORS INSIDE HOME *For units in multi-unit buildings, inspect only the unit itself, not common areas.*

	Yes, and is a hazard	Yes, but is not a hazard	No
D.1. Do doors have door knobs instead of door levers? (PD&R 2011)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.2. Do doors have non-zero thresholds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.3. Are doors missing or in need of repair (e.g., unable to close properly, holes, swing awkwardly)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.4. Do exterior (entrance) doors:			
D.4a Have door locks that are difficult for the client to operate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.4b Missing peephole or have peephole client can reach only if they stretch or bend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.4c Missing automatic door openers or hands-free door hold open capability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.4d Missing storm door(s) or have storm doors in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.4e Missing slide latches, chains, or other devices for added security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAIRS AND STEPS INSIDE HOME

For condominiums and apartments in multi-unit buildings, consider only stairs located within the unit, not those in common areas.

E.1 Are there stairs or steps inside home? Yes [Go to E.1a](#) No [\(Go to E.2\)](#)

E.1a Can you (the field person) access the stairs or steps inside home?

Yes *Go to E.2* No *(Go to F.1)*

	Yes, and is a hazard	Yes, but is not a hazard	No
E.2. Are any stair treads or risers missing, broken, or uneven?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3. Is light fixture over the stairs missing?	<input type="checkbox"/> <i>Go to E.4</i>	<input type="checkbox"/> <i>Go to E.4</i>	<input type="checkbox"/> <i>(Go to E.3a)</i>
E.3a. Is there only one light switch for the stairway light (i.e., switch is located only at the top or only at the bottom of the stairs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3b. Is the stairway poorly lit? <i>“Poorly lit” means (1) lights cause shadows on the walkway; (2) glare is thrown from the lights (e.g., unfrosted bulbs, or no shades or covers on lights); (3) bulb wattage is inadequate for size of walkway; (4) light bulb is burned out; or (5) bulb is missing from the socket. If visit is during daylight hours, ask the client.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4. Do stair treads have slippery surfaces, whether carpeted or bare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.5. Are handrails or balusters missing, loose, broken, at an inappropriate height, or do not extend the length of the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.6. Are handrails present on only one side of the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KITCHEN:

F.1 Can you (the field person) access the kitchen?

Yes *Go to F.2* No *(Go to G.1)*

	Yes, and is a hazard	Yes, but is not a hazard	No	Not Applicable
F.2. Does the client need to stretch or bend to reach items they often use, including the microwave? <i>You may need to look at the items on high shelves and ask the client if they often use these materials.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.3. Is the kitchen poorly lit? <i>“Poorly lit” means (1) lights cause shadows on the walkway; (2) glare is thrown from the lights (e.g., unfrosted bulbs, or no shades or covers on lights); (3) bulb wattage is inadequate for size of walkway; (4) light bulb is burned out; or (5) bulb is missing from the socket. If visit is during daylight hours, ask the client</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.4. Are outlets near wet areas missing GFCIs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No outlets are present near wet

				areas
F.5. Is the kitchen missing a fire extinguisher or is the fire extinguisher only partly charged or empty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.6. Does the faucet have knobs instead of handles or levers? (PD&R 2011)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.7. Are kitchen cabinets or shelves missing or in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.8. Are kitchen cabinets missing rollout trays or lazy susans? (PD&R 2011)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.9. Is stove missing an automatic turnoff device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.10. Are kitchen rugs not secured? Answer "no" if no kitchen rugs are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.11 Was one or more appliances malfunctioning on the day of the visit?	<input type="checkbox"/> Go to F.11a	<input type="checkbox"/>	<input type="checkbox"/>	
F.11a Which appliance(s) was/were malfunctioning? Check all that apply	<input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Other			

BATHROOM(S):

G.1. How many bathrooms are present in the home? ____ Include both full and half baths in this count. (If answer > 1, program REDCap to ask G.2-G.11 for each bathroom)

G.2. Can you (the field person) access bathroom (Insert number)? Yes (Go to G.3) No (Go to G.2 for bathroom 2, or H.1 if there is only 1 bathroom)

G.3. Descriptive Information for Bathroom (insert number)

G.3a (baseline only and only if G.1 > 1. Describe location (e.g., floor number and other description to help keep bathrooms in order at follow-up visit) _____

G.3b Is Bathroom (insert number) a full or half bath?

Full (Ask all questions G.4-G.19) Half (Skip questions G.15-G.19)

For follow-up visit, include the following grantee guidance: Complete the questions below for each bathroom, following the same order of bathrooms you used at baseline)

	Yes, and is a hazard	Yes, but is not a hazard	No
G.4. Is the toilet missing grab bars or have grab bars that are poorly located or in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.5. Is the toilet standard height (i.e., lower than comfort height? Do not include portable devices (PD&R 2011)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.6. Is toilet paper holder poorly positioned for client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.7. Is toilet seat missing or in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.8. Is toilet handle difficult for client to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.9. Are the hot water pipes beneath the sink exposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.10. Is the bathroom poorly lit? <i>“Poorly lit” means (1) lights cause shadows on walking area; (2) glare is thrown from the lights (e.g., unfrosted bulbs, or no shades or covers on lights); (3) bulb wattage is inadequate for the room space; (4) light bulb is burned out; or (5) bulb is missing from the socket</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.11. Are bathroom rugs not secured? <i>Answer “no” if no bathroom rugs are present</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.12. Is bathroom mirror and cabinet missing or poorly positioned to meet client’s needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.13. Is bathroom missing GFCI outlets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.14. Do the faucets have knobs instead of levers or handles? (PD&R 2011)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.15. Does the tub or shower have a slippery surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.16. Is the shower or bathtub area missing grab bars or have grab bars poorly located or in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.17. Does the bathroom contain only a bathtub (no shower)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.18. Is the shower missing a flexible handheld hose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.19. Does the shower have a threshold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEDROOM:

Visually assess **only one bedroom**. Check **the same bedroom** at the follow-up visit. Visually check the bedroom even if they currently sleep in the living room or other area.

H.1. Number of bedrooms in home: _____

H.2. (Ask the client the following): **“Where do you normally sleep?”**.

If there is more than one bedroom, ask the client to identify which bedroom they sleep in most frequently or would like to sleep in if it was accessible and visually check this bedroom. Visually check the bedroom even if they currently sleep in the living room or other area.

- Bedroom (Describe location of client’s bedroom, including whether it is on a different floor from the main living area and kitchen, or different floor from the bathroom the client normally uses. At follow-up visit, you do not need to describe location; however, if H.1>1, note if this bedroom is the same one the client slept in at baseline): _____ **(Go to H.3)**
- Living Area *Go to H.2a*

Other room not yet mentioned. Specify: _____ *Go to H.2a*

H.2a. *(Ask the client the following):* “Why don’t you sleep in a bedroom?”: _____

H.2b. “Which bedroom would you sleep in if you could?” _____

(Describe location of this bedroom, including whether it is located on a different floor from the main living area and kitchen, or a different floor from the bathroom the client normally uses. At follow-up visit, if H.1>1, note if this bedroom is the same one the client slept in at baseline.). _____

H.3. Can you (the field person) access the bedroom identified in H.2? Yes *Go to H.4* No **(Go to I.1)**

Does the client’s bedroom have any of the following issues	Yes, and is a hazard	Yes, but is <u>NOT</u> a hazard	No	Not applicable
H.4 Is the light near the bed missing or hard to reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.5 Is the path from the bed to the bathroom poorly lit? <i>“Poorly lit” means (1) lights cause shadows on the walkway; (2) glare is thrown from the lights (e.g., unfrosted bulbs, or no shades or covers on lights); (3) bulb wattage is not adequate for size of walkway; (4) bulb is burned out; or (5) bulb is missing from the socket. If visit is during daylight hours, ask the client</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.6 Does client have to stretch to reach the switch for the ceiling light fixture or ceiling fan? <i>You may need to look to see if fixtures with chains are present in the bedroom and, if yes, ask the client if he/she has troubling reaching it.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> no ceiling light fixture or fan present

ACCESSIBILITY (PD&R 2011)

I.1 Does the client use a wheelchair, or is a wheelchair is present in the home at the time of the visit?

Yes *(Go to I.2)* No *(Go to I.3)*

(Complete I.2 only if client uses a wheelchair)

	Yes, and is a hazard	Yes, but is <u>NOT</u> a hazard	No
I.2 While in a wheelchair, would the client find it difficult to access the following features or rooms in this home:			
I.2a Electrical outlets? <i>(PD&R 2011)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.2b Electrical switches (e.g., light switches)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.2c Climate controls (thermostats)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.2d All kitchen cabinets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.2e Kitchen countertops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.2f Bathrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.2g Bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.3 Is the bathroom missing:			
I.3a A roll-under sink? <i>(Answer only if person uses a wheelchair)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I.3b A walk-in tub or accessible shower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.3c An easy-transfer toilet (e.g., raised or comfort height)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.3d Sufficient turn-around space (e.g., if person uses a wheelchair, walker, or cane or needs help from another person)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.3e Easy-access storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.4 Are the floors uneven or do they have high-pile carpet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.5 Does the home currently have any of the following features:			
I.5a Narrow doors or hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.5b Areas of the home that are not on the same level, meaning there are steps between rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.6 Can the home be entered from the outside only by using steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISION, HEARING, AND COGNITIVE ISSUES ([PD&R 2015](#))

J.1 Does the client have issues with their vision? (*Consult client's responses to C.3 on the Client Impact Evaluation Interview form if needed to answer this question.*) Yes ([Go to J.1a](#)) No ([Go to J.2](#))

J.1a Are electrical and light switches missing tactile cues?

Yes, and is a hazard Yes, but is not a hazard No

J.1b Are stairs or changes in surface missing visual (e.g., color contrast) or tactile cues?

Yes, and is a hazard Yes, but is not a hazard No

J.1c Are thermal controls missing digital displays with large font, backlit features?

Yes, and is a hazard Yes, but is not a hazard No

J.2 Does the client have issues with their hearing? (*Consult client responses to C.3 on the Client Impact Evaluation Interview form if needed to answer this question.*) Yes [Go to J.2a](#) No ([Go to J.3](#))

J.2a Are safety devices (smoke, CO alarms) missing visual cues?

Yes, and is a hazard Yes, but is not a hazard No

J.2b Does the doorbell use bells instead of flashing lights?

Yes, and is a hazard Yes, but is not a hazard No

J.3 Does the client have cognition issues? (*Consult client responses to C.3 on the Client Impact Evaluation Interview form if needed to answer this question.*) Yes [Go to J.3a](#) No ([end home hazard checklist](#))

J.3a Is the range missing conductive heating that could prevent burning?

Yes, and is a hazard Yes, but is not a hazard No

Comments about Home Hazard Check (e.g., areas that were not accessible, conditions found that did not fit any checklist categories, etc.):

Approved OMB Control No: [to be inserted]
Expiration Date [to be inserted]

Final
10/6/2022