

# Town Health Officer Manual

[healthvermont.gov/THO](http://healthvermont.gov/THO)

**Contact:**

Vermont Department of Health  
Environmental Health Division

**Weekdays:**

7:45 a.m. to 4:30 p.m.  
800-439-8550 (toll-free)

**Off-hours:**

Contact the Duty Officer  
802-863-7240  
or  
800-640-4374 (toll-free)

**Town Health Officer Website:**

[healthvermont.gov/tho](http://healthvermont.gov/tho)

---

# TOWN HEALTH OFFICER

---

# MANUAL

© 2019 Vermont Department of Health  
108 Cherry Street  
Burlington, VT 05402  
Phone 800-439-8550

---

# Table of Contents

<b>Introduction and Overview .....</b>	<b>1</b>
Using This Manual.....	1
Legal Authority for Town Health Officers.....	1
Appointment Process.....	1
Step-By-Step Guide to Town Health Officer Appointments .....	2
<b>Duties of a Town Health Officer .....</b>	<b>3</b>
Role of the Town Health Officer .....	3
Unpacking the Statute .....	4
Equipment & Expenses .....	4
Inspections & Investigations .....	5
Search Warrants .....	5
Relationship with Selectboard & Board of Health .....	6
Liability.....	6
Assistance from the State .....	6
<b>Enforcement .....</b>	<b>8</b>
What is a Public Health Hazard? .....	8
Role of the Town Health Officer .....	9
Voluntary Compliance.....	9
Health Orders .....	10
Regular Health Orders.....	11
Emergency Health Orders .....	13
Civil & Criminal Enforcement.....	14
Example Format for Health Order .....	15
<b>Rental Housing.....</b>	<b>16</b>
Rental Housing Inspections .....	16
Rental Housing Health Code .....	18
Life Safety in Rental Housing.....	27
Lead Paint in Rental Housing.....	27
Avoiding Landlord / Tenant Conflicts.....	27
<b>Sewage &amp; Septic Systems.....</b>	<b>28</b>
Septic System Basics .....	28
Role of the Town Health Officer .....	29
Possible Causes for Septic System Failure.....	30
Diagnosing a Problem .....	30
Using Dye Tablets to Document/Diagnose a Failing System .....	31
Responding to a Failed System .....	31
On-Site Septic Regulations .....	32

---

<b>Lead Paint.....</b>	<b>34</b>
The Vermont Lead Law.....	34
Essential Maintenance Practices.....	35
Vermont Regulations for Lead Control.....	36
Role of the Town Health Officer .....	36
Essential Maintenance Practices .....	36
Unsafe Work Practices (Renovation) .....	37
Unsafe Lead Abatement Practices .....	38
Other Lead-Related Regulations.....	39
Lead Law Decision Tree .....	40
<b>Animal Control .....</b>	<b>41</b>
Animal Cruelty .....	41
Animal Bites.....	42
Animal Confinement .....	42
Rabies Testing.....	43
<b>Drinking Water .....</b>	<b>44</b>
Role of the Town Health Officer .....	45
Rental Property Water Supplies .....	45
Non-Rental Private Water Supplies .....	45
Public Water Supplies .....	46
Drought Conditions.....	46
<b>Insects, Rodents, and other Pests .....</b>	<b>48</b>
Role of the Town Health Officer .....	48
Bed Bugs.....	48
Pesticides.....	50
<b>Hazardous Material Spills and Solid &amp; Hazardous Waste.....</b>	<b>52</b>
Role of the Town Health Officer .....	53
Hazardous Material Spills.....	54
<b>Asbestos .....</b>	<b>55</b>
Role of the Town Health Officer .....	55
Sample list of Suspect Asbestos Containing Materials.....	56
<b>Indoor Air Quality.....</b>	<b>57</b>
Role of the Town Health Officer .....	57
Radon .....	57
Carbon Monoxide .....	57
Mold.....	58
Restricting Exposure to Environmental Tobacco Smoke .....	59
<b>Outdoor Air Quality .....</b>	<b>61</b>
Role of the Town Health Officer .....	61

---

<b>Heat &amp; Heat-Related Illnesses .....</b>	<b>62</b>
<b>Public Health Emergency Preparedness and Response .....</b>	<b>64</b>
Role of the Town Health Officer .....	64
Before an Emergency .....	64
During and After an Emergency:.....	65
Public Health Volunteerism.....	65
<b>Recreational Water .....</b>	<b>66</b>
Role of the Town Health Officer .....	66
Escherichia Coli ( <i>E. Coli</i> ) Water Testing Procedures.....	67
Cyanobacteria (Blue-green Algae) .....	69
Other Contaminants .....	71
<b>Infectious Disease .....</b>	<b>72</b>
Mosquito-borne Diseases.....	72
Tickborne Diseases .....	73
School and Child Care Immunization Requirements.....	73
Other Infectious Diseases and Outbreaks .....	74
<b>Resource List.....</b>	<b>75</b>
<b>Forms.....</b>	<b>79</b>

---



## Introduction and Overview

**B**y law, every town, city or municipality in Vermont (all 251) must have at least one town health officer (THO) who is nominated by town government officials and appointed by the Commissioner of Health for a three-year term. While these are town positions separate from the Vermont Department of Health, the Environmental Health Division at the Department administers the appointment process and provides technical support and training opportunities for THOs. This manual was developed to serve as an ongoing resource for THOs with information on the topics a THO is likely to encounter. As always, the Department encourages THOs to contact their town attorneys with legal questions.

### Using This Manual

**About the Icons:** Throughout this manual there are specific icons labeling different sections to help with navigating the wealth of material found throughout the manual. Use the key on the right to help quickly locate the information. The **Valuable Information** will highlight the most important information THOs may need to know. The **Quick Tips** are additional pointers and guidance designed to help streamline the THO's job.

**More Information Online** provides a link and address to where THOs can access more information or training materials online. Finally, the **In-depth Overviews** cover more information on a topic that THOs can review when they want to learn more.

ICON KEY	
	Valuable Information
	Quick Tip
	More Info Online
	In-depth Overview

### Legal Authority for Town Health Officers

Statutory authority for THOs is in 18 V.S.A. ch. 11, which is available online at: [legislature.vermont.gov/statutes/fullchapter/18/011](http://legislature.vermont.gov/statutes/fullchapter/18/011)



### Appointment Process

State law requires that the Commissioner of Health appoint a local health officer for each town, city, or municipality every three years. This is done at the recommendation of the Selectboard but if a town, city, or municipality fails to recommend anyone, the Commissioner will appoint the chair of the Selectboard to this position. Towns receive reminders when it is time to appoint a new health officer and towns may appoint as many health officers as needed by recommending a

health officer and additional deputy health officers to the Department. All forms for nomination are available online at: [healthvermont.gov/tho/forms](http://healthvermont.gov/tho/forms).

There is no requirement for specific professional training or education to serve as a town health officer. Some towns, cities or municipalities have built the position into an existing role within the town.

## Step-By-Step Guide to Town Health Officer Appointments

Call the Environmental Health Division at 800-439-8550 with any questions.

1. The town clerk receives notification by letter from the Health Department that the THO's term of office is about to expire.
2. Upon receipt of this letter, the town clerk advises the Selectboard or city council to recommend a new THO for appointment by the Commissioner of Health.
3. The Selectboard must complete the [Town Health Officer Recommendation Form](#) and the [Town Health Officer's Oath/Affirmation Form](#), included in the [Forms section](#) of this manual and available online at: [healthvermont.gov/tho/forms](http://healthvermont.gov/tho/forms).



4. Once completed, the town clerk should mail both forms to:

**Vermont Department of Health**

ATTN: Town Health Officers  
108 Cherry Street, Suite 201  
PO Box 70, Drawer 30  
Burlington, VT 05402  
Forms can also be faxed to 802-863-7483.

5. Once the Recommendation and Oath/Affirmation forms are received, the THO will be appointed by the Health Commissioner, who will send the THO a certificate of appointment.

A white clock face with a black border is centered within a gray square background.

**Deputy Town Health Officers:**  
Sometimes a THO may be out of town or have a conflict of interest in an investigation. Towns should consider appointing at least one deputy town health officer along with a THO to share in the responsibilities, provide back-up, and provide additional coverage of the duties.

6. The THO is thereby appointed for a term of three years.
7. If THOs cannot continue to function in this role, they should submit a letter of resignation to their town's Selectboard so that the Selectboard can recommend a new THO for appointment by the Health Commissioner. The Commissioner may also remove a THO for cause, and request that the Selectboard make a new recommendation.

## Duties of a Town Health Officer

**T**own health officers are given authority by Vermont law to investigate and mitigate any potential or existing public health hazard in their town. Each town has a local board of health made up of the town's Selectboard and the THO. The THO investigates all complaints and has extensive authority to take emergency mitigation steps and may enforce any State health regulations and local health ordinances in their town. When exercising this authority, the THO must be careful to follow the due process procedures outlined in [Chapter 3](#) of this manual. These procedures include proper notice, service of process, and the opportunity for hearing. To understand the authority and legal framework of a THO and the local board of health, those fulfilling the role of THO must become familiar with the Vermont statutes that apply to the local board of health.

### Role of the Town Health Officer

The duties of a THO, outlined in 18 V.S.A. § 602a, include:

1. Investigating when information is received about a condition that may be a public health hazard.
2. Enforcing the provisions of Title 18 and the rules and permits issued by the Health Department. (This includes notifying the Department upon discovery of any violation of rule regulated by the Department.)
3. Preventing, removing, or destroying any public health hazard, or mitigating any significant public health risk in accordance with provisions of Title 18.
4. Taking necessary steps, in consultation with the Health Department, to enforce all orders issued pursuant to 18 V.S.A. ch. 3.



The full text of Chapter 3 of Title 18 is available online at:

[legislature.vermont.gov/statutes/chapter/18/003](http://legislature.vermont.gov/statutes/chapter/18/003).

The THO is responsible for investigating and addressing public health problems in their town or jurisdiction. Therefore, THOs have the authority to enforce any of the health regulations in their

town. When THOs are called to perform an investigation, they should use the Complaint and Inspection Form to document findings and indicate actions taken. This form is included in the [Forms section](#) of this manual and available online at: [healthvermont.gov/tho/forms](http://healthvermont.gov/tho/forms).

## Unpacking the Statute



### 18 V.S.A. § 602a. Duties of local health officers

- (a) A local health officer, within his or her jurisdiction, shall:
  - (1) upon request of a landlord or tenant, or upon receipt of information regarding a **condition that may be a public health hazard, conduct an investigation;**
  - (2) **enforce the provisions of this title**, the rules promulgated and permits issued thereunder;
  - (3) **prevent, remove, or destroy any public health hazard, or mitigate any significant public health risk** in accordance with the provisions of this title;
  - (4) in consultation with the department, take the steps necessary to enforce all orders issued pursuant to chapter 3 of this title.
- (b) Upon **discovery** of violation or a public health hazard or public health risk that **involves a public water system, a food or lodging establishment, or any other matter regulated by department rule**, the local health officer shall **immediately notify the division of environmental health**. Upon discovery of **any other violation**, public health hazard, or public health risk, the local health officer shall **notify the division of environmental health within 48 hours of discovery** of such violation or hazard and of any action taken by the officer.

## Equipment & Expenses

Two important pieces of equipment THOs will need during an investigation are a notebook or laptop computer and a camera. The THO should use a notebook or computer to document every conversation and every relevant observation made during the course of their work. The THO can use these notes later to write a memo on a situation if it looks like the problem is not going to be corrected voluntarily. The memo can be written to inform the Selectboard or town manager of the developing situation, or to document the THO's conversations and observations in the file. If a THO does not have access to a computer, the town may provide access to a computer in a town office to create reports and memos. A THO should/may use a camera (preferably a digital camera) to provide visual images of the situation being assessed. THOs should determine if their town owns one that can be used or if the town will purchase one for the THO's use. Photographs provide excellent evidence and documentation of potentially hazardous conditions.

A town is required to compensate a health officer for reasonable expenses incurred in their role, as stated in 18 V.S.A § 602. THOs must work with their town or city to set a budget and plan

accordingly for any expenses associated with investigation and enforcement by the town health officer. This may include significant expenses associated with the prevention, removal, or destruction of any public health hazard or the mitigation of any public health risk. This may also include legal fees for consultation with a town attorney or court filing fees to enforce any health orders. THOs should therefore consult with their Selectboard to determine how the board would like to be notified of expenses incurred.

## Inspections & Investigations

THOs may conduct inspections to detect violations of any State or local health statute, rule, ordinance or permit, or any public health hazard or public health risk. Inspections must be conducted at a reasonable time and in a reasonable manner. The THO may, upon presentation of credentials, seek permission to inspect any premises not open to the public. If permission is refused, the THO may seek a search warrant from a district or superior court judge.

During an inspection and investigation, THOs should take detailed notes and write a thorough investigation report to document all findings regardless of whether a public health hazard is uncovered. These reports and notes are public record. The THO should keep copies of all records with the town office in accordance with the town's public recordkeeping practices.

The inspection and investigation report will become the foundation of any enforcement actions the local board of health may take on a particular issue in the future and could also potentially end up admitted to court as evidence by the town, a property owner, or any effected parties.

## Search Warrants

A THO can request the district or superior court judge to issue search warrants upon notification of an actual or potential public health hazard as provided in 18 VSA Chapter 3 § 121. The judge shall, upon a finding of probable cause, issue a warrant.

There is probable cause for a search warrant when:

1. A THO or law enforcement officer has reason to believe that a State or local health statute, rule, ordinance or permit has been violated; or
2. A THO or law enforcement officer has reason to believe that a public health hazard or public health risk may exist on the premises to be searched; or
3. Permission to inspect has been refused and the premises to be searched are subject to routine inspections in connection with a regulatory program conducted pursuant to this title.

THOs do not have the right to trespass or enter property (forcibly or otherwise) when they have been informed they may not enter. When permission to enter the premises has been refused,

THOs must seek a search warrant to inspect the area. It is a good idea for the THO to work closely with the town attorney when applying for a search warrant.

## Relationship with Selectboard & Board of Health

Relationships between THOs and their Selectboards vary around the state. Ideally, the THO and Selectboard work together, with the THO being the “working arm” of the local board of health and coordinating all local board of health activities. The THO should keep the Selectboard informed of public health issues in their town. They serve as the secretary and executive officer of the local board during the three-year term, as provided in 18 V.S.A. § 605.

The THO should be the driving force in establishing an informed, active and effective local board of health. The THO should deal with the day-to-day activities of the local board, realizing which



problems are important enough to bring to the entire board’s attention. If the THO is new, they should ask for input from the Selectboard. The THO should discuss with the board what they have been doing and how they perceive the THO’s role. That way, each party will know what is expected of the other.

## Liability

According to 18 V.S.A. § 624, actions taken by a THO, that are within the scope of their duties, are protected from liability by the same state laws that protect public employees. These liability protections only apply to actions taken as part of the THO role. Many THOs also hold other town positions such as sewage officer, lister, school director, etc. The State’s liability protections would not cover the THO while acting in their other positions.

## Assistance from the State

**Law Enforcement:** According to 18 V.S.A. § 617, the THO or the local board of health may call upon the assistance of sheriffs, constables, and police officers to help in the proper discharge of their duties. A sheriff, constable or police officer who neglects or refuses to render assistance to the THO shall be fined not more than \$200.00.

**Department of Health:** A THO also may call upon State health officials for technical or other assistance as needed. As required by 18 V.S.A. § 602a(b), upon the discovery of violations, public health hazards, or public health risks that involve a matter regulated by the Department, the THO should immediately notify the Department. This includes matters pertaining to:

- Licensed Food and Lodging Establishments
- Remediation or Renovation of Lead Paint
- Remediation or Renovation of Asbestos Containing Materials
- Public Water Systems
- Radiological Equipment

THOs should contact the Department within 48 hours of discovery of a violation or hazard and notify the Department of any action taken by the THO. The Department may request that the THO provide any inspection notes, reports and photographs.

**Contact:**

Vermont Department of Health  
Environmental Health Division



**Weekdays:**

Call toll-free 800-439-8550 Monday – Friday, 7:45 a.m. to 4:30 p.m.

**After-hours, weekends and holidays:**

Call the Duty Officer at 802-863-7240 or toll-free at 800-640-4374

**Other State Agencies and Departments:** A THO also may call upon other State officials for technical or other assistance as needed. In many situations, there is a State agency that has jurisdiction. THOs should become familiar with different types of problems and the agencies that have jurisdiction or technical expertise in that area. A list of resources is provided in the [Resources section](#) in this manual.

## Enforcement

**M**any times the THO will need to take a formal approach to solve a local health problem. The statutes at 18 VSA Chapter 3 provide the authority for the THO to address a local health problem, and to take enforcement action when necessary.



The full text of these statutes is available online at:  
[legislature.vermont.gov/statutes/chapter/18/003](http://legislature.vermont.gov/statutes/chapter/18/003).

THOs are responsible for addressing public health hazards in their town. Some health hazards may be private, not public, and the THO is not responsible for addressing private health hazards.

### What is a Public Health Hazard?



A public health hazard is defined in 18 V.S.A. § 2(9) as conditions (chemical, biological or physical) that have the potential to harm the health of the public. To determine whether a health hazard is public or private, THOs must consider at least the following:

1. **The number of people at risk** – for example, is the risk confined to a single household or are other people, such as neighbors, at risk?
2. **The characteristics of the person or people at risk** – for example, are the people at risk older adults, infants or individuals who are more susceptible to health hazards than healthy adults?
3. **The characteristic of the condition or agent that is the source of potential harm** – for example, is the condition a bag of garbage that smells, or a failed septic system in the school's playground? Sometimes the condition may present a hazard of such magnitude that the Commissioner of Health or a THO must take immediate action and is considered a significant public health risk.
4. **The availability of private remedies** – for example, is it a dispute that should be resolved among private parties, or is there a hazardous condition in the community that would still present the potential for harm to the public even if the private parties resolved their dispute?

5. **The geographical area and characteristics of the location of the source of the potentially hazardous condition** – for example, was a tank-load of septage dumped in the middle of an isolated 400-acre field, or was it dumped in a gravel pit that is in the recharge area of a public well?
6. **The Health Department’s policy as established by rule or procedure** – for example, the Rental Housing Health Code requirements are established by rule.

The THO should consider and weigh each of these factors in making the determination if conditions present a public health hazard or a public health risk (the probability of conditions to become a public health hazard). A public health hazard might fit into all these categories or it may only fit into one of them. The Department is available to assist with any technical questions a THO may have when completing this analysis.

## Role of the Town Health Officer

To carry out the duties specified in the law—including the responsibility to address a public health hazard, or a violation of a Health Department rule or permit—a THO may take certain enforcement actions. Enforcement actions include securing voluntary compliance and issuing health orders and emergency health orders.

When necessary, the THO may seek a search warrant to search the premises for violation of any State or local health law, rule, ordinance or permit, or to investigate a public health hazard. To obtain a search warrant, the THO must be able to show probable cause and apply for the search warrant to the local, district or superior court judge (18 VSA § 121).

## Voluntary Compliance

According to 18 V.S.A. § 124, when appropriate, the THO shall make all feasible efforts to secure voluntary compliance.



This means that the THO can do the following:

1. Encourage voluntary **cooperation** by persons responsible for the potentially hazardous condition and affected groups to adequately mitigate the condition and protect public health.
2. Encourage **local units of government** to handle violation problems within their respective jurisdiction.
3. Advise, consult, contact and cooperate with other **local, state and federal agencies, private entities and other interested individuals and groups**, and other states, interstate, or local agencies to work together to address the situation.
4. Encourage voluntary compliance through warnings, meetings, or any other similar means.

Waiting for voluntary compliance is not appropriate in all situations. In an emergency or a

situation where public health is at risk, a health order may be necessary if the party fails to alleviate or mitigate the public health hazard.

## Health Orders

The THO and the Selectboard can issue a health order to:

1. Prevent, remove or destroy any public health hazard.
2. Mitigate a significant public health risk.
3. Correct any violation of the laws in Title 18 of the Vermont statutes or a violation of any rules promulgated by the Health Department under those laws.
4. Correct any violation of a permit restriction or requirement.

A health order shall be effective as soon as it is issued, and may require any person responsible for contributing to the public health hazard or significant public health risk to take actions to protect public health. The health order is a legal document and it may be enforced by the local board of health in the local superior court. If the person does not comply with the health order, a judge can impose civil fines and criminal penalties on the relevant person(s).

**There are two types of health orders:** Regular health orders and emergency health orders. The main difference between the two is that an emergency health order does not require notice of intent and an opportunity for hearing before it is issued. The process for issuing a health order and an emergency health order both require formal service of specific documents on the individual(s) subject to the health order or emergency health order.



<b>(Regular) Health Order</b>		<b>Emergency Health Order</b>	
1	Notice of Intent and Procedural Rights Issued	1	Emergency Health Order Issued
2	Offer Opportunity for a Hearing	2	Notice and Procedural Rights Issued
3	Hold Hearing	3	Offer Opportunity for a Hearing
4	Offer Opportunity for a Hearing	4	Hold Hearing (Health Order upheld or revoked)

## Regular Health Orders

Regular health orders are explained in 18 V.S.A. § 126. A health order must be issued by the Selectboard, but it is the THO who performs the investigation and prepares the documents in support of a health order. The THO must follow this process:

1. **Preparing the supporting documents:** Prior to a health order being issued by the Selectboard, the THO must prepare certain documents and make sure that these documents are formally served on the party who would be subject to the terms of the health order. These documents include a notice of intent to seek a health order, any supporting evidence available, and statement of procedural rights.
  - a. Notice of intent: This is a statement by the THO stating why they believe that a health order is necessary. A draft of the health order that the THO is seeking should be a part of the notice of intent.
  - b. Supporting evidence: This includes anything the THO has been given, told, observed or sampled as part of the investigation. The THO should use the Complaint and Inspection Form as supporting evidence and include any evidence compiled through inspection notes or photographs.
  - c. Statement of procedural rights: This is a document that explains to the party against whom the health order is sought that they have the right to receive formal service of the documents, the right to ask the Selectboard for a hearing before the health order is issued, and the opportunity at that hearing to rebut any allegations and demonstrate that no health order should be issued.
2. **Serving the notice of intent to seek a health order:** The notice of intent to seek a health order, including the supporting evidence and statement of procedural rights, must be served to the person who would be subject to the health order, according to Rule 4 of the Vermont Rules of Civil Procedure.

The documents must be served by a sheriff or deputy sheriff, constable or other person authorized by law, by delivering a copy of the documents to the individual personally, or to a person of suitable age and discretion residing in that individual's home.

The person serving the process must make proof of the service either on the original process or a certificate of service attached for that purpose. The proof of service should be returned with that person's fees to the town or city attorney.

If, after due diligence, personal service cannot be made, the THO should contact their town attorney to seek assistance in pursuing alternative methods of service, or when the person to be served resides outside of Vermont.

3. **Attending the hearing:** The person receiving the notice of intent may request a hearing if they wish. Usually the notice of intent will include the time and place of the next Selectboard meeting when the THO will request a health order. If the person receiving the notice of intent or health order wants a hearing at that time, they should contact the Selectboard (through the town clerk) to be put on the meeting agenda. If the person cannot attend the Selectboard meeting, a separate meeting will have to be held. At the hearing, the THO will present their findings to support the need for a health order to be issued. The person against whom the order is sought is given an opportunity to rebut the allegations and demonstrate that no health order should be issued. The Selectboard makes the final decision on what action to take and is the authority that issues a health order.

**4. Writing the health order:**

- a. The health order should begin with a description of the THO's findings. These findings are the evidence that has been gathered and the reason the THO believes a health order is necessary. See example below.
- b. The health order should cite 18 V.S.A. §§ 126 and 602a that provide the statutory authority for the health order. In addition, the health order may cite a specific Health Department regulation (e.g. Vermont Rental Housing Health Code) or a local ordinance or permit.
- c. The second part of the health order should contain the specific actions that the party will be required to take. A list of examples of specific actions that can be ordered is provided in 18 V.S.A. § 126, and follows:
  - Prohibition of transportation, sale, distribution or supplying of water, food or any other materials or services.
  - Repair, installation, construction, operation or implementation of purification equipment or methods.
  - Testing, sampling, monitoring, surveying or other analytical operations required to determine the nature, extent, duration or severity of the public health hazard or public health risk.
  - Impounding, destruction or removal of any public health hazard.
  - Quarantine or isolation of any area, persons, animals or materials.
  - Closing of and the prohibition of assemblage in any food or lodging establishment, church, school or any other place of assemblage.
  - Cessation of any acts, discharges or processes contributing to a public health hazard or public health risk.

- Medical or veterinary treatment of any agent that is contributing to a public health hazard or a public health risk.
- Giving of notice to potential users, including travelers, of the goods or services, of the nature, extent and possible health effects of the public health hazard or public health risk and precautions to be taken by such users.
- Any other affirmative acts or prohibitions necessary to mitigate a significant public health risk.

This list provides examples of the kinds of actions or prohibitions that may be required in the health order. The health order is not limited to these 10 actions. The health order should include the specific actions or prohibitions necessary to mitigate the public health hazard sufficiently to assure the protection of public health. The health order is issued by the Selectboard and is effective as soon as it is issued.

## Emergency Health Orders

For an emergency health order, the format, supporting evidence, method of service, and statement of procedural rights are all the same as the regular health order. The following is a list of critical differences between a regular health order and an emergency health order:

1. The THO may issue an emergency health order when the THO determines it is necessary to prevent, remove or destroy an imminent and substantial public health hazard or to mitigate an imminent or significant public health risk.
2. The THO may issue an emergency health order whereas the Selectboard must issue a regular health order.
3. An emergency health order is issued before a hearing is held, since the time it would take to schedule a hearing would increase the threat or risk to public health.
4. The emergency health order is effective upon actual notice to the person against whom the order is directed. The order shall be served in accordance with Rule 4 of the Vermont Rules of Civil Procedure as discussed in Section 2 under [regular health orders](#) (above).
5. In addition to the documents necessary for a regular health order, the THO must prepare a written statement of why the emergency health order is needed. This written statement, together with a statement of procedural rights and the evidence, must be made available as soon as possible to the person to whom the order is directed.
  - a. The person subject to an emergency health order shall have an opportunity, within five business days from when the order was issued, to have a hearing in front of the Selectboard. However, the emergency health order is effective upon receipt and must be complied with until the hearing. If a hearing is requested, the person subject to the

emergency health order may rebut the allegations upon which the emergency health order is based.

- b. A person who is in full compliance with an emergency health order may request, and shall be granted, an extension of the hearing date.
- c. After the hearing, the Selectboard shall issue an order (same as a regular health order) that either affirms, modifies or terminates the emergency health order.
- d. If a hearing is not requested, the THO needs to request this final order at the next Selectboard meeting.



Statutory citations for an emergency health order are 18 V.S.A. § 127. The full text of this statute is available online at:

[legislature.vermont.gov/statutes/section/18/003/00127](http://legislature.vermont.gov/statutes/section/18/003/00127).

## Civil & Criminal Enforcement

If a health order or emergency health order has been violated, the THO or local board of health may also bring an action in the superior court of their county to enforce the law or seek injunctive relief, as provided in 18 V.S.A. § 130. The court may order that a public health hazard be removed or destroyed, stop any planned activities that could contribute to the hazard, order remedial actions, or other actions that could mitigate the risk.

The court may also order the person who caused the government expenditures to reimburse the town or city for any funds spent in its investigation and mitigation of public health risk or the investigation, abatement or removal of public health hazards—including the costs of the enforcement action.

In addition, the court may assess civil penalties up to \$10,000.00 for each violation and, in the case of a continuing violation, each day's continuance may be deemed a separate violation. In addition, the court may impose criminal penalties, as provided in 18 VSA § 131.

## Example Format for Health Order

[Town Letterhead or Header]

[Town] Board of Health  
Public Health Order

Upon investigation of Health Officer [THO name] and testimony provided at the hearing of [hearing date], the [town] Board of Health finds the following:

**Finding of Facts**

1. [list relevant fact]
2. [list relevant fact]
3. [etc.]

**Conclusion of Law**

In accordance with state and local law, I am by this notice notifying you of the following determination:

A PUBLIC HEALTH HAZARD [OR RISK] EXISTS AT [location address]. Said hazard is in violation of [list relevant statutory and regulatory provisions]. [Provide any additional information or justification including what the impact to public health is or could be.]

**Order**

Therefore, by the authority granted in 18 V.S.A. §126, 602a, it is hereby ordered.

1. ORDERED: [list required action]
2. ORDERED: [list any additional required actions and timelines]

**Appeal Rights**

[Either list procedural appeal rights or include attachment with “see attached” in this section.]

X \_\_\_\_\_  
[Chairman, Board of Health]

## Rental Housing

**T**own health officers are often called upon to inspect rental property. THOs serve an important role as the primary enforcement for the Rental Housing Health Code. Either the property owner or the tenant may make a complaint of a violation. When a THO is contacted, they are responsible for checking the property to verify that it meets the Vermont Rental Housing Health Code. A copy of the Rental Housing Code is included in this chapter (on the following pages) and available online at:



[healthvermont.gov/sites/default/files/REG\\_Rental\\_Housing\\_Code.pdf](http://healthvermont.gov/sites/default/files/REG_Rental_Housing_Code.pdf).

The THO should call the Health Department for technical assistance as needed.

### Rental Housing Inspections

One of the THO's duties as provided in 18 V.S.A. § 602(a) and 603 is to enforce the rules promulgated by the Health Department, including the Rental Housing Health Code. The role of the THO in enforcing the Rental Housing Health Code is to:

1. Inspect rental housing upon request/complaint from either tenant or property owner, or if the THO receives information about a potential public health hazard. The inspection should cover the entire Rental Housing Health Code, not just the subject of the complaint.
2. Document findings in a written inspection report using the **Town Health Officer Rental Housing Inspection Checklist**, included in the [Forms section](#) of this manual or available online at: [healthvermont.gov/sites/default/files/documents/pdf/Env\\_THORental-Inspection.pdf](http://healthvermont.gov/sites/default/files/documents/pdf/Env_THORental-Inspection.pdf).



The report must:

- a. Describe any violations of the Rental Housing Health Code;
- b. Specify what action is required to correct the violation(s);
- c. Establish timelines for correction of the violation(s);

- d. Provide notice to the landlord and tenants that the unit affected by the violations may not be rented to a new tenant until the violations are corrected; and
- e. Provide notice to tenants that the landlord must have access to the unit to make the corrections.
- f. Provide a copy of the inspection report to the property owner/landlord and any tenants affected by the violation(s) in a timely fashion.
- g. If the entire property is affected by the violation(s), the THO must post a notice of violation in the common area and provide access to the inspection report for all tenants. The Notice of Violation form is included in the [Forms section](#) of this manual or available online at:  
[healthvermont.gov/sites/default/files/documents/pdf/ENV\\_THO\\_NoticeOfViolation\\_RHHC.pdf](http://healthvermont.gov/sites/default/files/documents/pdf/ENV_THO_NoticeOfViolation_RHHC.pdf)
- h. The THO may impose a fine of up to \$100 per day for each violation that is not corrected by the date set in the inspection report, or if the unit is re-rented to a new tenant before the violations have been corrected. The town's Selectboard and the THO should agree upon the procedure for implementing any fines.
- i. If findings upon inspection or re-inspection demonstrate that voluntary compliance has not been obtained and the condition of the property continues to violate the Rental Housing Health Code, the THO may be required to enforce the Rental Housing Health Code by issuing a health order (18 VSA § 126) or emergency health order (18 VSA § 130), as discussed in Chapter 3 of this manual.

**Note: those municipalities that have their own code enforcement offices should follow procedures established by the municipality when conducting rental housing inspections.**

The full text of the Rental Housing Health code has been printed in this manual for convenience:

## Chapter 6 – Environmental Health Rules

### Subchapter 6

## Rental Housing Health Code

### 1.0 Authority

This code is adopted pursuant to 18 V.S.A. § 102, 3 V.S.A. § 3003(a) and 3 V.S.A. § 801(b) (11).

### 2.0 Purpose

The purpose of this code is to protect the health, safety and well-being of the occupants of rental housing. This code establishes minimum health and habitability standards that all residential rental housing in Vermont must conform to.

### 3.0 Scope

**3.1** This Rental Housing Health Code shall apply to all rented dwellings, dwelling units, rooming houses, rooming units and mobile home lots used as a regular residence.

**3.2** This code does not apply to a licensed lodging establishment when the occupancy is subject to meals and rooms tax pursuant to 32 V.S.A. ch. 225. This code does not apply to tents or similar structures provided to persons choosing to live in such shelters as part of what is primarily an educational or experiential opportunity.

### 4.0 Definitions

**4.1** “**Common Space**” means all interior passageways, hallways, foyers, stairways, basements and other rooms in a dwelling or rooming house used or intended for use by the occupants of more than one dwelling unit or rooming unit.

**4.2** “**Dwelling**” means a rented building or structure, excluding tents or similar structures used for the express purpose of camping, that is wholly or partly used or intended to be used as a primary residence for living or sleeping by human inhabitants. This includes rented mobile homes and “housing provided as a benefit of farm employment” as defined in 9 V.S.A. § 4469a (a)(3).

**4.3** “**Dwelling Unit**” means a room or group of rooms within a dwelling, or any dwelling forming a single habitable unit used or intended for use for living, sleeping, cooking and eating.

**4.4** “**Food Residual or Food Scrap**” means source separated and uncontaminated material that is derived from processing or discarding of food and that is recyclable, in a manner consistent with 10 V.S.A. § 6605k. Food residual may include preconsumer and postconsumer food scraps. "Food residual" does not mean meat

and meat-related products when the food residuals are composted by a resident on site.

- 4.5 “Habitable Room”** means every room or enclosed floor space, used or intended to be used for living, sleeping, cooking or eating purposes excluding bathrooms, toilet compartments, closets, halls, storage or utility spaces and similar areas.
- 4.6 “Immediate Family”** means a person’s parents, spouse, domestic partner, children and siblings.
- 4.7 “Infestation”** means the presence of any pest or bedbug that creates a health hazard or other risk to the preservation of public health.
- 4.8 “Local board of health”** means the select board or city council, together with the health officer as provided by 18 V.S.A. §§ 601 and 604.
- 4.9 “Local Health Officer”** means the properly designated and appointed health officer or deputy health officer as authorized and appointed in accordance with 18 V.S.A. § 601.
- 4.10 “Mobile Home”** means a structure or type of manufactured home as defined in 10 V.S.A. § 6201 (1) that is designed for long-term and continuous residential occupancy.
- 4.11 “Mobile Home Lot”** means any parcel of land not located in a mobile home park (as defined in 10 V.S.A. § 6201~~-(2)~~) that is leased to a mobile home owner and established by the owner of the parcel of land as being the area in which the leaseholder establishes a property right by way of a lease. This code is not meant to apply to the rental of a lot in a mobile home park under the jurisdiction of 10 V.S.A. ch. 153.
- 4.12 “Occupant”** means a tenant and every person or guest entitled to be living and sleeping in a dwelling, dwelling unit, rooming house or rooming unit or on the premises of a rented mobile home lot.
- 4.13 “Owner”** means any person who alone, jointly or severally with others:
- 4.13.1** Has legal or equitable title to any premises, dwelling, dwelling unit, rooming house, rooming unit or mobile home lot; or
  - 4.13.2** Has charge, care, management or control of any premises, dwelling unit, rooming house, rooming unit or mobile home lot; or
  - 4.13.3** Is the landlord or lessor of any premises, dwelling, dwelling unit, rooming house, rooming unit or mobile home lot; or
  - 4.13.4** Is the authorized agent of the property owner of any premises, dwelling, dwelling unit, rooming house, rooming unit or mobile home lot.
- 4.14 “Person”** means every individual, corporation, partnership, government, governmental subdivision or agency, business trust, estate, trust, association, firm, group or any other legal or commercial entity.
- 4.15 “Pest”** means any unwanted animal, including any insect, that is a potential vector for human disease and presents a public health threat.

- 4.16 “Premises”** means the buildings, grounds and facilities associated with a dwelling, dwelling unit, rooming house or rooming unit and the grounds, areas and facilities associated with a rented mobile home lot that are held out for the use of occupants generally or whose use is promised to the occupant.
- 4.17 “Recyclables”** means the following source separated materials: aluminum and steel cans; aluminum foil and aluminum pie plates; glass bottles and jars from foods and beverages; polyethylene terephthalate (PET) plastic bottles or jugs; high density polyethylene (HDPE) plastic bottles and jugs; corrugated cardboard; white and colored paper; newspaper; magazines; catalogues; paper mail and envelopes; boxboard; and paper bags.
- 4.18 “Rental Housing”** means all dwellings, dwelling units, rooming houses, rooming units, or mobile home lots let by the owner to one or more persons to be used as a regular residence.
- 4.19 “Rooming House”** means any dwelling or part thereof containing one or more rooming units and/or one or more dormitory rooms in which space is let by the owner or operator to one or more persons who are not immediate family members of the owner.
- 4.20 “Rooming Unit”** means the room or group of rooms let to an individual or household for use as living and sleeping, but not for cooking or eating purposes, whether or not common cooking facilities are made available.
- 4.21 “Rodent-proof”** means construction, installation and maintenance which under foreseeable conditions will prevent the movement of rodents to or from a dwelling or rooming house, or gaining access to food, water or any place where rodents can live, nest or seek shelter. It consists of the closing and keeping closed of every opening in foundations, basements, cellars, exterior and interior walls, ground or first floors, roofs, sidewalk gratings, sidewalk openings, and other places that may be reached and entered by rodents by climbing, burrowing or other methods.
- 4.22 “Trash”** means combustible and noncombustible waste materials that are not composted or recycled. This includes any products not included in the definitions of “Food Residual or Food Scrap” or “Recyclables.”
- 4.23 “Ventilation”** means the adequate supply and removal of air to and from a space through windows, skylights, doors, grilles, ducts or mechanical devices.
- 4.24 “Violation”** means any condition in or on the premises of a rented dwelling, rooming unit, rooming house or rented mobile home lot which fails to meet any requirement of this code.
- 4.25 “Watertight”** means so constructed that the structure is substantially impermeable to water.
- 4.26 “Weathertight”** means so constructed that the structure resists weather and excludes rain and snow, and prevents the infiltration of air.

## 5.0 Sanitation Facilities

**5.1 Kitchen Facilities:** Every dwelling unit shall contain within the unit space to store, prepare and serve foods in a sanitary manner, including the presence of a kitchen sink.

### 5.2 Bathroom Facilities:

**5.2.1** Every dwelling unit shall contain within the unit a flush toilet, sink and bathtub or shower located in a room or rooms separate from the habitable rooms and which affords privacy.

**5.2.2** Shared Bathroom Facilities: The occupants of not more than two dwelling units which are located in the same dwelling may share bathroom facilities under the following circumstances:

**5.2.2.1** Neither of the two dwelling units contains more than two habitable rooms; however, for the purpose of this section, a kitchen with not more than 60 square feet of floor area is not counted as a room; and

**5.2.2.2** The habitable room area of each dwelling unit aggregates not more than 300 square feet; and

**5.2.2.3** The toilet and sink are within a room separate from the habitable rooms, which affords privacy and which is accessible to the occupants of each dwelling unit without going through the dwelling unit of another person or outside the dwelling; and

**5.2.2.4** The bathtub or shower is within a room separate from the habitable rooms, which affords privacy and which is accessible to the occupants of each dwelling unit without going through the dwelling unit of another person or outside the dwelling.

### 5.2.3 Rooming Houses:

**5.2.3.1** Every rooming house shall be equipped with at least one toilet and one sink for each 10 persons and one bathtub or shower for each eight persons or fraction thereof living within the rooming house, including members of the immediate family of the owner if they share use of the facilities.

**5.2.3.2** Every toilet, sink and bathtub or shower required by this section shall be located in a room or rooms which: afford privacy and are separate from the habitable rooms and are accessible from a common hall without going outside the rooming house and are not more than one story removed from the rooming unit of any occupant intended to share the facilities.

**5.3 Non-absorbent Surfaces:** The floor and counter surfaces of every bathroom and kitchen in dwelling units and rooming houses shall be constructed and maintained to be a smooth, non-corrosive, non-absorbent and waterproof covering. This shall not prohibit the use of carpeting for floors in kitchens and bathrooms, or the use of wood for floors in kitchens, provided the following qualifications are met:

- 5.3.1 Carpeting must contain a solid, nonabsorbent, water repellent backing which will prevent the passage of moisture through it to the floor below; and
- 5.3.2 Wood flooring must have a water resistant finish and have no cracks to allow the accumulation of dirt and food, or the harborage of insects.

#### **5.4 Water Supply/Wastewater Disposal:**

- 5.4.1 Supply: Every rented mobile home lot shall have access to and every dwelling unit or rooming house shall be connected to: a supply of water sufficient in quantity and pressure to meet the ordinary needs of the occupant(s).
- 5.4.2 Potable Water: Water provided to a rented mobile home lot and to every kitchen sink, bathroom sink and bathtub or shower in a dwelling unit or rooming house shall be from a public water supply system that is monitored and regulated by the Water Supply Division of the Vermont Department of Environmental Conservation, or a private supply free from impurities in amounts sufficient to cause disease or harmful physiological effects as per Vermont Department of Health testing guidelines for private water supplies. Any health-based contaminant in a private water supply that is found to be elevated shall be treated to reduce levels to existing maximum contaminant levels (MCL) or Vermont Health Advisories where no MCL exists.
- 5.4.3 Hot Water: Every kitchen sink, lavatory sink, shower and tub-shower combination shall be connected with water heating facilities in working order that are capable of safely heating an adequate yield of water. Shower and tub-shower combinations must be plumbed to be able to achieve a hot water temperature greater than or equal to 100°F and remain less than 120°F at the fixture.
- 5.4.4 Water Supply Deficiencies: Owners of dwellings, rooming houses and rented mobile home lots with short-term deficiencies in water quality or quantity must provide occupants with an alternate, adequate and accessible supply of water for drinking and sanitation until a regular source of water is made available.
- 5.4.5 Sewage Disposal: Owners of rented mobile home lots shall provide hook-up to and owners of all dwellings and rooming houses shall connect all kitchen sinks, toilets, bathroom sinks, bathtubs, showers, washing machines and dishwashers to a public sewage system if available, or to a properly operating subsurface wastewater disposal system. Each wastewater disposal system shall be operated so that sewage does not back up into the dwelling, flow to the ground surface or directly into surface water.
- 5.4.6 Plumbing Connections: All plumbing systems shall be maintained in good repair.

## **5.5 Sanitary Conditions for Trash, Recyclables, and Food Scraps:**

### **5.5.1 Facilities:**

**5.5.1.1** Trash, recyclables, and food scraps that are placed outside a dwelling or rooming house shall be stored in durable, cleanable receptacles. Receptacles for trash and food scraps shall also be watertight and have properly-fitting covers.

**5.5.1.2** The owner of any dwelling or rooming house shall provide and maintain appropriate receptacles for the removal of trash, recyclables, and food scraps in accordance with 10 V.S.A. ch. 159.

### **5.5.2 Collection of trash, recyclables, and food scraps:**

**5.5.2.1** The owner of any dwelling or rooming house shall assure that arrangements are made for the removal of trash, recyclables, and food scraps in accordance with 10 V.S.A. ch. 159.

**5.5.2.2** Trash, recyclables, and food scraps shall be removed from dwellings and rooming houses as often as is necessary to maintain a sanitary structure, not less than once every week.

### **5.5.3 Responsibilities:**

**5.5.3.1** Owner Responsibilities: The owner of every dwelling or rooming house shall be responsible for maintaining in a clean and sanitary condition free of trash, recyclables, and food scraps all common areas as well as any other part of the premises not used as a dwelling space.

**5.5.3.2** Occupant Responsibilities: The occupant of every dwelling unit or rooming unit shall be responsible for maintaining in a clean and sanitary condition and free of trash, recyclables, and food scraps that part of the premises which he or she exclusively occupies.

## **6.0 Pest and Bedbug Control and Management**

### **6.1 Owner Responsibilities:**

**6.1.1** The owner of a dwelling shall maintain all common spaces free from infestation.

**6.1.2** The owner of a dwelling shall be responsible for extermination of infestation in all common spaces.

**6.1.3** The owner of a dwelling shall be responsible for extermination of any infestation in any dwelling unit when infestation in a dwelling unit is caused by his or her failure to maintain the dwelling or infestation exists in two or more of the dwelling units in any dwelling.

**6.1.4** The owner of a rooming house shall maintain all rooming units and common spaces free from infestation and shall be responsible for extermination.

- 6.2 Occupant Responsibilities:** The occupant of each dwelling unit shall maintain that part of the dwelling he or she exclusively occupies free from infestation and shall be responsible for extermination when the infestation is caused by his or her failure to maintain the dwelling unit except as provided for in Section 6.1.3.
- 6.3 Extermination of Pest Animals and Bedbugs:** Extermination shall be accomplished by eliminating the harborage place of pests and bedbugs, by removing or making inaccessible materials that may serve as their food or breeding ground and by treatments including but not limited to poisoning, spraying, fumigating, heat treating, or trapping.

## **7.0 Heating**

Heating facilities in all dwelling units and rooming houses shall meet the following standards:

- 7.1** Heating facilities shall be provided when the outside temperature is less than 55°F (13°C).
- 7.2** Heating facilities shall be properly functioning and in good repair.
- 7.3** Heating facilities shall be able to maintain a room temperature of at least 65°F (18°C) in all habitable rooms, kitchens, and bathrooms. The maintenance of required heating levels shall be accomplished without overheating one room as a means of meeting minimum heating requirements for adjacent rooms. The temperature may be read and the requirement shall be met at a point three feet above floor level and three feet from an exterior wall.
- 7.4** Heating facilities shall be vented to the outside of the building. Un-vented fuel fired space heaters are prohibited in dwellings or rooming houses.
- 7.5** Every owner who provides heat as part of the rental agreement to occupants of dwelling units or rooming units shall maintain the provided heat at all times to all habitable rooms, kitchens, and bathrooms when the outside temperature is less than 55°F (13°C).

## **8.0 Natural and Mechanical Ventilation**

- 8.1** The owner of dwellings and rooming houses shall provide ventilation to the outdoors as follows so as to not endanger the health and safety of the occupants:
- 8.1.1** Every habitable room shall include at least one window or door in good repair located on an outside wall that is capable of being opened to admit fresh air.
- 8.1.2** Screens shall be provided for all operable windows and for doors that are providing ventilation when a window is not available. All screens shall be maintained in good repair and be free from tears, holes, or other imperfections of either screen or frame that would admit insects such as flies or mosquitoes.

- 8.1.3 All hallways and stairways in common spaces shall be adequately ventilated.
- 8.1.4 Every bath, toilet or shower room shall be ventilated by direct access with the external air either by window, airshaft or ventilation fan. If a ventilation fan is used, it shall be vented directly to the exterior of the building and be of sufficient size to prevent the buildup of moisture.
- 8.1.5 All clothing dryers shall be vented directly to the exterior of the building.
- 8.2 Use of vaporizers/humidifiers: Vaporizers/humidifiers shall not be used by dwelling or rooming house occupants or owners in such ways that cause an elevated relative humidity (above 60%), promoting the growth of microorganisms and visible mold.

## **9.0 Lighting and Electricity**

- 9.1 Every habitable room in a dwelling unit or rooming house other than a kitchen shall contain at least two duplex electrical outlets or one duplex electrical outlet and one electrical light fixture.
- 9.2 Every kitchen in a dwelling unit or rooming house shall contain at least one electric light fixture and two duplex electrical outlets.
- 9.3 Every other room in a dwelling unit or rooming house shall contain at least one electric light fixture.
- 9.4 All building entrances in dwellings or rooming houses and all common areas in rooming houses or dwellings containing two or more dwelling units shall be adequately lighted to provide for safe and reasonable use and safe access and egress to and from the building.
- 9.5 All electrical systems in dwellings, rooming houses and on rented mobile home lots shall be maintained in safe working condition.

## **10.0 Structural Elements**

- 10.1 Every owner of a dwelling or rooming house shall provide and maintain the foundation, floors, walls, doors, windows, ceilings, roof, staircases, chimneys and other structural elements of his or her dwelling, dwelling unit, rooming house or rooming unit so that it is weathertight, watertight, rodent proof and in good repair.
- 10.2 Every occupant of a dwelling or rooming house shall exercise reasonable care in the use of the structural elements of the building to maintain it in good working condition.
- 10.3 Every dwelling, dwelling unit, rooming house or rooming unit shall be maintained to be free from the regular or periodic appearance of standing water or excessive moisture, which may result in visible mold growth.

## **11.0 Mobile Homes on Rented Lots**

**11.1** It shall be the responsibility of the owner of a rented mobile home lot to provide connection to electrical services, water supply and sewage disposal to a location on each lot from which these services can be connected to the mobile home.

**11.1.1** Electrical Services: The mobile home lot owner is responsible for installation and maintenance of the electrical service to the main electrical panel in the home.

**11.1.2** Water Supply: The mobile home lot owner is responsible for the maintenance of water lines to a point at which the lines surface under the mobile home.

**11.1.3** Sewage Disposal: The mobile home lot owner is responsible for the maintenance of the sewage disposal system to the point where it surfaces from the ground to service the mobile home.

## **12.0 General Responsibilities**

**12.1** Owners:

**12.1.1** No owner shall let to another for occupancy any dwelling, dwelling unit, rooming house, rooming unit or mobile home lot which does not comply with the requirements of this code. It shall be the responsibility of the owner to maintain all premises in compliance with this code.

**12.1.2** No owner shall cause any water, sewer, equipment or utility which is required by this regulation to be removed, shut off or discontinued for any occupied dwelling, dwelling unit, rooming house, rooming unit or mobile home lot except for such temporary interruption as may be necessary while actual repairs or alterations are in process or during temporary emergencies.

**12.1.3** No rental agreement containing any provision purporting to transfer responsibilities between owner and occupant other than as imposed herein, shall be effective for the purposes of this code.

**12.2** Occupants:

**12.2.1** No occupant shall use or occupy his or her dwelling unit, rooming unit or rented mobile home lot in such a way as to cause non-compliance with this code.

**12.2.2** Every occupant shall exercise reasonable care in the use of his or her dwelling unit, rooming unit or rented mobile home lot and shall maintain it in such a manner that it does not create a health hazard for his or her neighbors.

**12.3** Existing structures and premises that do not comply with provisions in this code shall be altered or repaired to achieve compliance.

## Life Safety in Rental Housing

The Rental Housing Inspection Checklist covers some items not included in the Rental Housing Health Code. These primarily address life safety concerns in housing and the THO should refer them to a local fire marshal after deficiencies are found during an inspection. THOs should check apartments for working smoke and carbon monoxide alarms and make sure all rentals have at least two exits that are not blocked. Every bedroom must also have a working egress window (20" x 24" and no more than 44" above the floor) to make sure that firefighters and first responders can safely and quickly enter and exit a space with their necessary equipment. Finally, every unit must have a working fire extinguisher. Contact the appropriate regional office with any questions or to request a State fire marshal to assist with a joint inspection. Find the appropriate local regional office online at: [firesafety.vermont.gov/contactus](https://firesafety.vermont.gov/contactus).



## Lead Paint in Rental Housing

Property owners of rental properties in Vermont constructed before 1978 are required to file an annual Essential Maintenance Practice (EMP) Compliance Statement. THOs can check the filing status of any rental property by contacting the Health Department at 800-439-8550 or online at: [secure.vermont.gov/VDH/emp/CheckEMPStatus](https://secure.vermont.gov/VDH/emp/CheckEMPStatus).



## Avoiding Landlord / Tenant Conflicts

A THO's role is to conduct the health inspection of a rental property. THOs should not attempt to provide legal advice to either a property owner or a tenant. They can provide contact information to both parties to help them seek guidance and resolve issues involving things like eviction, withholding of rent, and reimbursement for damages by referring them to materials from the Department of Housing and Community Development, available online at: [acd.vermont.gov/housing/resources-rules/renters-landlords](https://acd.vermont.gov/housing/resources-rules/renters-landlords).



**Parties can also be referred to some of these organizations:**



## Sewage & Septic Systems

**W**astewater systems (septic systems) help protect human health and the environment by treating the wastewater (sewage) before it reaches groundwater or surface water. Household wastewater from sinks, toilets, washing machines and showers carries dirt, soap, food, grease and bodily wastes out of a home. Soil-based septic systems serve approximately 25 percent of U.S. households and one in every three new homes built today uses these systems. In Vermont, it is estimated septic systems serve 55 percent of the population.

Wastewater carries disease-causing microorganisms called pathogens. It is for this reason soil-based systems are designed to minimize human contact and therefore minimize illness. If the system fails and the effluent from these systems travels, pathogens and/or nutrients can reach surface waters, causing public health concerns as well as the degradation of the quality of lakes, ponds and streams to the point where desirable aquatic life is eliminated or recreational uses are precluded.

### Septic System Basics

There are different types of septic systems, including some innovative alternative designs that are currently approved for use in Vermont.

In general, all systems are composed of the following three components:

1. The septic tank, which separates, retains solids and scum from the effluent, and begins to treat the wastewater.
2. The distribution system, which conveys septic tank effluent to a leachfield.
3. The leachfield disperses the effluent to the soils for treatment by natural physical, chemical, and biological processes.

Homeowners are responsible for the maintenance, operation, and protection of their septic systems. This includes regular pumping of the septic tank to remove the solids and scum that have accumulated, as well as protecting the drain field by not compacting the surrounding soil or damaging pipes (by not driving vehicles, paving, or planting trees/shrubs in the area). In addition,

water use in excess of a system’s design capacity—or improper disposal of solid wastes or chemicals down the drain—can lead to inadequate wastewater treatment or system failure.

## Role of the Town Health Officer

Through general statutory responsibility to protect public health in their communities (18 VSA §§ 126, 127, and 130), the THO’s role pertaining to wastewater disposal is to respond to complaints of failing systems.



18 V.S.A. § 613b more specifically defines the THO’s and local boards of health’s jurisdiction over sewage disposal *“includes emergent conditions which create a risk to the public’s health as a result of sewage treatment and disposal, or its effects on water supply, but does not include the power to adopt ordinances, rules and regulations relating to design standards for on-site sewage disposal systems. The board may act to abate nuisances affecting public health caused by the failure of a sewage disposal system to*

*(1) prevent surfacing of sewage and creation of a health hazard; or (2) prevent the pollution or contamination of drinking water supplies, groundwater and surface water; or (3) maintain sanitary and healthful conditions during operation.”*

When made aware of a sewage problem, a THO’s first step is to **immediately** investigate. Septic system problems are easy to identify. Some of the most common are: slow flushing toilets, foul odor, lush green grass, water puddling near the septic tank or drainage area, and/or slow drainage or back up of sinks, toilets or floor drains. The appearance of one or more of these situations could indicate the failure of the pipes, septic tank or leaching area.

A failed septic system must be creating a risk to public health or a public health hazard for a THO to take enforcement action.

### Examples of public health hazards include:

1. Wastewater or effluent is surfacing on the ground or is draining into nearby surface water.
2. Wastewater or effluent is backing up into the sink, toilet, shower or basement.
3. Surfacing grey water (wastes from sinks, showers or washing machines) can also be considered a public health hazard as it contains pathogens and needs the same treatment as wastewater from toilets.



If wastewater or effluent is backing up into a private (owner-occupied) home and is not surfacing on the ground outdoors or creating a nuisance affecting public health, the THO would not have jurisdiction. This would be considered a private health hazard. Nevertheless, they could assist the homeowner in obtaining services to diagnose the problem and ensure that they work with the

proper town or State officials in obtaining permits if system repairs are needed.

## Possible Causes for Septic System Failure

- Poor site location (slowly permeable soil or high ground water table).
- Poorly designed (such as not large enough) to handle the amount of effluent being generated
- Poor construction (such as smearing the soil beneath the leachfield)
- Discharging more water to the system than the system is designed to dispose
- Improper disposal of fats, grease, oils, garbage disposals, and household chemicals down the drain
- Poor maintenance of the system (not regularly pumping the septic tank)
- Driving heavy equipment over the leach field
- Trees growing near the leach field (roots can clog or break piping materials)
- Construction near the leachfield that directs surface water to pond over the leachfield
- Flooding resulting in loss of coverage of drainage piping
- Extreme freezes resulting in frozen and cracked sewer lines



### Diagnosing a Problem

The following is a list of helpful hints for THOs to use in determining whether a septic system is failing:

1. In the basement or crawlspace of a dwelling, locate the large pipe that goes to the septic tank. The location of this pipe will give an idea of the general location of the septic system.
2. Check any low spots, embankments or ditches that are in the area. Surfacing effluent will usually become evident in a low area near the leachfield.
3. Check for brush piles, junk piles, compost piles or fresh piles of dirt or gravel near the septic system. These are sometimes used to cover up problems.
4. Check for the end of pipes that may be exposed. These may be coming from sinks or washing machines or overflows from septic tanks ("straight pipe disposal").
5. Look for areas of lush, green vegetation that stand out as compared to surrounding vegetation. This may not always indicate a failure, but highlights areas for further investigation.
6. Inspect any bodies of water nearby (streams, ponds, rivers).

7. If there is a question of whether a system is failing, where the wastewater is coming from, or whether a system is contaminating a surface water source, dye tablets can be used to document a problem.

### Using Dye Tablets to Document/Diagnose a Failing System

- Most plumbers can supply dye tablets and instructions.
- Different colored dyes can be used when there is more than one system in question.
- Eight tablets should be used for every 500 gallons of septic tank size. If THOs are unsure of the tank size and the unit is a single-family home, at least a dozen tablets should be used.
- The tablets can either be flushed down the toilet or dissolved in warm water and then poured down a sink or other drain. It may be necessary to dye the system more than once during the time period to see results.
- The area should be inspected every 24 hours for up to five days. It may take that long for the dye to show.
- If dye is found in the area, the system may be failing, and the owner may need to immediately correct the problem.
- If there is no visible dye in the area, this could indicate that the system is operating properly, but does not rule out the possibility of a system failure. The THO should continue the investigation if they still believe that there is a problem.

### Responding to a Failed System

Once a THO has determined that a septic system is failing and creating a public health risk or public health hazard, they should take the following steps immediately:

1. **Voluntary Compliance:** THOs should inform the property owner (or responsible party) of his or her findings and request immediate voluntary compliance from the owner to stop the system failure. This should include requiring the owner to:
  - a. Have the septic tank pumped within 24 hours and monitored (and continued to be pumped as necessary) to avoid failing again – until the system has been permanently repaired.
  - b. Spread lime and straw and put up temporary fencing around the area of surfacing sewage. If the back-up is inside, the affected area should be cleaned thoroughly and disinfected. A plumber may be needed to “snake” the pipeline from the house to the septic tank.

- c. Contact a professional engineer or licensed designer to assess and determine the repair necessary to correct the septic problems. Unless the repair is a minor repair as defined in the Wastewater System and Potable Water Supply Rules, the landowner will need a permit from the Department of Environmental Conservation prior to making any repair, as well as any local permits.
2. **Enforcement:** If it is apparent that the owner (or responsible party) will not voluntarily comply with the THO's requests, the THO should initiate appropriate enforcement action, as discussed in [Chapter 3](#) of this manual. If the THO determines that the wastewater or effluent presents an imminent and substantial significant public health risk, the THO should issue an emergency health order at once to ensure that the problem is quickly rectified.

The emergency health order should direct the owner to immediately address the situation and to take the actions outlined in the voluntary compliance section above.

3. **Other Authorities:**

- a. Local Jurisdiction: THOs should notify the town official responsible for enforcement of any septic ordinances (often this is the town sewage officer or the zoning officer) when a system in their community must be repaired to ensure that the correct procedures and proper permits are acquired by the property owner. This individual would also be aware of any State requirements regarding permitting.
- b. State Jurisdiction (Department of Environmental Conservation's Drinking Water and Groundwater Protection Division): Although THOs may have authority in an event involving a failing system, the Department of Environmental Conservation also has jurisdiction over all wastewater systems. Consequently, if a septic system is failing, the THO should contact the regional office of the Department of Environmental Conservation for referral and assistance. The environmental enforcement officer may be interested in performing a joint inspection with the THO or may decide to follow through on their own with the situation.

## On-Site Septic Regulations

The Department of Environmental Conservation has authority regarding permitting of new septic systems and modifications or repairs to current systems.

In 2002, the Vermont Legislature passed Act 133 (2002), which updated and revised the on-site sewage statutes. Among other things, the law closed the 10-acre exemption for obtaining on-site sewage permits and provides for the use of alternative and experimental systems. The law was phased in over five years but, in general, all systems are covered by the rules after July 1, 2007. This law is being implemented through the “Wastewater System and Potable Water Supply Rules.” The most current version of those rules took effect on September 29, 2007 and is available online at: [dec.vermont.gov/water/laws/ww-systems-rules](http://dec.vermont.gov/water/laws/ww-systems-rules). Every town should have received a copy of these rules from the Agency of Natural Resources.



In some communities, THOs also are responsible for the local enforcement and permitting of town sewage ordinances (such as when the THO also serves as a septic or zoning officer). However, THOs do not have State statutory authority over these ancillary ordinances. Consequently, as is outlined in this chapter, a THO’s distinct role in septic failures is to require the immediate abatement and clean-up of the surfacing septic material. Although this does include making sure that the system is permanently repaired, permitting is the responsibility of the Department of Environmental Conservation.

More information on the laws and rules governing septic system permitting is available online or from one of the regional offices:

Department of Environmental Conservation  
Drinking Water and Groundwater Protection Division  
[wastewater.vt.gov](http://wastewater.vt.gov)

Montpelier: 1 National Life Drive, Davis 1  
Phone: 802-828-5034

Essex Junction: 111 West Street  
Phone: 802-879-5656

Rutland: 450 Asa Bloomer State Office Building, 88 Merchants Row  
Phone: 802-786-5900

St. Johnsbury: 374 Emerson Falls Road, Suite 201  
Phone: 802-751-0130

Springfield: 100 Mineral Street  
Phone: 802-289-0603

## Lead Paint

**L**ead poisoning is a serious but preventable health problem. Lead can cause permanent damage to children—especially unborn children, infants, toddlers, and children under 6 years old. Too much lead in a child’s body is associated with:

- Learning disabilities
- Behavioral problems
- Decreased intelligence
- Other health problems

In addition, adults also suffer adverse health effects from lead, including increased blood pressure, cardiovascular disease, anemia, impaired kidney function, thyroid dysfunction, reproductive system issues, and cancer.

Lead paint and dust from lead paint are the major sources of lead poisoning in children. In 1978, lead was banned in house paint and most homes built before that year are likely to contain lead. Children can also be exposed to lead during renovation projects or whenever lead paint is improperly sanded, scraped or burned.

Over time, painted surfaces crumble into dust, contaminating homes and soil. This dust or soil clings to toys, hands and objects that children normally put into their mouths. Young children can also be exposed to lead by eating, chewing or sucking on lead-painted objects such as windowsills, furniture or toys.

### The Vermont Lead Law

Since 1996, the Vermont Lead Law (18 V.S.A. Chapter 38) has required that owners of older



rental buildings and child care facility owners take steps to help prevent children from being exposed to lead. If a residential rental property or child care facility was built before 1978, the owner and/or property management company are required to comply with the Vermont Lead Law. The full law is available online at: [legislature.vermont.gov/statutes/section/18/038/01759](https://legislature.vermont.gov/statutes/section/18/038/01759).

Property owners must:

1. Provide tenants with an approved pamphlet about lead poisoning prevention.
2. Post an approved notice asking people to report chipping or damaged paint.
3. Attend a training program approved by the Health Department and/or ensure that anyone who performs essential maintenance practices on the property has completed the training program.
4. Complete essential maintenance practices annually.
5. File a compliance statement stating that essential maintenance practices have been done and provide a copy to their tenants, insurance carrier, and the Health Department at least every 365 days. Property owners are encouraged to use the online filing system at:  
[secure.vermont.gov/VDH/emp/](https://secure.vermont.gov/VDH/emp/)



The Vermont Lead Law prohibits the use of unsafe work practices in all rental housing and child care facilities built before 1978. Unsafe work practices include removing lead-based paint by burning, using a heat gun, water or sand blasting, dry scraping, power sanding, and chemical stripping. These unsafe work practices increase the risk of lead exposure. The law requires the use of safe work practices including limiting access to work areas, using plastic dust barriers, wearing protective clothing, and misting or wetting painted surfaces or debris before disturbing it.

## Essential Maintenance Practices

For pre-1978 rental properties and child care facilities, the lead law requires annual performance of Essential Maintenance Practices (EMPs).

EMPs include:

1. Inspecting the property inside and outside.
2. Identifying areas where paint is in poor condition and promptly fixing it in a lead-safe way.
3. Installing low-cost inserts in window wells for easier cleaning in pre-1978 wooden windows.
4. Removing any visible paint chips on the ground outside the building.
5. Taking precautions during remodeling to prevent spread of lead dust.
6. Performing a specialized cleaning in common areas annually.



THOs are encouraged to take the Essential Maintenance Practices class offered free throughout the state. A list of classes is available through the Vermont Housing Conservation Board at 802-828-3250 and online at: [leadsafevermont.org](http://leadsafevermont.org).

## Vermont Regulations for Lead Control

The Vermont Regulations for Lead Control establish training and certification requirements for individuals or firms that evaluate or abate lead-based paint and associated hazards. If lead-based paint is to be removed, repaired, encapsulated or enclosed specifically to address the hazard associated with the lead paint, then it is a regulated abatement activity. Examples of abatement activities include renovation or demolition of large steel structures such as bridges and water towers that contain lead-based paint, where the paint is being scraped or chemically removed. Renovation of HUD-financed properties may require abatement or lead-based paint removal in response to a lead-poisoned child.

A certified lead-based paint abatement contractor must perform abatement and the contractor must notify the Health Department and receive a permit. All certified lead-based paint contractors must notify the Department at least 10 working days in advance of all lead-based paint abatement activities. Abatement activities may not start until the contractor has received a permit. The most current regulations are available online at:



[healthvermont.gov/sites/default/files/documents/2016/12/REG\\_lead-control.pdf](http://healthvermont.gov/sites/default/files/documents/2016/12/REG_lead-control.pdf).

## Role of the Town Health Officer

### Essential Maintenance Practices



THOs may receive complaints about chipping paint or other lead concerns in older rental properties. Since the Health Department regulates Essential Maintenance Practices, the THO should work with the Department on this issue. THOs should be familiar with the requirements of 18 VSA Chapter 38 §1759. The Essential Maintenance Practices Compliance Check Form can be used during an on-site investigation to assist in determining if a property owner or child care facility is in compliance with the law. The THO should:



1. Check the online registry or contact the Environmental Health Division (Asbestos and Lead Regulatory Program) to determine if a current compliance statement has been filed. [secure.vermont.gov/VDH/emp/](http://secure.vermont.gov/VDH/emp/)
2. Inspect the property to determine compliance using the Essential Maintenance Practices Compliance Check Form (included in the [Forms section](#))

of this manual and online at:

[healthvermont.gov/sites/default/files/Env\\_THO\\_THOEMPCheckForm.pdf](http://healthvermont.gov/sites/default/files/Env_THO_THOEMPCheckForm.pdf)

3. Notify the property owner of any violations of the Vermont Lead Law.
4. Require any violations to be corrected within 30 days utilizing enforcement as outlined in [Chapter 3](#) of this manual.

### **Unsafe Work Practices (Renovation)**

THOs may also receive complaints regarding the use of unsafe work practices in pre-1978 buildings. Unsafe work practices should be suspended immediately, and corrective action should be taken by the property owner. The THO should:

1. Inspect the property to determine if unsafe work practices are in progress.
2. Require work to be suspended.
3. Notify the property owner of a violation of the Vermont Lead Law.
4. Require the property owner to hire a licensed risk assessor if more than 1 square foot of paint has been disturbed using unsafe work practices. The risk assessor will determine the degree of contamination and develop a mitigation plan.
5. Mandate cleanup of lead hazards utilizing enforcement as outlined in [Chapter 3](#) of this manual, based on the findings of the risk assessor.
6. Document any site visit activity, phone calls and conversations, and written summaries of findings with photographs and sketches as necessary to collect and record factual information related to the property and site conditions. Submit copies of all documentation to the Environmental Health Division (Asbestos and Lead Regulatory Program) for case file archives.

**Note:** Cleanup of a contaminated area may require a lead abatement permit from the Environmental Health Division (Asbestos and Lead Regulatory Program) and experienced contractor.

While on site for unsafe work practices complaints, THOs should check for and require compliance with Essential Maintenance Practices as described above. If THOs need assistance when responding to such concerns, they can contact the Environmental Health Division (Asbestos and Lead Regulatory Program) at 800-439-8550.

#### **Unsafe Work Practices 18 V.S.A. § 1760:**

- a. All paint in housing and child care facilities built before 1978 is presumed to be lead-based unless a lead inspector or lead risk assessor has



determined that it is not lead-based. Unsafe work practices include the following, unless specifically authorized by permit by the Department:

1. Removing lead-based paint by:
    - A. Open flame burning or torching.
    - B. Use of heat guns operated above 1,100 degrees Fahrenheit.
    - C. Dry scraping.
    - D. Machine sanding or grinding.
    - E. Uncontained hydro-blasting or high-pressure washing.
    - F. Abrasive blasting or sandblasting without containment and high-efficiency particulate exhaust controls.
    - G. Chemical stripping using methylene chloride products.
  2. Failing to employ one or more of the following lead-safe work practices:
    - A. Limiting access to interior and exterior work areas.
    - B. Enclosing interior work areas with plastic sheathing or other effective lead dust barrier.
    - C. Using protective clothing.
    - D. Misting painted surfaces before disturbing paint.
    - E. Wetting paint debris before sweeping to limit dust creation.
    - F. Any other measure required by the Department.
- b. No person shall disturb more than one square foot of lead-based paint using unsafe work practices in housing or in child care facilities built before 1978.

### **Unsafe Lead Abatement Practices**

THOs may receive complaints regarding improper abatement practices. Abatement projects are permitted by the Environmental Health Division (Asbestos and Lead Regulatory Program). THOs should call 802-863-7220 or (toll-free) 800-439-8550 immediately following a complaint.



#### **Lead Paint Tips:**

The Health Department has fact sheets and a hotline for tips and complaints related to lead paint. If you are unsure what to do about a potential hazard, gather as much documentation (photos and notes) as you can about the site, use the flow chart on page 40, and then call 800-439-8550 to report it.

## **Other Lead-Related Regulations**

Disposal of waste or debris from an abatement project may be regulated by the Agency of Natural Resources. For questions about disposal of waste and debris, contact:

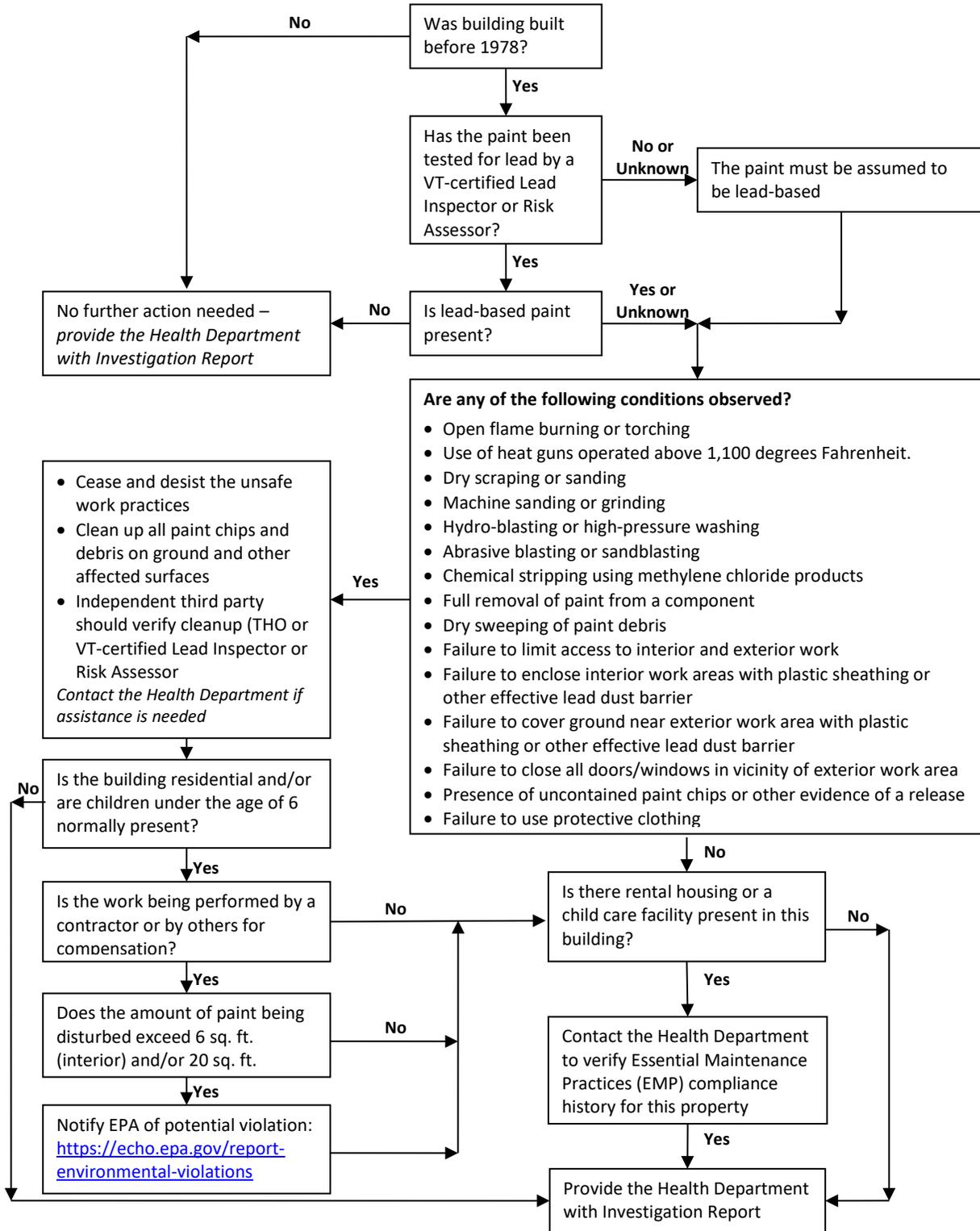
Department of Environmental Conservation  
Waste Management and Prevention Division  
Hazardous Materials Section  
Phone: 802-828-1138

24-Hour Vermont HAZMAT line for hazardous spills: 800-641-5005 (toll-free)

Worker safety for renovation and abatement projects may be regulated by Vermont Occupational Safety and Health Administration (VOSHA). For more information, call VOSHA at 802-828-2765 or toll-free at 800-287-2765.

# Lead Law Decision Tree

## Is this Property Subject to VT Lead Law Requirements?



## Animal Control

**T**own health officers and local boards of health are among several local and State officials (including law enforcement officers, deputy game wardens, and humane society personnel) that are designated as “humane officers,” with the authority to investigate issues involving animal cruelty and potential rabies exposure. See 13 V.S.A § 351, 23 V.S.A. § 4.

### Animal Cruelty

Complaints about the humane treatment of animals may involve animals that:

- Are not being fed or watered adequately;
- Are lacking an appropriate shelter;
- Are lacking clean air to breathe;
- Are living in unsanitary conditions; or
- Need veterinary attention.

The THO’s level of involvement will vary depending on the location and nature of the complaint. At the least, when receiving an animal cruelty complaint, THOs should contact other partners that have training and authority in such situations for coordination or assistance with an investigation. The following can assist in animal cruelty investigations:

- Humane Society personnel
- Animal control officers
- Town constables
- Law enforcement officers
- Veterinarians

Additional animal cruelty resources:

- Vermont Department of Health: 802-863-7240 or 800-640-4374 (toll-free)

- Vermont Agency of Agriculture, Food and Markets, Animal Health Section (for livestock): 802-828-2421
- Vermont Humane Federation: [vermonthumane.org](http://vermonthumane.org)
- Humane Society's New England Regional Office: 802-368-2790
- Vermont Veterinary Medical Association: 802-878-6888  
[vtvets.org/eweb/DynamicPage.aspx?Site=VVMA&WebCode=RepAnCruelty](http://vtvets.org/eweb/DynamicPage.aspx?Site=VVMA&WebCode=RepAnCruelty)
- Local animal control officers: contact the local town office

## Animal Bites

Health care providers are required to report to the THO within 24 hours the name, age and address of any person who has been bitten by an animal that could be subject to rabies. If a health care provider was not seen, veterinarians or persons bitten by an animal (or a parent/guardian) should report it to the THO. Rabies is a fatal viral disease that affects humans and other mammals. People get rabies from the bite or scratch of an animal with rabies. People can also be exposed to the virus when saliva from an infected animal gets into a cut or open



wound, or into a person's eyes, nose, or mouth. The reporting requirements are in section 7.0 of the Reportable and Communicable Diseases Rule available online at:

[healthvermont.gov/sites/default/files/documents/2016/12/REG\\_reportable-and-communicable-diseases.pdf](http://healthvermont.gov/sites/default/files/documents/2016/12/REG_reportable-and-communicable-diseases.pdf)

By law, all cats, dogs and ferrets in Vermont must receive regular rabies shots. Owners of all domestic dogs and wolf-hybrids more than 6 months old must also license the animal in their town clerk's office. The THO must:

1. Contact the victim and the owner of the animal to investigate the incident.
2. Complete the Animal Bite Report Form (in the [Forms section](#) of this manual).
3. Determine the animal's rabies vaccination status.
4. Require that the animal be confined and observed for 10 days to determine whether the animal remains healthy even if rabies shots are up-to-date.

## Animal Confinement

Confinement and observation may be carried out at the residence of the animal's owner so long as the animal is not able to escape, bite or expose anyone during the 10-day period. If the THO feels that the owner will not be able to confine the animal appropriately, the animal can be confined in a facility at the owner's expense.

As required in section 7.3 of the Reportable and Communicable Diseases Rule, during confinement, the animal cannot be removed to another community without the permission of the THO from whose district the animal is to be removed, and the THO to whose jurisdiction the animal is to be transferred. In addition, the THO cannot give permission to move the animal to another state without the consent of the Vermont Commissioner of Health. Any illness in the animal must be reported immediately to the THO. At the end of the 10-day confinement period, the THO must follow up with the animal's owner to verify that the animal is still healthy and inform the person who was bitten of the health status of the animal.

Call the Health Department at 802-863-7240 or toll-free at 800-640-4374 with any questions regarding confinement or bites from wild animals. The THO should file the completed Animal Bite Report Form with the town records.

## Rabies Testing

Following the death of an animal that is suspected of having rabies, including animals that die or are euthanized during a 10-day confinement, the remains (i.e. the head of the animal) should be sent to the Health Department Laboratory for rabies testing. If a THO is requested to assist in this process, they should first contact the Health Department at 802-863-7240 or toll-free at 800-640-4374 for direction on how to proceed.

Additional resources concerning rabies or rabies testing:

- State public health veterinarian: 802-863-7240 or 800-640-4374 (toll-free)
- Vermont Rabies Hotline/USDA Wildlife Services: 800-4-RABIES (800-472-2437)
- Vermont Agency of Agriculture, Food and Markets, Animal Health Section (for livestock): 802-828-2421
- Vermont Department of Fish and Wildlife Game Wardens: 802-828-1529
- Local animal control officers: contact the local town office
- Local State Police barracks
- Health Department Rabies website: [healthvermont.gov/disease-control/zoonotic-diseases/rabies](http://healthvermont.gov/disease-control/zoonotic-diseases/rabies)
- Centers for Disease Control and Prevention website: [cdc.gov/rabies](http://cdc.gov/rabies)



## Drinking Water

**M**any people believe that safe drinking water is naturally abundant. Although in many cases this is true, Vermonters cannot afford to take the safety of their drinking water for granted. Approximately seven out of 10 Vermonters get their water from public water supplies that are regulated by the State and federal government. A public water supply is a system that has at least 15 connections and/or serves 25 people for at least 60 days out of the year.

These regulations are enforced by the Department of Environmental Conservation's Drinking Water and Ground Water Protection Division. Included in this classification are community systems, which are used by year-round residents and non-community systems, which do not serve year-round residents (e.g. schools, workplaces, or restaurants). All water systems that fit into the designation of a public water supply are tested for contaminants on a regular basis and community systems are required to send yearly Consumer Confidence Reports (or CCR) to their customers.

The remaining 30 percent of Vermonters use private water supplies such as wells or springs. These water sources serve single family homes or small groups of homes and are typically monitored and maintained by their owners. Although many rental properties use water provided by public water systems, there are still many that are on private wells or springs.

There are many contaminants in well or spring water that may cause health effects. Although private water supplies are not regulated, the Health Department recommends testing for:

1. Coliform bacteria (Kit A) every year
2. Inorganic chemicals (Kit C) every five years
3. Naturally occurring alpha radiation (Kit RA) every five years

The Health Department offers laboratory analyses, guidance, and technical advice on treatment options. The Water and Radon Test order form is available online at: [healthvermont.gov/lab/forms](http://healthvermont.gov/lab/forms).



## Role of the Town Health Officer

The THO's role in drinking water is primarily focused on rental housing in assuring that tenants using private drinking water sources are provided with safe water. A THO may become involved with private water supplies if contacted about the contamination of a private drinking water source or simply to assist homeowners by giving them educational information or referral resources. A THO will typically not become involved with situations concerning public water supplies as they are regulated by the Drinking Water and Groundwater Protection Division.

## Rental Property Water Supplies

Tenants are entitled to an adequate supply of safe drinking water. If a rental property uses water from a public water supply, the safety of the water is already verified, and it is not necessary for the THO to become involved. If contacted by a concerned customer of a public water supply, the THO should direct the caller to contact their water supplier or the Drinking Water and Ground Water Protection Division at 800-823-6500.

When the drinking water for a rental property comes from a private water supply, the quality of the drinking water is not guaranteed, and THOs may be called upon to ensure the safety of the water supply. For more information on how to handle a situation such as this, refer to the Rental Housing Health Code in [Chapter 4](#), [Chapter 3](#) on Enforcement, or contact the Environmental Health Division (Private Drinking Water Program) for guidance on how to proceed.

### Water Test Kits:



The Health Department Laboratory can supply free water test kits for town health officers conducting public health investigations. For routine testing, property owners should purchase the kits through the lab. Call 800-660-9997.

## Non-Rental Private Water Supplies

When contacted by homeowners concerned about the safety of their private water supplies, THOs can refer individuals to the Environmental Health Division (Private Drinking Water Program) for technical assistance at 800-439-8550 or the Health Department Laboratory to purchase test kits at 800-660-9997.

Occasionally, THOs will receive a call alerting them that the land activities of a neighbor or other party are contaminating a homeowner's water supply. Depending on the situation, the THO may need to facilitate testing, contact another State agency, work with the parties to come to a solution, or simply provide the parties with referral resources. If a situation such as this emerges, the THO can contact the Environmental Health Division (Private Drinking Water Program) for guidance on how to proceed.

## **Public Water Supplies**

Although THOs will generally not become involved with situations concerning public water supplies, they will be informed (by mail, from the Drinking Water and Groundwater Protection Division) of any boil notices, 'do not drink' notices, or other emergency notices placed on water systems in their communities.

A boil notice is issued when the bacteria *Escherichia coli* (*E. coli*) are present in a public water supply, when there are any water outages/water main breaks, or when repairs are completed that do not meet industry standards. When a system is placed on boil notice, residents will need to boil their water for one full minute before drinking, including using water for juices or formula, brushing teeth, making ice cubes, washing or using for food preparation, and washing dishes. The Drinking Water and Ground Water Protection Division requires that system owners notify all affected users of any boil notices. As stated above, THOs will also receive copies of boil notices, but do not need to take any related action unless specifically requested by the Drinking Water and Groundwater Protection Division. The notices are sent to THOs to keep them informed of problems in their communities.

In addition to the boil notices, the Drinking Water and Ground Water Protection Division may occasionally call for a public water system to issue a 'do not drink' or a 'do not use' advisory. Residents would be warned not to drink their water or not to use their water at all. This can happen if there are chemicals or other contaminants of concern in the water that would harm human health. If a 'do not drink' or 'do not use' order is issued, the Drinking Water and Ground Water Protection Division requires that system owners notify all affected users.

Concerned customers of a public water supply may be directed to their water supplier or the Drinking Water and Ground Water Protection Division at 800-828-1535.

## **Drought Conditions**

Occasionally, Vermont may experience drought conditions that result in public and private water supply shortages. The Drinking Water and Groundwater Protection Division will handle all public water supply shortages, but THOs may get calls about dry wells and springs in their communities. When contacted by homeowners regarding private water supply shortages, THOs should refer the individuals to the town Selectboard. When the Selectboard is made aware that several residents are out of water, they can request that a mobile tanker be delivered to their town. This is coordinated through Vermont Emergency Management at 800-347-0488. Towns will be responsible for filling the tankers with water and should place them in a central area in the town for emergency use by town residents. It may be necessary to boil the water for drinking and signage may be needed.

It is important to note that when shallow wells recover from a drought, homeowners should have them tested for bacterial contamination (coliform bacteria) before drinking the water. If a water source tests positive for coliform bacteria, it should be disinfected and retested.

Testing recommendations, disinfection directions, and health effects of drinking water contaminants are available online at: [healthvermont.gov/water/drought](http://healthvermont.gov/water/drought).



## Insects, Rodents, and other Pests

**A**lthough insects, rodents and other pests generally are not considered to be significant threats to human health, in some instances they can spread disease. When insects, rodents, and other pests do become a significant nuisance or a threat to health, their eradication is generally best left to professional pest control operators that receive certification from the Vermont Agency of Agriculture, Food and Markets. In addition to the use of professionals, there are two other things that should be considered when attempting to eradicate an infestation:

1. **Food and water sources:** Removal of such sources (garbage, improperly stored foods, etc.) will help reduce or prevent infestations.
2. **Entry points in a building:** Any possible entry points (cracks in foundation, etc.) should be identified and repairs to the structure should be done to prevent entry.

### Role of the Town Health Officer

THOs may be contacted at times to respond to an insect, rodent or other pest problem. Although infestations generally would not fall under the jurisdiction of a THO (except in rental housing), they may at times present a threat to public health in a community.

Here are some examples:



1. Improperly stored garbage/waste on or in a property that is affecting others in the area through a widespread rodent or other pest infestation.
2. Insect, rodent and other pest infestations within a rental property.

If THOs are unsure whether rodents or insects pose a public health problem, they should contact the Health Department's Infectious Disease Section at 800-640-4374 for clarification.

### Bed Bugs

THOs may be contacted to inspect and investigate a bed bug infestation. Bed bugs are small (adults are approximately  $\frac{1}{4}$  inch in length), wingless, blood-sucking insects that feed upon warm-blooded animals. Adults are straw-to-reddish-brown in color. They are usually active at night

when people are sleeping. Bed bugs bite, but they do not transmit disease. However, people may experience allergic reactions or secondary infections due to excessive scratching.

### **How do bed bugs become a problem?**

In addition to being very tiny, bed bugs' bodies are flat and oval, allowing them to hide easily in cracks and crevices, such as those in bed frames and mattresses. Bed bugs can survive for long periods of time in between feedings and can be transported easily among locations as stowaways on furniture, luggage, and bedding. Bed bugs are also able to travel between adjoining rooms via cracks in the walls and openings made for pipes and wiring.



### **What are the health risks?**

Bed bugs do not transmit diseases to humans. Bed bugs painlessly feed on their host, injecting a tiny amount of saliva in the process, which can result in mild to severe allergic reactions. Many people do not react to bed bug bites. Excessive scratching of these bites is highly discouraged as it can lead to secondary infections. Antihistamines and corticosteroids can be prescribed by a doctor and used to reduce allergic reactions and inflammation.

### **What are some indications of bed bug infestation?**

- Complaints of bug bites during the night.
- Blood spots on bedding materials.
- Reddish, brown fecal spots on bedding materials.
- A strange, sweet-smelling odor.
- Egg casings or shed skin on bedding materials.
- Bed bugs and/or eggs found in cracks and crevices of bedding, desks, dressers, beneath loose wallpaper, or in the pleats of curtains.

### **How is a bed bug infestation confirmed?**

The best way to confirm a bed bug infestation is to look. A visual inspection should include removing the sheets from the bed where bed bugs are suspected. Here are some guidelines:

- Look for bloodstains on the mattress.
- Fold back the seam and look under the seam for active bugs or bug bodies.
- As bed bugs molt, they leave the old exoskeletons behind, they can easily be seen with the naked eye.
- Examine the underside of the mattress.



- Additional areas to inspect include: where wallpaper is peeling, cracks in the wall, box springs, bed frame crevices, and headboards. If a small crack is present, push a straightened paper clip into the opening to see if any bed bugs crawl out.
- Bed bugs don't jump, so it is unlikely that if bed bugs are identified in a rental unit they will get on your clothes. If bugs are found, have a professional exterminator confirm infestation.

### **What should be done if a bed bug infestation is confirmed?**

Management depends on the extent of the bed bug problem. Individual mattresses and box springs can be encased in covers. Pesticides along with other methods are used to treat infestations. However, resistance may develop in response to these chemicals and pesticides must be used properly to avoid human health effects. High-suction vacuuming or steam treatments have been found to be effective. Heating linens to 140°F for 30 minutes in a dryer can be effective in destroying heat-sensitive bed bugs. Crevices should be sealed with caulking and loose wallpaper should be repaired or removed.

In the case of an infestation, professional extermination is needed. If the infestation occurs in a rental property, the THO should recommend a professional extermination, and the exterminator should do a follow up inspection to confirm the elimination of the infestation. The exterminator should be asked to provide some documentation to the THO stating that repeat inspection found no evidence of infestation. Multiple treatments may be needed if the infestation is widespread or if materials containing bed bugs are not properly treated. The THO should advise tenants to comply with all the exterminator's pre-treatment requests to minimize number of treatments required to stop the infestation.

### **How can bed bug infestations be prevented?**

Individuals should be encouraged to be wary of any type of furniture, mattress, or clothing left on the street to be discarded. Items bought at garage sales should be inspected and cleaned carefully before being brought into the home. Luggage should also be inspected after travel. The avoidance of clutter is important to reduce the number of hiding places for bed bugs.

## **Pesticides**

Pesticides are used in agricultural industries as well as in homes, schools, and parks to kill insects, rodents, unwanted plants, or bacteria and viruses. Certain types of exposures to pesticides can cause health problems, such as skin irritation and burning, nausea, vomiting, diarrhea, respiratory problems, cancer, memory and concentration problems, paralysis, and even death. The Pesticide Program of the Vermont Agency of Agriculture, Food and Markets has the responsibility of ensuring that pesticides are properly used and sold throughout Vermont. This includes the certification of commercial and private pesticide applicators, as well as investigation of pesticide complaints (e.g. improper application). The Vermont Regulations for the Control of Pesticides is

available online at:

[agriculture.vermont.gov/pesticide\\_regulation/applicator\\_dealer\\_resources/laws\\_and\\_regulations](http://agriculture.vermont.gov/pesticide_regulation/applicator_dealer_resources/laws_and_regulations).

The federal Environmental Protection Agency (EPA) also plays a role in this topic. EPA and states register or license pesticides for use. The EPA also establishes maximum levels for pesticide residues in food to safeguard the nation's food supply. More information on pesticides, including fact sheets for specific chemicals is available online at: [epa.gov/pesticides](http://epa.gov/pesticides).



Farmers, commercial pesticide applicators, landscapers, schools, and homeowners are encouraged to use the techniques of Integrated Pest Management (IPM) to control and prevent pest infestations. IPM is a decision-making process that anticipates and prevents pest activity and infestation to decrease the hazards of human and environmental pesticide exposure. More information on IPM is available on the Pesticide Program and EPA websites listed above. Questions should be referred to:

Vermont Agency of Agriculture, Food and Markets / Pesticide Program  
116 State Street, Drawer 20  
Montpelier, VT 05602  
802-828-2431

## Hazardous Material Spills and Solid & Hazardous Waste

**S**olid and hazardous waste is a concern in the field of environmental health. When improperly managed or disposed of, these materials can damage our environment and threaten public health and safety. The Vermont Department of Environmental Conservation's Waste Management and Prevention Division has regulatory authority over the management and disposal of solid and hazardous waste.

Several materials are banned from landfills and must be managed in certain ways to reduce waste and protect our environment, health and safety. The landfill disposal bans include:

- Certain batteries
- Waste oil
- Certain large appliances, including refrigerators, washing machines, dryers, ranges, water heaters, dishwashers and freezers
- Tires
- Paint, paint thinner, paint remover, stains and varnishes
- Mercury-added products such as florescent bulbs and mercury thermostats
- Certain electronic devices, including computers, monitors, peripherals, televisions, printers, personal electronic devices, faxes, telephones, answering machines, video recorders, DVD players, stereo equipment, digital converter boxes and power cords
- Certain recyclables:
  - **Paper, Boxboard and Cardboard** – must be clean and dry
  - **Metal** cans, pie pans and clean foil (in a ball bigger than two inches)
  - **Glass** bottles and jars from food and drinks
  - **Plastic** bottles and containers that are labeled #1 and #2
- **Leaves, yard debris and clean wood**

- **Food scraps** by July 1, 2020, initiated in phases (some businesses and institutions are already required to keep food scraps out of the trash)

More information about recycling, composting, and the safe management of waste materials is available online at: [www.VTrecycles.com](http://www.VTrecycles.com) (click on “What Do I Do With...”).

The Solid Waste Program oversees laws, rules and planning related to solid waste management in Vermont. It regulates solid waste facilities and activities, certifies the State’s landfills, transfer stations, haulers, composting and recycling facilities as well as provides outreach and responds to complaints about the mismanagement of materials.

The Hazardous Waste Management Program implements and maintains the Vermont Hazardous Waste Management Regulations. These regulations identify the wastes subject to regulation as hazardous waste and the requirements applicable to businesses that generate, transport, treat, store or dispose of hazardous waste. The Hazardous Waste Management Program monitors compliance by conducting inspections of regulated businesses, responding to citizen complaints regarding the mismanagement of hazardous waste, and provides outreach to the regulated community.

## Role of the Town Health Officer

THOs may receive complaints from residents who do not have recycling options available to them as required by the Rental Housing Health Code. Starting July 1, 2020, food scraps will be banned from the trash and THOs may receive complaints from residents who do not have a food scrap diversion option as required by the Rental Housing Health Code. Residents can compost food scraps on-site, drop them off at a transfer station or bag drop, or have them picked up by a hauler. THOs may also receive calls from concerned residents regarding improper disposal of materials such as garbage or hazardous waste.



The Department of Environmental Conservation has authority over these wastes and officials can provide assistance, investigate or address the complaint.

In some situations, the Department of Environmental Conservation official may ask the THO to initially investigate the situation or suggest performing a joint-inspection.

Department of Environmental Conservation  
Waste Management and Prevention Division  
802-828-1138

As discussed in [Chapter 2](#) of this manual, THOs have general statutory responsibility to protect public health in their communities (18 V.S.A. §§ 126, 127, and 130). Consequently, if a THO feels that a solid or hazardous material/waste issue is creating a public health hazard within their

jurisdiction, they may want to perform an investigation on their own. One example of this is an infestation of rodents in a neighborhood caused by the improper disposal of garbage. A THO can successfully resolve many of these types of complaints by requiring cleanup of the waste. THOs can also be designated by the Selectboard to issue tickets for illegal dumping and burning (see 24 V.S.A. § 2201). If a THO is not sure of their authority regarding a local solid/hazardous waste matter, they should contact the Environmental Health Division for guidance.

## Hazardous Material Spills

Any release or discharge that meets spill reporting criteria (see below) shall be immediately reported to the Waste Management and Prevention Division at 802-828-1138, Monday through Friday, 7:45 a.m. to 4:30 p.m. or the Department of Public Safety, Emergency Management Division (VEM) at 800-641-5005, 24 hours a day. If a release cannot be contained using immediately available on-scene resources, call 9-1-1 as the Fire Department has local authority over hazardous material incidents in their jurisdiction and will be able to request additional resources as needed through VEM.

**Duty Officer Contact number (non-hazardous materials incidents): 800-347-0488 (24 hours)**

To report releases of hazardous materials to the Vermont Hazardous Material Response Team call the **Vermont HAZMAT Hotline: 800-641-5005 (24 hours)**

If immediate assistance is needed to respond to a hazardous material spill, contact the local fire department.

Spill reporting criteria as per the Vermont Hazardous Waste Management Regulations § 7-105 (b)(A) Reporting:

- i. A discharge of hazardous waste, or release of hazardous material that exceeds 2 gallons;
- ii. A discharge of hazardous waste, or release of hazardous material that is less than or equal to 2 gallons and poses a potential or actual threat to human health or the environment; or
- iii. A discharge of hazardous waste, or release of hazardous material that equals or exceeds its corresponding reportable quantity under CERCLA as specified under **40 CFR § 302.4**.

**Note:** Under the Federal Water Pollution Control Act, certain spills of “oil” and/or “hazardous substances” are prohibited and must be reported pursuant to the requirements of **40 CFR Part 110 / Discharge of Oil**. Certain spills of hazardous substances must also be reported. In both cases, the National Response Center must be notified at 800-424-8802. Finally, in addition to federal and state spill reporting, spills must also be reported to local authorities.

# Asbestos

**A**sbestos is present in many products, including heat and acoustic insulation, fireproofing, roofing and flooring materials. It is a mineral made up of tiny fibers that can be easily inhaled. When asbestos containing materials are damaged or disturbed, the dust-like fibers can easily spread throughout a building and can cause serious lung problems with prolonged or acute exposure. The federal Environmental Protection Agency (EPA) and the Health Department have specific asbestos requirements in buildings where renovation or demolition activities are taking place.

## Role of the Town Health Officer

The Asbestos and Lead Regulatory Program administers the applicability requirements of the Vermont Regulations for Asbestos Control. The regulations cover identification and assessment of asbestos containing materials as well as the clean-up, repair and removal of regulated asbestos containing materials associated with buildings and construction projects. The regulations provide the regulatory framework and process for licensing of asbestos consultants, abatement workers, and abatement contractors to assure the use of safe removal procedures and provides public information related to asbestos removal.

The Asbestos and Lead Regulatory Program receives many calls from the public for technical assistance as well as tips/complaints regarding the illegal removal of asbestos material. At times, the assistance of a THO may be required to conduct a preliminary site visit for fact-finding purposes (e.g. to confirm that construction, remodeling, or renovation work is being done). Although THOs are not necessarily experienced in the identification of asbestos, after a preliminary site visit, they can consult with staff from the Asbestos and Lead Regulatory Program

### S.N.A.P.

**S**ize up the situation from a safe distance.

**N**ote and document current conditions.\*

**A**void entering an asbestos removal area.

**P**rovide a report of findings.



\*There are Complaint & Inspection forms included on the website and in the [Forms section](#) of this manual.

to discuss the site-specific observations and facts to determine any next steps to be taken locally or through the Asbestos and Lead Regulatory Program. Information about regulatory compliance



requirements and public education/outreach materials is available online at: [healthvermont.gov/health-environment/asbestos-lead-buildings/asbestos](http://healthvermont.gov/health-environment/asbestos-lead-buildings/asbestos). For questions or for more information, contact the Asbestos and Lead Regulatory Program at 800-439-8550.

## Sample list of Suspect Asbestos Containing Materials

**This list does not include every product or material that may contain asbestos.**

<ul style="list-style-type: none"> <li>○ Cement Pipes</li> <li>○ Cement Wallboard</li> <li>○ Cement Siding</li> <li>○ Asphalt Floor Tile</li> <li>○ Vinyl Floor Tile</li> <li>○ Vinyl Sheet Flooring</li> <li>○ Flooring Backing</li> <li>○ Construction Mastics</li> <li>○ Acoustical Plaster</li> <li>○ Decorative Plaster</li> <li>○ Textured Paints/Coatings</li> <li>○ Ceiling Tiles and Lay-in Panels</li> <li>○ Spray-Applied Insulation</li> <li>○ Exterior Asbestos Cement Siding</li> <li>○ Exterior Asbestos Roofing Materials</li> </ul>	<ul style="list-style-type: none"> <li>○ Fireproofing Materials</li> <li>○ Taping Compounds (thermal)</li> <li>○ Packing Materials (walls/floors)</li> <li>○ High Temperature Gaskets</li> <li>○ Laboratory Hoods/Table Tops</li> <li>○ Laboratory Gloves</li> <li>○ Fire Blankets</li> <li>○ Fire Curtains</li> <li>○ Elevator Equipment Panels</li> <li>○ Elevator Brake Shoes</li> <li>○ HVAC Duct Insulation</li> <li>○ Boiler Insulation</li> <li>○ Breeching Insulation</li> </ul>	<ul style="list-style-type: none"> <li>○ Ductwork Flexible Fabric</li> <li>○ Pipe Insulation</li> <li>○ Heating and Electrical Ducts</li> <li>○ Electrical Cloth Insulation</li> <li>○ Chalkboards</li> <li>○ Roofing Shingles/Felt/Flashing</li> <li>○ Thermal Paper Products</li> <li>○ Fire Doors</li> <li>○ Caulking/Putties</li> <li>○ Adhesives</li> <li>○ Joint Compounds</li> <li>○ Vinyl Wall Coverings</li> <li>○ Spackling Compounds</li> <li>○ Exterior Asbestos Transite Board</li> <li>○ Exterior Asbestos Cement Piping</li> <li>○ Vinyl Asbestos Floor Tile and Mastics</li> </ul>
--	--	--

## Indoor Air Quality

**T**he air inside homes, schools and other buildings may contain pollutants that can affect human health such as carbon monoxide, radon, tobacco smoke, chemicals from household cleaning, mold and pet dander. Breathing air pollutants can lead to allergies, infections, asthma and other health problems that involve the lungs, nose and throat.

### Role of the Town Health Officer

When a THO receives questions from a citizen regarding indoor air quality in a private home, they should provide the individual with information and resources available at [healthvermont.gov/environment](http://healthvermont.gov/environment) or refer them to the Environmental Health Division at 800-439-8550.



### Radon

Radon is a naturally occurring radioactive gas that comes from the decay of uranium, which is a radioactive element found naturally in the Earth's crust. It can enter a home through a basement from the rocks and soil beneath and cannot be seen, tasted or smelled. Breathing elevated levels of radon over time can increase a person's risk of lung cancer. Radon is easy to detect and homes with high levels can be fixed. The first step for homeowners is to test the radon levels in their homes. The Health Department provides free long-term testing kits by calling 800-439-8550. More information about radon is available online at: [healthvermont.gov/radon](http://healthvermont.gov/radon).

### Carbon Monoxide

Carbon monoxide (CO) is a poisonous gas that can build up to dangerous levels indoors when fuel-burning devices are not properly operated, vented or maintained. Common sources of CO in homes include appliances such as furnaces, heaters or woodstoves, as well as generators (which should only be operated outdoors at least 20 feet away from a home) and vehicle exhaust from an attached garage. Tobacco smoke is another common source of CO that impacts indoor air quality. CO cannot be detected by smell, taste or sight and can cause headaches, dizziness, nausea, fatigue, and can even lead to death. Building occupants with possible CO poisoning symptoms should leave the building immediately and call 9-1-1. The local fire department has the safety equipment necessary to enter the building, determine risk and mitigate.

CO alarms are required in all multi-family and rental dwellings, both new and existing, as part of the Vermont Fire and Building Safety Code. CO alarms are also required to be installed in owner-occupied dwellings for units that are built, sold or exchanged since 2005.

For more information or a copy of the Code Information Sheet, contact the Department of Public Safety's Division of Fire Safety regional office. A map with regional office contact information is available online at: [firesafety.vermont.gov/contactus](http://firesafety.vermont.gov/contactus). Information on CO poisoning prevention is available online at: [healthvermont.gov/CO](http://healthvermont.gov/CO).



## Mold

Mold and mildew are general terms used to describe different kinds of fungus. There are hundreds of types of molds with different visual characteristics. Mold is common in nature and grows on dead trees, fallen leaves and soils to help break down organic matter. Mold reproduces by tiny particles—invisible to the naked eye—called spores. Spores are ever-present in the air. Because of this, mold is also found indoors and can grow on foods, damp surfaces, cloth and other porous materials.

No mold will grow without moisture or water. Mold may grow when spores land on any wet surface or material. When materials and surfaces become wet, mold can start to grow on them within 48 hours. Mold may also grow in areas with high humidity that do not have water or moisture problems can easily be seen. The key to stop or control mold growth is to fix water and moisture problems.

Examples of common places in houses or apartments where mold grows are bathrooms without vents or windows, basements with dirt floors, and rooms that are not properly ventilated—especially kitchen or bathrooms without fans and rooms with clothes dryers. Mold grows well on drywall, paper products, cardboard, ceiling tiles, and wood products. Mold can also grow in dust, paints, wallpaper, insulation, carpet, fabric and upholstery.



Testing for mold is not necessary or recommended. If mold is visible or it can be smelled, then there most likely is a mold problem. Testing does not give any information that would change how the problem is fixed. There are no standards that test results can be compared to, which means test results cannot be used to say a building is 'safe or unsafe'.

The Health Department does **not** govern mold in buildings, but it is a part of the Rental Housing Health Code.

The Health Department has a mold fact sheet and more information available online at: [healthvermont.gov/mold](http://healthvermont.gov/mold). If the THO or homeowners/tenants are looking for information on how

to clean up mold and how to stop mold growth, the federal Environmental Protection Agency has extensive information in their booklet: *A Brief Guide to Mold, Moisture and Your Home*. It is available online at: [epa.gov/mold](http://epa.gov/mold).



### **Health Effects of Mold**

Some people are affected by everyday exposure to mold, but most people are not. For people who are affected, molds may cause:

- Eye, nose, throat or skin irritation
- Runny nose
- Cough
- Chest tightness
- Headache or tiredness

For people with asthma, mold can lead to asthma symptoms such as shortness of breath, chest tightness, wheezing, or can even cause an asthma attack. People with mold allergies may have more serious reactions. People with long-term lung illnesses or with weak immune systems may get serious infections.

How a person might react to mold depends on several factors including the type of mold, the amount of mold, how long, the number of times a person is exposed, family history, and their overall health condition.

## **Restricting Exposure to Environmental Tobacco Smoke**

Exposure to secondhand smoke contributes to an estimated 41,000 deaths in U.S. adults due to heart and lung disease. In non-smokers, second-hand tobacco smoke exposure causes immediate harmful effects on blood vessels and the heart, and can cause stroke, lung cancer and respiratory diseases. According to the Centers for Disease Control and Prevention there is no safe level of exposure. Vermont has specific legislation to reduce people's exposure to secondhand smoke in indoor settings:

- Vermont's 'Smoking in Public Places' Law, also referred to as the Clean Indoor Air Act, prohibits the possession of lighted tobacco products and tobacco substitutes, or e-cigarettes, in many places including hotels, motels, restaurants, bars, theaters, libraries, retailers and grocery stores as in the common areas of all enclosed indoor places of public access and publicly owned buildings and offices. No smoking is allowed within 25 feet of all State-owned buildings and offices.
- Smoking in common areas (hallways, stairways, laundry rooms, basements, etc.) also is prohibited by the 'Smoking in Public Places' Law in some residential rental properties, including public housing buildings and multi-unit rental properties with publicly accessible common areas.

- Vermont’s ‘Tobacco on the School Grounds’ law protects students, teachers, staff, and the public by prohibiting the use of tobacco at all times, including e-cigarettes, on public school grounds, school-sponsored events, and at childcare facilities.
- Vermont’s ‘Smoking in the Workplace’ law protects employers and employees by restricting smoking or vaping in the workplace. Workplaces can set their own policies restricting smoking and vaping around their building. Smoke- and tobacco-free signage is available to order at no cost through the Health Department’s Tobacco Program.
- If employees or the public smoke near the building, it can drift in and cause exposure to secondhand tobacco smoke. Using signage around a building and enforcing the policy will help prevent this problem from occurring.

In general, the owner of a building or business is responsible for enforcing the above laws. If someone is smoking in the building and it is in violation of the law, the owner or manager in charge must ask the person to extinguish the tobacco product or leave the premises. If the person refuses to comply, the owner or other person in charge may call a local law enforcement official for help.

Town health officers may receive calls regarding smoking complaints and can assist by ensuring that the business or property owner or landlord is aware of the applicable law. Information about these laws—along with quit smoking resources—is available online at: [www.healthvermont.gov/wellness/tobacco](http://www.healthvermont.gov/wellness/tobacco)



## Outdoor Air Quality

**C**ontaminants in outdoor air can cause health problems in humans and can damage the environment. Air toxins come from a variety of sources including automobiles and diesel trucks, gas stations, home heating systems, dry cleaners, industrial sources, and illegal burning. The Department of Environmental Conservation's Air Quality and Climate Division implements state and federal clean air regulations, which includes monitoring air quality and air pollution sources, proposing regulations to improve existing air quality, ensuring compliance with the regulations, and issuing permits to control pollution from sources of air contaminants across the state.

### Role of the Town Health Officer

Generally, THOs will become involved with outdoor air pollution through complaints about backyard burning and outdoor wood boilers. In Vermont, the open burning of wood from property maintenance, clearing of property, and so forth is allowed without a permit from the Air Quality and Climate Division, but requires a permit from a local fire warden. The open burning of other materials, including wood waste from demolition activities at a business or industry, is also allowed but requires a permit from the Air Quality and Climate Division. Open burning of trash, using a "burn barrel," "home-made incinerator," or simply in a pile on the ground, is illegal in Vermont.

THOs who receive complaints about illegal open burning should initially investigate the complaint and inform the responsible party about the law banning backyard burning. Towns can adopt an ordinance limiting the illegal burning of refuse which will allow local enforcement of the ban through penalties. To report air pollution complaints and for guidance, fact sheets, and more



information about adopting a local burning ordinance, contact the Air Quality and Climate Division at 802-828-1288. Guidance for towns and districts is available online at:

[dec.vermont.gov/air-quality/compliance/open-burning/backyard-burning](https://dec.vermont.gov/air-quality/compliance/open-burning/backyard-burning).

## Heat & Heat-Related Illnesses

Vermonters are at greater risk for serious heat-related illnesses, and even death, when the statewide average temperature reaches 87°F or hotter, according to a Health Department analysis. Between 1981 and 2010, Vermont had an average of six days per year when the temperature reached 87°F or hotter. Climate models from the Vermont State Climate Office predict an average of 15 to 20 days per year reaching 87°F or hotter by mid-century and 20 to 34 days per year doing so by the end of the century. Without preparedness and adaptation efforts, more heat-related illnesses and deaths will occur as the climate warms and there are more hot days.

### Populations Most Affected by Heat

Individuals who are generally at higher risk for heat-related health impacts include: older adults, young children, homeless people, outdoor workers and hobbyists, pregnant women, people who are overweight, people using recreational drugs or alcohol, and people using certain prescription medications, and people with chronic medical conditions, disabilities or mental illness. Risk is further elevated for people living alone or without air conditioning—dehydration and hot indoor conditions are major concerns for these individuals.

### THOs should consider the following in their communities:

- Use social media to raise awareness.
- Be familiar with symptoms of heat illnesses and first aid responses: [cdc.gov/disasters/extremeheat/warning.html](https://www.cdc.gov/disasters/extremeheat/warning.html).
- Consider opening a cooling center, which could be any air-conditioned, publicly accessible location (e.g. a library or community center).
- Offer fun ways to stay cool, such as extended or free access to beaches and pools, hosting events at air-conditioned places, or providing hoses, misters or cold beverages.
- Mobilize local care networks to check-in on people at high risk for heat illness.
- For outdoor work, recreational activities, or other local events, ensure that organizers are prepared with water, cooling strategies, and event modification or cancellation plans.
- Hot weather can affect anyone—be aware of your own symptoms and look out for others.



### More information:

- Learn more about risk factors, symptoms and safety tips online at: [healthvermont.gov/climate/heat](http://healthvermont.gov/climate/heat). Safety tips are available in English plus Arabic, Burmese, Chinese, French, Kirundi, Nepali, Somali and Spanish.
- Refer to **Hot Weather and Health Communication Toolkit**, which includes key messages about hot weather risks, heat illness prevention tips, and example social media messages. It is available online at: [healthvermont.gov/sites/default/files/documents/pdf/ENV\\_CH\\_HotWeather\\_MediaToolkit.pdf](http://healthvermont.gov/sites/default/files/documents/pdf/ENV_CH_HotWeather_MediaToolkit.pdf).
- Use the **Heat Vulnerability Index**, which is an online tool that provides information about heat illness risks for cities and towns in Vermont available online at: [healthvermont.gov/environment/climate](http://healthvermont.gov/environment/climate). This tool can help as a starting point for preparedness planning but should be supplemented by local information about specific individuals, risk factors, and resource availability.
- Sign up to receive weather alerts directly by email or cell phone at [www.vtalert.gov](http://www.vtalert.gov).
- Keep an eye on upcoming risks with the National Weather Service's 7-day hazard outlook, available online at: [weather.gov/btv/ehwo](http://weather.gov/btv/ehwo).
- Follow the Health Department's social media feeds at [twitter.com/healthvermont](https://twitter.com/healthvermont) and [facebook.com/HealthVermont](https://facebook.com/HealthVermont).



# Public Health Emergency Preparedness and Response

**F**rom time to time, emergencies strike across the state. The communities that we live in—and the lives of those people who live within our communities—are sometimes irreparably damaged by forces of nature, communicable diseases, or humanmade and technological hazards. Communities can declare a local emergency and request assistance from the State (20 V.S.A. § 10) by contacting Vermont Emergency Management. A State of Emergency may be declared by the Governor and a disaster declaration may be issued by the President. The Governor's request for a federal disaster declaration is made through the regional Federal Emergency Management Agency (FEMA) office. Prior to granting a declaration, state and federal officials conduct a preliminary damage assessment to estimate the extent of the disaster and its impact on individuals and public facilities.

Public officials will be brought together in trying times to protect the health of the public and respond to the damage caused to infrastructure and the environment. It is important for THOs to prepare for such events before they occur and be aware of how they can help during and after a public health emergency.

## Role of the Town Health Officer

### Before an Emergency

THOs should:

- Maintain their complete and accurate contact information with the Health Department and participate in the listserv. It is important that alternate methods of contact are listed including email address, fax, and home/work/cell phone numbers if available. The Health Department will automatically enroll THOs in Vermont's Health Alert Network to receive important health information.
- Become familiar with the concepts of the Incident Command System and the National Incident Management System. During an emergency, all responders (local, state and federal) will function under these systems. Free online training is available from FEMA

through the Emergency Management Institute at [training.fema.gov/emi](https://training.fema.gov/emi). A specific course of interest may be ICS 100 or ICS 402.

- Review and become an active participant in the development of their Local Emergency Operations Plan. Each community maintains this plan as their “guidebook” for how to respond to an emergency and submits an annual update after Town Meeting Day to the Regional Planning Commission.
- Learn more about preparing for and responding to public health emergencies online at: [phe.gov](https://phe.gov).



## **During and After an Emergency:**

THOs should:

- Support, coordinate with, or work within their community’s Emergency Operations Center (EOC). This will be the hub of all response activity during an emergency where THOs can get and provide up-to-the-minute information about their community’s public health needs.
- Provide information and feedback to the Health Operations Center (HOC) when called to do so. The HOC coordinates statewide public health and medical response during an emergency. The HOC works closely with the State’s 12 local health district offices. THOs can be of great assistance to their local health district office during an emergency by providing accurate and timely information about their community’s current situation and public health needs. The HOC also maintains constant contact with and provides specialized assistance to the State EOC during times of activation.
- Note that when serving individuals during a disaster, people experience needs beyond what a THO can serve. Resources such as Vermont 2-1-1 may assist with housing or food insecurity needs, mental health, and a myriad of other human services programs.

## **Public Health Volunteerism**

THOs are in a unique position to encourage the public to volunteer to protect public health. People with existing health or medical experience and those individuals who would like to become involved by volunteering with their local Medical Reserve Corps (MRC) Unit or local Emergency Medical Service (EMS) agency should be referred to [oncallforvt.org](https://oncallforvt.org). Community members who are interested in other opportunities to help in the wake of an emergency should contact Vermont Emergency Management.



## Recreational Water

**R**ivers, ponds, lakes and streams may contain disease-causing microorganisms. Swimming in contaminated waters can cause illness, including minor skin rashes, sore throats, diarrhea, or gastroenteritis. Although people of any age are susceptible, children are more likely to become sick from swimming in contaminated water, as they generally spend more time in the water and often swallow water while swimming. Infants, older adults and people with compromised immune systems have the greatest chance of becoming seriously ill from swimming in contaminated water.

“Healthy Recreational Waters” is a document that provides recreational managers and users with easy-to-understand guidance on the safe and healthy use of Vermont’s waters. This document



was developed by subject matter experts from the departments of Health, Environmental Conservation, and Forests, Parks, and Recreation and can serve as a reference for THOs to assist with issues related to recreational waters. It is available online at:

[healthvermont.gov/sites/default/files/documents/pdf/Env\\_RW\\_healthy\\_recreational\\_waters\\_guidance-1.pdf](http://healthvermont.gov/sites/default/files/documents/pdf/Env_RW_healthy_recreational_waters_guidance-1.pdf)

### Role of the Town Health Officer

*Escherichia coli* (commonly known as *E. coli*) are bacteria that are associated with human and animal feces. It is natural for there to be some fecal material in lakes, ponds and rivers, and as long as the level of *E. coli* is low, swimming is relatively safe. However, when *E. coli* levels are high, other disease-containing microorganisms may be present, and THOs should close these swimming areas until the levels decrease.

The Health Department recommends that public beaches and other publicly used natural recreational areas (such as lakes, ponds, and rivers) be tested for *E. coli* at least once a week during the swimming season. Although there are not specific statewide regulations requiring this, the THO may be responsible for routine testing. THOs should work with their Selectboards to ensure that public swimming areas are being tested on a weekly basis and that the town budget is adjusted to support this.

Beaches within Vermont State Parks fall under the jurisdiction of the Vermont Department of Forests, Parks and Recreation and are tested weekly by staff during the summer. Therefore, there is no need for towns to test swimming areas within State Parks. Some towns also have local recreational water testing requirements.

Additional bacterial testing may be warranted after floods or periods of heavy rain when swimming areas are more vulnerable to runoff contamination. In some instances, THOs may be asked to take samples at public swimming areas after a known sewage contamination event or during a public health investigation of recreational water. Sample kits and specific instructions will be provided for the investigation.

## Escherichia Coli (*E. Coli*) Water Testing Procedures

- 1. Sampling Kits:** The Health Department Laboratory provides kits (for \$15) for swimming water *E. coli* analyses (Kit SW). Purchase kits from the Laboratory by calling 802-338-4724 or 800-660-9997 (toll-free). Samples are accepted Monday through Friday, between 7:45 a.m. and 4:30 p.m. Some private laboratories may also provide testing for swimming waters. 
- 2. When and where should samples be taken?** Take swimming water samples during times when the most people are using the swimming area. Sampling early in the week leaves time to take follow-up samples in the same week if results show contamination. Additional testing (beyond the weekly sample) may be warranted after floods, during periods of heavy rain, or after a known contamination event. Take samples in a representative section of the swimming area, in three feet of water and one foot below the surface of the water. The instructions included with the test kit will provide more details on sampling procedures. For larger swimming areas longer than 300 feet, taking samples in more than one location is recommended.
- 3. Sample Handling:** Deliver or mail the sample to the laboratory as soon as possible since testing needs to begin within six hours of collection but no later than 30 hours after collection. Samples sent through the mail should be delivered using either U.S. Postal Service express mail or overnight delivery through UPS or FedEx, to arrive at the laboratory within 30 hours of sample collection. Take care to prevent freezing or heating of the samples during shipment as this may compromise the results. When using the Health Department Laboratory, 

**Closing a Swimming Area** 

If a water sample tests greater than 235 *E. coli* per 100 mL of water, the swimming area should be closed immediately.

Beach closure signs are available for download at: [healthvermont.gov/environment/recreational-water](http://healthvermont.gov/environment/recreational-water)

samples must be received in the laboratory by 4 p.m. on regular business days for testing to begin on the same day.

4. **Results:** The results from a water sample analyzed by the Health Department Laboratory will be reported back as colon forming units (cfu) of *E. coli* per 100 mL (milliliters) of water. The Health Department has determined that the health protection level of *E. coli* in swimming water is 235 cfu per 100 mL. A test result greater than 235 cfu indicates that the water is not suitable for swimming. Results for samples received by 4 p.m. will be available by phone after 3 p.m. the following business day.
5. **When should the swimming area be closed?** THOs have the authority to close any public swimming area whenever they feel a threat to public health exists, regardless if sample results are available or not. However, before taking this step and depending on the situation, THOs should consult with their Selectboard and the Health Department for advice. If a sample result greater than 235 cfu per 100 mL, close the swimming area immediately. When closing a swimming area, the THO should place a sign in the swimming area noting it is closed and notify the town offices and any local media. If it is known that sewage or some other pollutant or safety hazard is impacting the water, the THO can close a swimming area without first obtaining contaminated sample results. Samples should be taken as soon as possible to assess the scope of the problem.
6. **Re-testing:** The swimming area should not re-open until a follow-up test shows results of 235 cfu per 100 mL or below. Follow-up testing should take place at the same location as the initial sample.
7. **What if a swimming area consistently has high *E. coli* results?** When high levels of *E. coli* are regularly found in a swimming area, the THO should investigate possible sources of contamination. Testing in different areas of the water source (such as upstream in a river) may help isolate the pollutant source. If, after some investigation, it appears that a water source is being contaminated by an outside source, it may be helpful for the THO to contact the Health Department and/or the Department of Environmental Conservation's Watershed Management Division at 802-828-1535 for support. If it appears that the contamination is due to poor agricultural practices, contact the Agency of Agriculture, Food and Markets at 800-828-2430 for assistance.
8. **What about testing swimming pools and spas?** The State does not have any statewide regulations concerning the maintenance and testing of public swimming pools. The Centers for Disease Control and Prevention has a voluntary guidance document based on science and best practices that can help local authorities and the aquatics sector make swimming and other water activities healthier and safer. The Model Aquatic Health Code is available online at: [cdc.gov/mahc](https://www.cdc.gov/mahc).



Recreational water facilities—including swimming pools, hot tubs and water features—located in licensed lodging establishments are regulated separately by the Health Department. There also may be local regulations governing pools, spas or hot tubs. THOs should check with their town to determine if there is a local role. THOs can arrange for inspections if illness is reported or suspected as a result of using a public pool or spa.

## **Cyanobacteria (Blue-green Algae)**

Cyanobacteria, also known as blue-green algae, are naturally found in freshwater in the U.S. including Lake Champlain and other Vermont waters. They grow well in water that has high amounts of nutrients like phosphorous and nitrogen. Cyanobacteria can multiply quickly to form surface scums and dense populations known as blooms.

Cyanobacteria blooms generally occur in lakes and ponds in the late summer and fall, but can happen earlier in a hot, dry year. Cyanobacteria may appear thick like ‘pea soup’ or look like a paint spill. They are generally green in color although they can also be blue, white, brown or purple. Generally, cooler weather, rainfall and reduced sunshine will lead to the breakdown of a bloom. Some blooms die off after a few days or weeks, while others persist for a few months, depending on environmental conditions. Because the cells break open when a bloom dies and release toxins, more toxins may be in the water after a bloom than during it.

### **Health Effects of Cyanobacteria**

Sometimes cyanobacteria can release natural toxins or poisons (called cyanotoxins) into the water, especially when they die and break down. After exposure to cyanobacteria, people could experience health effects, but this depends on the amount someone is exposed to, how they are exposed, whether toxins are being produced, and the type of toxin.

People may get rashes or other skin irritations from coming in contact with blooms. Usually these skin irritations are not associated with toxins, but from other compounds in cyanobacteria cells. Breathing in water droplets with cyanobacteria or toxins may cause allergic-like reactions, runny noses or sore throats. Swallowing water with high levels of cyanobacteria toxins may cause severe stomach problems like abdominal pain, diarrhea and vomiting, liver damage, dizziness or numb lips, tingling fingers and toes. These symptoms may take hours or days to show up in people or animals.

Animals can also get sick after exposure to cyanobacteria. Symptoms include weakness or staggering, difficulty breathing, convulsions, vomiting or diarrhea, foaming at the mouth, dark urine or blood in the urine, or cyanobacteria in the vomitus or stool.

Because of the health effects associated with exposure to cyanobacteria, it is important to keep dogs and people from swimming or playing in cyanobacteria-contaminated waters.

## Investigating Cyanobacteria Reports

The departments of Health and Environmental Conservation work together every summer to monitor for cyanobacteria on Lake Champlain. The Health Department also works with a network of volunteers trained and coordinated by the Lake Champlain Committee. All confirmed cyanobacteria blooms reported to the Health Department are displayed on the Cyanobacteria Tracker found online at: [www.healthvermont.gov/tracking/cyanobacteria-tracker](http://www.healthvermont.gov/tracking/cyanobacteria-tracker).



The Health Department will reach out to the appropriate THO when a cyanobacteria bloom is reported. When the Health Department is closed, such as on the weekend, we encourage residents to contact THOs directly about potential blooms and water quality concerns.

The first thing to do when investigating a cyanobacteria report is to visit the location of the report. It is important to visit the site between the hours of about 11 a.m. to 5 p.m., when cyanobacteria are most likely to rise to the surface and be visible.

THOs should be able to visually identify cyanobacteria. A video and pictures are available on the Health Department website to help with this:

[healthvermont.gov/cyanobacteria](http://healthvermont.gov/cyanobacteria). A short training course on cyanobacteria was developed by the University of Vermont and is available online at: [nephtc.org/course/view.php?id=6](http://nephtc.org/course/view.php?id=6).



If cyanobacteria are present at a recreational site, the most important thing is to keep people and their pets out of the water. To do this, THOs can post signs at the location where people are likely to see and read them. This may mean posting multiple signs along a beach. It may also be appropriate to post cyanobacteria information on the town website.

THOs can post a “Swim Area Closed” sign when there is a large cyanobacteria bloom covering most of the swim area. The swim area should remain closed until 24 hours after the bloom has dissipated OR the results for any toxin testing that was done come back below the Health Department’s advisory levels. THOs can post a “Health Alert” sign when cyanobacteria are present at less than bloom levels or at areas that are not used for swimming (e.g. boat launches). These signs are available online to download and print at:

[healthvermont.gov/tho/resources](http://healthvermont.gov/tho/resources).



More information on beach closure and re-opening recommendations are available in the Cyanobacteria Guidance for Vermont available online at:

[healthvermont.gov/sites/default/files/documents/2016/12/ENV\\_RW\\_CyanobacteriaGuidance.pdf](http://healthvermont.gov/sites/default/files/documents/2016/12/ENV_RW_CyanobacteriaGuidance.pdf)

Test kits are available from the Health Department Laboratory to test for the most common types of cyanobacteria toxins. If a THO suspects a cyanobacteria bloom at a recreational area,

they should contact the Health Department at 800-439-8550 for more information and guidance on toxin testing.

### **Other Contaminants**

When the presence of other pollutants is suspected, the THO should consult with the Health Department for direction (and to ensure that they are aware of the problem) by calling 800-439-8550. If necessary, the THO may need to assist with the collection of water samples as well as post the swimming area(s).

## Infectious Disease

**M**ost of the work THOs do in the community relates to environmental public health. Occasionally, THOs will be involved in the reporting, investigation and management of infectious diseases. The most common instances involve the prevention of mosquito-borne and tickborne diseases. THOs can help report information to the Health Department and assist their community with evidence-based prevention measures to protect public health.

### Mosquito-borne Diseases

Mosquitoes return to Vermont in spring, but do not typically pose a health risk until the summer months. By July, some mosquitoes may be carrying West Nile virus (WNV) or eastern equine encephalitis virus (EEE), and it will be important for Vermonters to take precautions to prevent mosquito bites.

WNV and EEE virus can cause illness in people and some animals. WNV has been found in all counties in Vermont. EEE virus has so far caused illness in only a few areas of Vermont, but illness can be much more severe than WNV, and it is likely to be found in additional areas.

Comprehensive information about mosquito-borne diseases, including health alerts and surveillance findings, are available online at:

[healthvermont.gov/disease-control/mosquito-borne-diseases](http://healthvermont.gov/disease-control/mosquito-borne-diseases).



Mosquito surveillance (testing pools—or groups of up to 50 mosquitos of the same species—collected from specific locations around the state) for these diseases begins in June. Each week throughout the summer, THOs can review results for their town/county. In addition, the State of Vermont has published an “Arbovirus Surveillance and Response Plan,” which is available online at:

[healthvermont.gov/sites/default/files/documents/pdf/HS\\_ID\\_VT\\_Arbovirus\\_%20Plan\\_2017.pdf](http://healthvermont.gov/sites/default/files/documents/pdf/HS_ID_VT_Arbovirus_%20Plan_2017.pdf).

To help THOs educate their communities, the Health Department can provide language for Front Porch Forum, social media, or local newsletters.

## Tickborne Diseases

Diseases spread by ticks continue to be a serious public health concern in Vermont. Some ticks in Vermont carry pathogens that cause illnesses like Lyme disease, anaplasmosis, *Borrelia miyamotoi*, babesiosis and Powassan virus disease. Lyme disease and anaplasmosis are the most common tickborne diseases in our state. Thirteen different species of ticks have been identified in Vermont, but the blacklegged tick (also known as the deer tick) is responsible for transmitting all reported cases of tickborne disease in the state. Information about tick activity in Vermont is available online at:

[healthvermont.gov/disease-control/tickborne-diseases/information-ticks-vermont](http://healthvermont.gov/disease-control/tickborne-diseases/information-ticks-vermont).

Educational materials, including flyers and brochures, are available online at: [healthvermont.gov/BeTickSmart](http://healthvermont.gov/BeTickSmart). The Vermont Tick Tracker is an online tool that anyone can use to report tick sightings and help monitor tick activity in Vermont, which is found at: [healthvermont.gov/tracking/tick-tracker](http://healthvermont.gov/tracking/tick-tracker).



The best way to prevent tickborne disease is to prevent tick bites. People can reduce their risk of tickborne disease infection by:

- Wearing light-colored clothing and EPA-registered insect repellent
- Treating clothing with permethrin
- Doing daily tick checks of their whole body
- Removing ticks with tweezers by pulling straight up until all parts of the tick are removed
- Watching for symptoms of tickborne disease, and telling their health care provider if any symptoms appear

## School and Child Care Immunization Requirements

Vermont's immunization law says that parents must ensure their children have received vaccines required for their age group before they enter child care or school. However, in limited circumstances, a child may be allowed to attend child care or school without some or all the required vaccinations.

Medical exemptions are available when children cannot be vaccinated for medical reasons and require a health care provider to complete a form. A parent may request a religious exemption. More information and all forms are available online at: [healthvermont.gov/disease-control/immunization](http://healthvermont.gov/disease-control/immunization).



For personal assistance, people can call the Immunization Program at 802-863-7638 or toll-free at 800-640-4374, or email [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov).

## Other Infectious Diseases and Outbreaks



If there is an infectious disease outbreaks in a community, THOs can find information on a specific topic online at: [healthvermont.gov/disease-control](http://healthvermont.gov/disease-control). Please contact an Infectious Disease Epidemiologist at 802-863-7240 or toll-free at 800-640-4374 with questions.

# Resource List

Concern	Agency	Contact Information*
Air, indoor (example: mold)	Department of Health / Environmental Health	P.O. Box 70 Burlington, VT 05402 <b>Phone:</b> 800-439-8550 (toll-free in VT) <b>Fax:</b> 802-863-7483
	U.S. Environmental Protection Agency / Region I	1 Congress St. Boston, MA 02114-2023 <b>Phone:</b> 1-888-372-7341
Air, outdoor (example: trash burning)	Department of Environmental Conservation	1 National Life Dr., Main 2 Montpelier, VT 05620-3520 <b>Phone:</b> 802-828-1288
Animal (wild) Cruelty/Death	Local Game Warden	Contact local state police and ask them to contact the local game warden.
	Department of Fish & Wildlife	1 National Life Dr., Davis 2 Montpelier, VT 05620-3702 <b>Phone:</b> 802-828-1529 <b>Fax:</b> 802-828-1250
Animal (domestic) Cruelty/Death	Local Animal Control Authorities	Contact the town clerk's office to find out which law enforcement authorities cover animal control.
Animal (livestock) Cruelty/Death	Local Animal Control Authorities	Contact the town clerk's office to find out which law enforcement authorities cover animal control.
	Agency of Agriculture Food & Markets / Animal Health	116 State St. Montpelier, VT 05620 <b>Phone:</b> 802-828-2421 <b>Fax:</b> 802-828-5983
Asbestos	Department of Health / Asbestos Regulatory Program	P.O. Box 70 Burlington, VT 05402

Concern	Agency	Contact Information*
		<b>Phone:</b> 800-439-8550 (toll-free in VT) <b>Fax:</b> 802-863-7483
Burial	Department of Health / Vital Records	P.O. Box 70 Burlington, VT 05402 <b>Phone:</b> 802-863-7275 or 800-439-5008 (toll-free in VT)
Children’s and Family Services	Department for Children and Families	<a href="http://www.dcf.vermont.gov/helplines">www.dcf.vermont.gov/helplines</a>
Drinking Water (Private)	Department of Health / Private Drinking Water Program	P.O. Box 70 Burlington, VT 05402 <b>Technical assistance:</b> 800-439-8550 (toll-free in VT) or 802-863-7220  <b>Health Department Laboratory:</b> 800-660-9997 (toll-free in VT) or 802-338-4736
Drinking Water (Public)	Department of Environmental Conservation / Drinking Water & Ground Water Protection Division	1 National Life Dr., Main 2 Montpelier VT 05620-3521 <b>Phone:</b> 802-828-1535 <b>Fax:</b> 802-828-1541
Flood/Natural Disaster	Department of Public Safety / Vermont Emergency Management	<b>Phone:</b> 800-347-0488 <b>HazMat:</b> 800-641-5005
Garbage	Department of Environmental Conservation / Waste Management & Prevention Division	1 National Life Dr., Davis 1 Montpelier, VT 05620 <b>Phone:</b> 802-828-1138 <b>Fax:</b> 802-828-1101
Heating/ Electrical/ Structural Problems	Department of Public Safety / Fire Safety Regional Office	Map and contact information for each regional office is available at: <a href="http://firesafety.vermont.gov/contactus">firesafety.vermont.gov/contactus</a>

Concern	Agency	Contact Information*
Infectious Diseases	Department of Health / Infectious Disease Epidemiology	P.O. Box 70 Burlington, VT 05402 <b>Phone:</b> 802-863-7240 or 800-640-4374 (toll-free in VT)
Lead Law Violations	Department of Health / Lead Regulatory Program	P.O. Box 70 Burlington, VT 05402 <b>Phone:</b> 800-439-8550 (toll-free in VT) <b>Fax:</b> 802-863-7483
Lead Poisoning Prevention	Department of Health / Healthy Homes Lead Poisoning Prevention Program	P.O. Box 70 Burlington, VT 05402 <b>Phone:</b> 800-439-8550 (toll-free in VT)
Legal Assistance	Vermont Legal Aid	<p><b>Burlington:</b> 264 North Winooski Ave. Burlington, VT 05402</p> <p><b>Montpelier:</b> 7 Court St. Montpelier, VT 05601</p> <p><b>St. Johnsbury:</b> 177 Western Ave., Suite 1 St. Johnsbury, Vermont 05819</p> <p><b>Rutland:</b> 57 North Main St. Rutland, VT 05701</p> <p><b>Springfield:</b> 56 Main St., Suite 301 Springfield, VT 05156</p> <p><b>Statewide Toll Free #:</b> 800-789-4195</p>
Rabies	U.S. Department of Agriculture (USDA)	<b>Phone:</b> 800-472-2437 (800-4-RABIES) Answered seven days a week (except federal holidays), 8 a.m. to 4:30 p.m.

Concern	Agency	Contact Information*
Radon	Department of Health / Radon Program	P.O. Box 70 Burlington, VT 05402 <b>Phone:</b> 802-863-7742 or 800-439-8550 (toll-free in VT) Fax: 802-863-7483
Rental Housing Violations - help for tenants	Vermont Tenants Incorporated	255 S. Champlain St. Burlington, VT 05402 <b>Phone:</b> 802-864-0099 or 800-287-7971 (toll-free)
Recreational Water	Department of Health / Environmental Health	P.O. Box 70 Burlington, VT 05402 <b>Phone:</b> 800-439-8550
Salvage Yards	Department of Environmental Conservation / Waste Management & Prevention Division	1 National Life Dr., Davis 1 Montpelier, VT 05620-3704 <b>Phone:</b> 800-974-9559
Hazardous Spills	Department of Environmental Conservation / Waste Management & Prevention Division	1 National Life Dr., Davis 1 Montpelier, VT 05620-3704 <b>Phone:</b> 802-828-1138 (weekdays) 800-641-5005 (after hours)
Sewage	Department of Environmental Conservation / Drinking Water & Ground Water Protection Division	1 National Life Dr., Davis 1 Montpelier, VT 05620-3704 <b>Phone:</b> 802-828-1535 <b>Fax:</b> 802-828-1541
Town Health Officer Training (Municipal)	Vermont League of Cities & Towns	89 Main St., Suite 4 Montpelier, VT 05602-2948 <b>Phone:</b> 802-229-9111 <b>Fax:</b> 802-229-2211
West Nile Virus	Department of Health / Infectious Disease	P.O. Box 70 Burlington, VT 05402 Central WNV/EEE information line: 800-913-1139

# Forms

## OVERVIEW

Town Health Officer [Recommendation](#)

Deputy Town Health Officer [Recommendation](#)

Town (and Deputy) Health Officer [Oath / Affirmation](#)

## RENTAL HOUSING

Town Health Officer [Complaint & Inspection](#)

Town Health Officer [Rental Housing Inspection Checklist](#)

Town Health Officer [Notice of Violation](#)

Essential Maintenance Practices [\(EMP\) Compliance Check Form](#)

## TOWN HEALTH ISSUES

Town Health Officer [Animal Bite Report](#)





FOR OFFICE USE ONLY  
Beginning Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Resignation Date: \_\_\_\_\_  
Entered: \_\_\_\_\_

## Town Health Officer Recommendation Form

This is a:  New Appointment  Re-appointment

Is a resignation letter needed from previous Health Officer?  Yes  No

Start Date: \_\_\_\_\_ Town/Municipality: \_\_\_\_\_

County: \_\_\_\_\_ Full Name: \_\_\_\_\_

Home Delivery Address: \_\_\_\_\_  
(DO NOT USE the Town Clerk Office or a Business for your Home Address)

Street Address for UPS Deliveries: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone(s): W: \_\_\_\_\_ H: \_\_\_\_\_ Cell: \_\_\_\_\_

Education: High School \_\_\_\_ College \_\_\_\_ Other (list) \_\_\_\_\_

Professional Degree: \_\_\_\_ (e.g. MD, RN, DVM, DDS) Occupation: \_\_\_\_\_

Please give a brief statement noting why the select board believes the recommended individual will make a good Health Officer:

Signed: \_\_\_\_\_  
Chair of the Select Board Date

Print Name: \_\_\_\_\_

**Return completed recommendation form to:**  
VT Department of Health / Environmental Health  
108 Cherry Street • PO Box 70  
Burlington, VT 05402



FOR OFFICE USE ONLY  
Beginning Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Resignation Date: \_\_\_\_\_  
Entered: \_\_\_\_\_

## Deputy Town Health Officer Recommendation Form

This is a:  New Appointment  Re-appointment

Is a resignation letter needed from previous Health Officer?  Yes  No

Start Date: \_\_\_\_\_ Town/Municipality: \_\_\_\_\_

County: \_\_\_\_\_ Full Name: \_\_\_\_\_

Home Delivery Address: \_\_\_\_\_  
(DO NOT USE the Town Clerk Office or a Business for your Home Address)

Street Address for UPS Deliveries: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone(s): W: \_\_\_\_\_ H: \_\_\_\_\_ Cell: \_\_\_\_\_

Education: High School \_\_\_\_ College \_\_\_\_ Other (list) \_\_\_\_\_

Professional Degree: \_\_\_\_ (e.g. MD, RN, DVM, DDS) Occupation: \_\_\_\_\_

Please give a brief statement noting why the select board believes the recommended individual will make a good Health Officer:

Signed: \_\_\_\_\_  
Chair of the Local Board of Health Board Meeting Date

Print Name: \_\_\_\_\_

**Return completed recommendation form to:**  
VT Department of Health / Environmental Health  
108 Cherry Street • PO Box 70  
Burlington, VT 05402



## Town Health Officer Oath / Affirmation

In taking actions as a Local Health Officer under the authority of 18 VSA Chapters 3 and 11, I do solemnly swear/affirm that I will be true and faithful to the State of Vermont, and that I will not, directly or indirectly, do any act or thing injurious to the Constitution or Government thereof, so help me God (oath)/under the pains and penalties of perjury (affirmation).

I do solemnly swear/affirm that I will faithfully execute the office of Local Health Officer for the municipality named below and therein do equal right and justice to all persons, to the best of my judgment and ability, according to law, so help me God (oath)/under the pains of penalties of perjury (affirmation).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name Printed)

Local Health Officer for the Municipality of

\_\_\_\_\_

State of Vermont

County of \_\_\_\_\_, SS.

Subscribed & sworn/affirmed before me this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_.

\_\_\_\_\_  
Notary Public





DEPARTMENT OF HEALTH

Town Health Officer
Rental Housing Inspection Report

Property Address:

Inspector Name:

Health Officer Deputy Health Officer Other

Town:

Date of Inspection:

Type of Inspection:

Initial Follow-Up (Last Inspection Date:)

Housing Type:

Property Owner Name:

Tenant Name(s) and Phone Number(s):

Unit # Name/Phone Number Copy Given

Property Phone Number:

Reason for Inspection:

Copy given to property owner

Number of People Residing at the Home:

Input box for number of people

Number of Bedrooms:

Input box for number of bedrooms

Total Number of Units in the Building:

Input box for total units

Location of Bedrooms:

Input box for location of bedrooms

INSTRUCTIONS FOR HEALTH OFFICER:

- Fill out the entire Rental Housing Inspection Report.
Document violations and describe the necessary corrective actions for each.
Establish deadlines for correcting the violations.
Provide a copy of this Rental Housing Inspection Report to the property owner and any tenants affected by the violations.
If the entire property is affected by a violation, post a copy of this report and a notice that it shall not be removed, in the common area of the property.
Conduct follow-up inspection to ensure violations have been corrected by deadlines established in this report.

NOTICE TO TENANTS:

- The property owner or their agents must have access to the unit to make the repairs required by this report.
To make repairs, the property owner may enter the unit with your consent, or with 48 hours' notice. 9 V.S.A. § 4460

NOTICE TO PROPERTY OWNER:

- Until the violations described in this report are corrected, you are prohibited from renting the affected unit(s) to new tenants. 18 V.S.A. § 603(a)(2)(iv)
A fine of up to \$100 per day may be imposed for each violation not corrected by the deadline provided in this report or if an affected unit is rented to a new tenant before the violation(s) are corrected. 18 V.S.A. § 603(b)

## FACTS THAT SUPPORT EACH VIOLATION:

### Contact Information:

- **Vermont Department of Health (VDH) - Environmental Health phone numbers:**
  - Weekdays from 7:45 AM to 4:30 PM: 800-439-8550
  - All other times: 800-640-4374
- **Department of Public Safety (DPS/DFS) phone number to call varies based on property region:**
  - Region #1 – Williston Office: 1-800-366-8325
  - Region #2 – Barre Office: 1-888-870-7888
  - Region #3 – Rutland Office: 1-888-370-4834
  - Region #4 – Springfield Office: 866-404-8883
- **Department of Environmental Conservation (DEC) regional and main phone numbers:**
  - Enforcement Office (to report violations) – 802-828-1254
  - Montpelier (Main) Office – 802-828-1556
  - Barre Office – 802-476-0190
  - Essex Office – 802-879-5656
  - Rutland Office – 802-786-5900
  - Springfield Office – 802-885-8855
  - St. Johnsbury Office – 802-751-0130
- Additional information on issuing an **Emergency Health Order** can be found in 18 VSA Chapter 3 §127.
- Town Health Officer Manual can be found at
- [http://www.healthvermont.gov/sites/default/files/Env\\_THO\\_THOManual.pdf](http://www.healthvermont.gov/sites/default/files/Env_THO_THOManual.pdf)

ACRONYMS/SYMBOLS	MEANING
	Section
	Department of Environmental Conservation
	Department of Public Safety, Division of Fire Safety
	Emergency Health Order
	National Fire Protection Association
	Rental Housing Health Code
	Vermont Fire & Building Safety Code
	Vermont Department of Health
	Vermont Statutes Annotated

TERMS	DEFINITIONS
Common space	All interior passageways, hallways, foyers, stairways, basements and other rooms in a dwelling or rooming house used or intended for use by the occupants of more than one dwelling unit or rooming unit.
Coliform bacteria	Rod-shaped bacteria and their presence in the water supply indicate recent contamination by human or animal fecal material.
Duplex electrical outlet	Electrical outlet that allows for two appliances to be plugged in simultaneously.
Dwelling	Rented building or structure, excluding tents or similar structures used for the express purpose of camping, that is wholly or partly used or intended to be used as a primary residence for living or sleeping by human inhabitants. This includes rented mobile homes and "housing provided as a benefit of farm employment" as defined in 9 V.S.A. § 4469a (a)(3).
Dwelling unit	Room or group of rooms within a dwelling, or any dwelling forming a single habitable unit used or intended for use for living, sleeping, cooking and eating.
Gross alpha (alpha radiation)	Natural occurrence of radioactivity due to breakdown of uranium found in the earth surface.
Habitable room	Every room or enclosed floor space, used or intended to be used for living, sleeping, cooking or eating purposes excluding bathrooms, toilet compartments, closets, halls, storage or utility spaces and similar areas.
Infestation	The presence of any pest or bedbug that creates a health hazard or other risk to the preservation of public health.
Nonabsorbent	Not capable of absorbing or soaking up liquids.
Pest	Any unwanted animal, including any insect, that is a potential vector for human disease and presents a public health threat.
Rooming house	Any dwelling or part thereof containing one or more rooming units and/or one or more dormitory rooms in which space is let by the owner or operator to one or more persons who are not immediate family members of the owner.
Rooming unit	Room or group of rooms let to an individual or household for use as living and sleeping, but not for cooking or eating purposes, whether or not common cooking facilities are made available.
Ventilation	Adequate supply and removal of air to and from a space through windows, skylights, doors, grilles, ducts or mechanical devices.
Water-tight	So constructed that the structure is substantially impermeable to the passage of water.
Weather-tight	So constructed that the structure resists weather and excludes rain and snow, and prevents the infiltration of air.
Window well inserts	The area at the base of the window (where the window sits) where lead dust accumulates is called a window well. (Window well as used here may also be known as a window trough.) The inserts allow for easier cleanup of the accumulation of lead dust and chips.
<b>MORE DEFINITIONS CAN BE FOUND IN THE RENTAL HOUSING HEALTH CODE</b> <a href="http://www.healthvermont.gov/sites/default/files/REG_Rental_Housing_Code.pdf">http://www.healthvermont.gov/sites/default/files/REG_Rental_Housing_Code.pdf</a>	

# 1. LIFE SAFETY

There must be a working smoke alarm (detector) on each level of the dwelling including basements and within each bedroom or room used for sleeping. All newly installed smoke alarms must be the photoelectric-only type. NFPA 101-31.3.4.5 & NFPA 101-24.3.4

		Answer			Violation	DPS/DFS CONTACTED?
		Y	N	NA	Required Corrective Action AND Deadline	CHECK IF YES
1.1	Is there a working smoke alarm:					If "No", contact your regional DPS/DFS office.
	a. On each level of the dwelling including basements?					
	b. Near each bedroom?					

There must be a working carbon monoxide alarm (detector) in the immediate vicinity of each bedroom or room used for sleeping. CO alarms are also required in each sleeping room that has a fuel-fired appliance such as a gas-fired room heater, gas hot water heater, or fireplace/woodstove. NFPA 101-31.3.4.6

1.2	Is there a working carbon monoxide (CO) alarm:				Required Corrective Actions AND Deadline	If "No", <b>immediately</b> contact your regional DPS/DFS office. <input type="checkbox"/>
	a. Near each bedroom?					
	b. In each room used for sleeping that contains a fuel-burning appliance?					

All stairs must have handrails that are easy to grasp and that are securely mounted at a height between 30" and 38" above the leading edge of the tread. NFPA 101-7.2.2.4

1.3	Do all stairways have handrails that are securely mounted?				Required Corrective Actions AND Deadline	If "No", contact your regional DPS office.
-----	--	--	--	--	--	--

Any locks or door hardware must be easy to use when leaving the building (no key required to exit). The way out of the building cannot be used for storage or trash containers. NFPA 101-4.5.3.2

1.4	Are all exits out of the building free of obstructions and able to be used?				Required Corrective Actions AND Deadline	If "No", <b>immediately</b> contact your regional DPS office.
-----	---	--	--	--	--	---

Each bedroom must have a window that can be opened without using tools or special knowledge. The opening of the window must be at least 20" wide and 24" high **and** provide an opening of 5 square feet. The bottom of the opening must be less than 44" above the floor. NFPA 101-24.2.2.1

1.5	Does each bedroom have a window that can be easily opened and is large enough for emergency rescue or escape?				Required Corrective Actions AND Deadline	If "No", contact your regional DPS office.
-----	---	--	--	--	--	--

Each dwelling unit must have access to at least 2 separate ways out of the building that are not located close together unless the unit has: a door opening to the outside at ground level, an enclosed stair used only by that unit opening to the outside at ground level, or access to an outside stair that serves no more than 2 units. VFBSC 101:24.2.2.3.1

1.6	Does each dwelling unit have 2 separate ways out?				Required Corrective Actions AND Deadline	If "No" or questionable contact your regional DPS office.
-----	---	--	--	--	--	---

## 1. LIFE SAFETY, CONTINUED

Each dwelling unit (when 3 or more units) must have a minimum 2 ½ lb working fire extinguisher. NFPA 1-13.6

		Y	N	NA	
1.7	Does the dwelling unit (if there are 3 or more units) have a minimum 2 ½ lb working fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required Corrective Actions AND Deadline</b> If “No”, contact your regional DPS office.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 2. SANITATION FACILITIES – *Kitchen Facilities*

Every dwelling unit must have a kitchen sink. RHHC, § 5.1

2.1	Is there a kitchen sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Question is not applicable to rooming units. But is applicable to shared kitchen facilities in the rooming house, if provided. <b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Every dwelling unit must have space to store, prepare, and serve food in a sanitary manner RHHC, § 5.2.3

2.2	Is there space to store and prepare food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Question is not applicable to rooming units. But is applicable to shared kitchen facilities in the rooming house, if provided. <b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Counter surfaces in the kitchen of dwelling units and rooming houses shall be smooth, noncorrosive, nonabsorbent, and waterproof covering.

2.3	Are the countertops nonabsorbent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Floor surfaces in the kitchen of dwelling units and rooming houses shall be smooth, noncorrosive, nonabsorbent and waterproof covering.

2.4	Is the floor made of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required Corrective Actions AND Deadline</b>
	a. Smooth, nonabsorbent, non-corrosive, waterproof covering? (ex: tile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Carpeting with a solid, water repellent backing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Wood flooring with a water-resistant finish and with no cracks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### *Bathroom Facilities*

Every dwelling unit shall contain a bathroom facility which includes a flush toilet, sink and bathtub or shower separated from habitable rooms and which affords privacy. Unless the dwelling unit shares a bathroom facility. If this dwelling unit qualifies to share a bathroom. Every dwelling unit shall contain a bathroom facility which includes a flush toilet, sink and bathtub or shower separated from habitable rooms and which affords privacy. Unless the dwelling unit shares a bathroom facility. If this dwelling unit qualifies to share a bathroom.

2.5	Is there at least 1 bathroom sink, 1 toilet, and 1 bathtub or shower per unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If “No”, the unit must meet Shared Bathroom requirements. Question is not applicable to rooming units. <b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Bathroom Facilities, Continued**

For rooming houses, 2.6a–c above must be met. RHHC, § 5.2.3

		Y	N	NA	
2.6	Is there one:				<b>Required Corrective Actions AND Deadline</b>
	a. Toilet per 10 people?				
	b. Sink per 10 people?				
	c. Shower/tub per 8 people?				

Counter surfaces in the bathroom of dwelling units and rooming houses shall be smooth, noncorrosive, nonabsorbent and waterproof covering.

2.7	Are the countertops nonabsorbent?				<b>Required Corrective Actions AND Deadline</b>
-----	-----------------------------------	--	--	--	---

Floor surfaces in the bathroom of dwelling units and rooming houses shall be smooth, noncorrosive, nonabsorbent and waterproof covering. RHHC, §§ 5.3, 5.3.1, 5.3.2

2.8	Is the floor made of:				<b>Required Corrective Actions AND Deadline</b>
	a. Smooth, nonabsorbent, non-corrosive, non-slip, waterproof covering? (ex: tile)				
	b. Carpeting with a solid, water repellent backing?				

All toilets must be working flush toilets. RHHC, § 5.2.1

2.9	Do all toilets flush?				<p>If “No”, is there at least one working toilet for tenants? If there is at least one working toilet, Owner to correct within a reasonable period. If all toilets do not flush, owner needs to begin resolving within 24 hours. Also see Question 3.8a-b.</p> <p><b>Required Corrective Actions AND Deadline</b></p>
-----	-----------------------	--	--	--	---

Shower/tub and sink/toilet must be separate from habitable rooms. RHHC, § 5.2.1

2.10	Is the shower/tub and sink/toilet separate from habitable rooms?				<b>Required Corrective Actions AND Deadline</b>
------	--	--	--	--	---

**3. SANITATION FACILITIES (II)**

Occupants must have access to public drinking water or good quality private system. RHHC, §§ 5.4.1, 5.4.2

<i>Water Supply/Wastewater Disposal</i>		Y	N	NA	
3.1	Is there currently a water supply to the unit?				<p>If “No”, owner needs to provide temporary water supply to occupants until long-term solution is achieved. Owner must begin working on long-term solution within 24 hours.</p> <p><b>Required Corrective Actions AND Deadline</b></p>

3.2	Is water supply from:				NA
	a. Public source?				
	b. Known private source?				

### 3. SANITATION FACILITIES, CONTINUED – *Water Supply/Wastewater Disposal*

Water sample should be taken by owner or can be taken by inspector to test quality of private water system once a year for coliform bacteria/*E. coli* bacteria (Kit A), every 5 years for inorganic chemicals (Kit C), and every 5 years for alpha radiation (Kit RA). RHHC, § 5.4.2

		Y	N	NA	
3.3	If a private system, was the water tested for coliform (Kit A) within the last year?				<p>If “Yes”, <b>what were the results?</b></p> <p>If “No”, have owner collect water sample. If coliform bacteria are detected, request owner to disinfect well and request tenants to boil their water for 1 minute at a rolling boil. Retest as soon as possible after disinfection. Contact VDH Environmental Health for more guidance. <b>Deadline:</b></p>
3.4	If a private system, was the water tested for inorganic chemicals (Kit C) within the last 5 years?				<p>If “Yes”, <b>what were the results?</b></p> <p>If “No”, Owner to test within a reasonable period. Provide testing information for Kit C, if requested. <b>Deadline:</b></p>
3.5	If a private system, was the water tested for gross alpha (Kit RA) within the last 5 years?				<p>If “Yes”, <b>what were the results?</b></p> <p>If “No”, Owner to test within a reasonable period. Provide testing information for Kit RA, if requested. <b>Deadline:</b></p>

Sinks must have non-scalding hot water that is heated to a safe temperature. RHHC, § 5.4.3

3.6	Do all sinks have hot water?				<b>Required Corrective Actions AND Deadline</b>
-----	------------------------------	--	--	--	---

At fixture, showers/tubs must have a maximum temperature of at least 100°F but no more than 120°F. RHHC, § 5.4.3

3.7	Are all showers and/or tubs able to heat up to a minimum of 100°F but to no more than 120°F??				<b>Required Corrective Actions AND Deadline</b>
-----	---	--	--	--	---

Occupants’ plumbing must be connected to a public or private sewage system in working order. Sewage system failure, as defined by the DEC, includes the surfacing on the ground or backup of waste into the home as an ongoing problem. If the system was caused not to work by an unusual event or only needs minor repairs to work, it is not considered a failing system. DEC will advise the property owner on the requirements and the property owner should be told to contact their Regional Environmental Office for advice. A permit is required by the DEC to replace a failed system. DEC, § 1-301(3, 10) RHHC, § 5.4.5

3.8	a. Are household waste pipes functioning correctly (no blockage resulting in waste backup into home)?				<p>If “No”, contact your regional DEC office. <b>Required Corrective Actions AND Deadline</b>      <b>Contacted DEC?</b></p>
	b. Does private, on-site leach field seem to be functioning so that no wastewater is surfacing?				<p>If “No”, <b>immediately</b> contact your DEC regional office. Have owner pump septic tank and inspect the piping between the building and the septic tank to ensure there are no obstructions. The surfacing waste should be fenced off and covered with lime and straw.</p> <p style="text-align: right;"><b>Contacted DEC?</b> <input type="checkbox"/></p>

### 3. SANITATION FACILITIES, CONTINUED.

Outdoor trash and food scraps must be placed in durable, covered, and water-tight containers. RHHC, §§ 5.5.1.1, 5.5.1.2

		Y	N	NA	
3.9	Is there a durable, covered, and water-tight container(s) for trash and food scraps outside?	<input type="checkbox"/>	<input type="checkbox"/>		<b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>		

Recyclables must be placed in durable containers. RHHC, §§ 5.5.1.1, 5.5.1.2

3.10	Is there a durable container for recycling?	<input type="checkbox"/>	<input type="checkbox"/>		<b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>		

Trash, recyclables, and food scraps must be removed from the home at least once a week. RHHC, §§ 5.5.2.1, 5.5.2.2

3.11	Are trash, recyclables, and food scraps removed from the home at least once a week?	<input type="checkbox"/>	<input type="checkbox"/>		<b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>		

Owners must keep any spaces that aren't dwelling units or rooming units free from trash, recyclables, and food scraps (such as common spaces). RHHC, § 5.5.3.1

3.12	Are spaces that are not dwelling unit/rooming unit spaces free of trash, recyclables, and food scraps?	<input type="checkbox"/>	<input type="checkbox"/>		<b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>		

Occupants must keep dwelling units/rooming units from trash, recyclables, and food scraps. RHHC, § 5.5.3.2

3.13	Are dwelling unit/rooming unit spaces free of trash, recyclables, and food scraps?	<input type="checkbox"/>	<input type="checkbox"/>		<b>Required Corrective Actions AND Deadline</b>
		<input type="checkbox"/>	<input type="checkbox"/>		

### 4. PEST & BEDBUG INFESTATIONS

Owners are responsible for maintaining all common spaces to be free from infestation. Owners are responsible for extermination if infestation is due to their failure to maintain premises OR if more than two dwelling units are infested. The occupant is responsible for maintaining his or her own dwelling unit/rooming unit. The occupant is responsible for extermination if his or her failure to maintain the dwelling unit/ rooming unit properly caused the infestation unless two or more dwelling units are infested. RHHC, §§ 6.1, 6.2, 6.3

4.1	Home free of visual evidence of pests (cockroaches, ants, rats, mice, bats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		<b>Required Corrective Actions AND Deadline</b>
	a. Infestation?	<input type="checkbox"/>	<input type="checkbox"/>		
	b. Fecal droppings (fecal pellets)?	<input type="checkbox"/>	<input type="checkbox"/>		
	c. Pest carcasses?	<input type="checkbox"/>	<input type="checkbox"/>		
	d. Chew (gnaw) marks?	<input type="checkbox"/>	<input type="checkbox"/>		
	If "No", (to any or all) have any measures been taken to stop pest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Home free of visual evidence of bedbugs:				<b>Required Corrective Actions AND Deadline</b>
	a. Infestation of bedbugs or bedbug nymphs?	<input type="checkbox"/>	<input type="checkbox"/>		
	b. Fecal droppings (small dark stains the size of an ink dot)?	<input type="checkbox"/>	<input type="checkbox"/>		
	c. Eggs (1mm across and pale yellow)?	<input type="checkbox"/>	<input type="checkbox"/>		
	d. Blood spots (rusty or reddish stains) on sheets or	<input type="checkbox"/>	<input type="checkbox"/>		
	If "No" (to any or all), have any measures been taken to stop bedbug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 5. HEATING

Heat must be maintained for all habitable rooms, kitchens, and bathrooms when temperature is below 55°F/13°C. RHHC, § 7.1, 7.5 This must be done without overheating one room. If temperature is read, it should be done so at a point 3 feet above the floor and 3 feet from an exterior wall.

		Y	N	NA		EHO ISSUED?
5.1	Is heat provided when outside temperature is less than 55°F/13°C?				If "No", consider issuing an <b>Emergency Health Order</b> (EHO) to protect tenants from potential serious health problems caused by cold temperatures, such as hypothermia. <b>Required Corrective Actions AND Deadline</b>	<input type="checkbox"/>
5.2	Are the heating facilities able to maintain a temperature of at least 65°F/18°C?				If "No", consider issuing an <b>Emergency Health Order</b> (EHO) to protect tenants from potential serious health problems caused by cold temperatures, such as hypothermia. <b>Required Corrective Actions AND Deadline</b>	<input type="checkbox"/>

Fuel-fired heating facilities (including pellet stoves, wood stoves, natural gas appliances, etc.) must be vented to the outside of the building. Un-vented fuel-fired room heaters or fireplaces are not permitted. RHHC, § 7.4, NFPA 1: 11.5.1.4.4

5.3	Are all fuel-fired heating facilities vented to the outside of the building?	<input type="checkbox"/>	<input type="checkbox"/>		If "No", <b>immediately</b> contact your regional DPS office. <b>Required Corrective Actions AND Deadline</b>	DPS Contacted?
-----	--	--------------------------	--------------------------	--	--	----------------

Wood stoves/pellet stoves must have 36" clearance and vent pipes must have 18" clearance to walls, ceiling, and furnishings in the room. Newer wood stoves/pellet stoves will have the clearance requirements marked on a label attached to the wood stove/pellet stove. Walls, ceiling or floor may be protected by fire resistant material to reduce the clearance requirement. Contact DPS for assistance with any questions. NFPA 211

5.4	Does wood stove/pellet stove have the proper clearance to walls, ceiling, and furnishings in the room?			<input type="checkbox"/>	If "No", <b>immediately</b> contact your regional DPS office. <b>Required Corrective Actions AND Deadline</b>	DPS Contacted?
-----	--	--	--	--------------------------	--	----------------

## 6. NATURAL & MECHANICAL VENTILATION

Every habitable room must have at least one window or door on an outside wall that can be opened for fresh air. Every habitable room must have at least one window or door on an outside wall that can be opened for fresh air. RHHC, § 8.1.1

		Y	N	NA	
6.1	Does every habitable room have at least one window or door on an outside wall that can be opened for fresh air?				<b>Required Corrective Actions AND Deadline</b>

Screens in good repair must be present for all windows and doors being used for ventilation. RHHC, § 8.1.2

6.2	Are screens present for all operable windows and for doors that are providing ventilation when a window is not available?				<b>Required Corrective Actions AND Deadline</b>
-----	---	--	--	--	---

All hallways and stairways in common spaces must be adequately ventilated. RHHC, § 8.1.3

6.3	Are all hallways and stairways in common spaces adequately ventilated?				<b>Required Corrective Actions AND Deadline</b>
-----	--	--	--	--	---

**6. NATURAL & MECHANICAL VENTILATION, CONTINUED**

Bathrooms must be ventilated to external air by window, airshaft, or ventilation fan that vents to the outside of the building. RHHC, § 8.1.4

		Y	N	NA	
6.4	Are all bathrooms ventilated by window, airshaft, or a ventilation fan that vents to the outside of the building? (circle type of ventilation)				<b>Required Corrective Actions AND Deadline</b>

Clothes dryers, if existent, must be vented to the exterior of the building. NFPA 211: 10.7.3 RHHC, § 8.1.5

6.5	Are all clothes dryers vented to the exterior of the building?				<b>Required Corrective Actions AND Deadline</b>

**7. LIGHTING & ELECTRICITY**

Every habitable room (excluding a kitchen) must have at least:

2 duplex electrical outlets OR 1 duplex electrical outlet and 1 electrical light fixture (such as a lamp or overhead light). Extension cords must not be used as a substitute for fixed wiring in a building. Extension cords must not run through holes in walls, ceilings, or floors, through doorways or windows or under carpets, or be attached to building surfaces. RHHC, § 9.1 NFPA 73: 4.5

		Y	N	NA	
7.1	Does every habitable room (excluding a kitchen) have at least 2 duplex electrical outlets OR 1 duplex electrical outlet and 1 electrical light fixture?				<b>Required Corrective Actions AND Deadline</b>

Every kitchen must contain at least 2 duplex electrical outlets and 1 electrical light fixture. RHHC, § 9.2

7.2	If there is a kitchen, does it contain at least 2 duplex electrical outlets and 1 electrical light fixture?				<b>Required Corrective Actions AND Deadline</b>

Any other room must contain at least 1 electrical light fixture. RHHC, § 9.3

7.3	Do all other rooms contain at least 1 electrical light fixture?				<b>Required Corrective Actions AND Deadline</b>

Building entrances in rooming houses and dwellings must have adequate lighting. Common spaces in rooming houses and buildings with 2 or more dwelling units must have adequate lighting. RHHC, § 9.4

7.4	a. Do all dwelling and rooming house building entrances have adequate lighting?				<b>Required Corrective Actions AND Deadline</b>
	b. Do all common spaces in rooming houses and buildings with 2 or more dwelling units have adequate lighting?				

All electrical systems must be working and safe. RHHC, § 9.5

7.5	Are all electrical systems working?				<b>Required Corrective Actions AND Deadline</b>

**8. STRUCTURAL ELEMENTS**

Home must be weather-tight and water-tight. RHHC, § 10.1

		Y	N	NA		DPS CONTACTED
8.1	Is the home weather-tight and water-tight?				<b>Required Corrective Actions AND Deadline</b>	<input type="checkbox"/>

Obvious signs of structural deficiencies or unsafe conditions include separation of structural building elements such as a beam from the column supporting building elements; deflection or sagging of a ceiling, roof, wall, or a beam or column supporting ceiling, roof, and wall; diagonal cracking in a wall, particularly around door or window openings; or sections of a brick or masonry wall or column that have broken off or have diagonal cracking. RHHC, §§ 10.1 IBC § 3403

## 8. STRUCTURAL ELEMENTS, CONTINUED

		Y	N	NA	
8.2	Is the home structurally sound with no obvious signs of structural deficiencies or unsafe conditions (such as holes in walls, buckling/bulging in floors/ceilings)?				If "No", <b>immediately</b> contact your regional DPS/DFS office. <b>Required Corrective Actions AND Deadline</b>

Home and units must be free of standing water and excessive moisture. Mold may be an indicator of standing water or excessive moisture. RHHC, § 10.3

8.3	Is the home free of:	Y	N	NA	Required Corrective Actions AND Deadline
	a. Standing water?				
	b. Visual evidence of water intrusion such as damp building materials or water stains?				
	c. A musty smell?				

Mold may be an indicator of standing water or excessive moisture. RHHC, § 10.3

8.4	Is the home free of visual evidence of mold or mildew (associated with a musty smell, discoloration, and excess moisture)?	Y	N	NA	Required Corrective Actions AND Deadline

Vaporizers/humidifiers used by occupants or owners can increase the relative humidity above 60% which promotes the growth of microorganisms and visible mold. RHHC, § 8.2

8.5	If humidifiers or vaporizers are used by occupants, is the relative humidity below 60%?	Y	N	NA	Required Corrective Actions AND Deadline

### Radon

Not having had the home tested for radon is NOT a violation. However, long-term exposure to radon increases the risk for lung cancer, so it is a recommended test.

8.6	Has the home been tested for radon within the last 5 years?	Y	N	NA	If "Yes", <b>what were the results?</b>  If "No", recommend owner to test for radon. VDH provides a free testing kit. Owner may call 802-865-7742 for the test.

## 9. VERMONT LEAD LAW: PRE-1978 HOMES ONLY

All homes built before 1978 are assumed to have lead paint unless a lead inspector or lead risk assessor has certified the property lead-free.

		Y	N	NA	VDH Contacted?
9.1	Was this home built before 1978? <b>If "Yes", complete questions 9.2-9.12. If "No", skip the 9.2-9.12.</b>				NA  <input type="checkbox"/>

Children under 6 years old are especially sensitive to lead poisoning.

9.2	Do any children under 6 years old reside at the home?	Y	N	NA	VDH Contacted?
					NA  <input type="checkbox"/>

The owner must file an EMP (Essential Maintenance Practices) statement of compliance annually to comply with the lead law. Call CLPPP at to verify Compliance Statement has been filed with VDH. 18 VSA Chapter 38, § 1759(b)(1), 18 VSA Chapter 38, § 751(b)(5)(A)

9.3	Has the landlord/owner submitted an Essential Maintenance Practices (EMP) compliance statement to VDH?	Y	N	NA	If "No", 30 days to correct. Contact VDH. <b>Deadline:</b>	VDH Contacted?
						<input type="checkbox"/>

The Environmental Protection Agency (EPA) pamphlet, "Protect Your Family from Lead in Your Home", needs to be given to each tenant unit. 18 VSA Chapter 38, § 1759(b)(3)

**9. VERMONT LEAD LAW: PRE-1978 HOMES ONLY, CONTINUED**

		Y	N	NA		
9.4	Have tenants been given the EPA (Environmental Protection Agency) pamphlet, "Protect Your Family from Lead in Your Home"?				If "No", 30 days to correct. <b>Deadline:</b>	<input type="checkbox"/>

The most recent signed copy of the owner's EMP (Essential Maintenance Practices) compliance statement must be given to each tenant unit annually. 18 VSA Chapter 38, § 1759(b)(3)(4)

9.5	Have the tenants been given a signed EMP compliance statement by the building owner?				If "No", 30 days to correct. <b>Deadline:</b>	<input type="checkbox"/>
-----	--	--	--	--	--	--------------------------

Notice asking tenants to report chipped paint to the owner (with contact information for owner or owner's agent on the notice) needs to be posted in a prominent place. 18 VSA Chapter 38, § 1759(a)(8)

9.6	Are there posted notices in common spaces asking tenants to report chipped paint?				If "No", 30 days to correct. <b>Deadline:</b>	<input type="checkbox"/>
-----	---	--	--	--	--	--------------------------

If more than 1 square foot of paint is found to be peeling in or on a pre-1978 home, owner is required to act within 30 days to stabilize it safely. 18 VSA Chapter 38, § 1759(a)(3)

9.7	Is the inside of the home free of greater than 1 square foot of peeling or deteriorated paint on any interior surface (including on floorboards and stairwells)?				If "No", 30 days for owner to correct. <b>Deadline:</b>	<input type="checkbox"/>
-----	--	--	--	--	--	--------------------------

9.8	Is the outside of the home free of greater than 1 square foot of peeling or deteriorated paint on any exterior surface (including on floorboards and porches)?				If "No", 30 days to correct. <b>Deadline:</b>	<input type="checkbox"/>
-----	--	--	--	--	--	--------------------------

All wooden windows installed before 1978 in all homes built before 1978 must have window well inserts or by another method approved by department. 18 VSA Chapter 38, § 1759(a)(1)

9.9	Are there window well inserts in wooden windows installed before 1978? Please note that replacement wooden windows installed in 1978 or later do not require inserts.				If "No", 30 days for owner to correct. <b>Deadline:</b>	<input type="checkbox"/>
-----	--	--	--	--	--	--------------------------

Cleaner is better, but this is being asked for informational purposes.

9.10	Are window wells (troughs) free of debris (paint chips, dust)?				NA	
------	--	--	--	--	----	--

At least once a year, owner should examine outside and inside to identify deteriorated paint. Any paint chips found outside the home should be removed at least once a year. 18 VSA Chapter 38, § 1759(a)(2)(5)

9.11	Is the home interior free from visual evidence of paint chips?				If "No", 30 days for owner to correct. <b>Deadline:</b>	<input type="checkbox"/>
9.12	Is the home exterior free from visual evidence of paint chips?				If "No", 30 days for owner to correct. <b>Deadline:</b>	<input type="checkbox"/>

# NOTICE OF VIOLATION

## Rental Housing Health Code

This property located at:

---

is in violation of Vermont's Rental Housing Health Code.

For a detailed description of the violations and the required corrective actions, please see the attached inspection report.

The Health Officer may be reached at: \_\_\_\_\_

***This notice must not be removed until authorized by the Health Officer, pursuant to 18 V.S.A §603(a)(4)***

108 Cherry Street – PO Box 70  
 Burlington, VT 05402-0070  
 www.HealthVermont.gov

 [phone] 802-865-7786  
 [fax] 802-863-7483

 Agency of Human Services  
 Department of Health  
 Environmental Health

## Essential Maintenance Practices Compliance Check Form

<b>Facility/Site Location Name:</b>	<b>Physical Address (No P.O. Box):</b>	<b>Physical City:</b>	<b>State</b> VT	<b>Zip Code:</b>
-------------------------------------	--	-----------------------	--------------------	------------------

<b>General/Abatement Contractor Name:</b>	<b>Mailing Address:</b>	<b>Mailing City:</b>	<b>State</b>	<b>Zip Code:</b>
---	-------------------------	----------------------	--------------	------------------

<b>Office Telephone # or Cell phone #:</b>	<b>Fax #:</b>	<b>Email Address:</b>
--	---------------	-----------------------

<b>Owner/Agent Name:</b>	<b>Mailing Address:</b>	<b>Mailing City:</b>	<b>State</b>	<b>Zip Code:</b>
--------------------------	-------------------------	----------------------	--------------	------------------

<b>Office Telephone # or Cell phone #:</b>	<b>Fax #:</b>	<b>Email Address:</b>
--	---------------	-----------------------

<b>Inspector/Consultant Name:</b>	<b>Mailing Address:</b>	<b>Mailing City:</b>	<b>State</b>	<b>Zip Code:</b>
-----------------------------------	-------------------------	----------------------	--------------	------------------

<b>Office Telephone # or Cell phone #:</b>	<b>Fax #:</b>	<b>Email Address:</b>
--	---------------	-----------------------

<b>Reason for Compliance Check:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up (Last Inspection Date: _____) <input type="checkbox"/> Random Check <input type="checkbox"/> For-Cause <input type="checkbox"/> Tip or Complaint <input type="checkbox"/> Other _____	<b>Number of Units Inspected:</b>	<b>Total Number of Units at Property:</b>
---	-----------------------------------	---

<b>Type of Property:</b> <input type="checkbox"/> Daycare <input type="checkbox"/> Rental <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Public Building <input type="checkbox"/> Other _____	<b>Inspection Type and Date Built:</b> <input type="checkbox"/> Lead <input type="checkbox"/> _____ <input type="checkbox"/> Asbestos (year built)	<b>Conducting Inspection:</b> <input type="checkbox"/> Health Officer <input type="checkbox"/> Other <input type="checkbox"/> VDH Staff _____
--	--	---

### Vermont Essential Maintenance Practices

• <b>'Prevent Lead Poisoning' poster posted</b> <input type="checkbox"/> Yes: <input type="checkbox"/> Common Area(s) <input type="checkbox"/> Each Apartment <input type="checkbox"/> No	• <b>Window well inserts in all wooden windows</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable: Windows are <input type="checkbox"/> vinyl <input type="checkbox"/> metal or <input type="checkbox"/> other <input type="checkbox"/> No: Windows without inserts, location(s): _____
---	---

• <b>Surfaces and fixtures free of deteriorated paint</b> (Take photos and document facts on a separate page, if needed) <input type="checkbox"/> Yes, greater than 1 ft <sup>2</sup> of deteriorated paint on an: _____ <input type="checkbox"/> No <input type="checkbox"/> Interior surface, Location(s): _____ <input type="checkbox"/> Exterior surface, Location(s): _____
---

• <b>EPA 'Protect Your Family From Lead' pamphlet given to tenants</b> <input type="checkbox"/> Yes <input type="checkbox"/> No: <input type="checkbox"/> Tenant Reports that he/she did not receive pamphlet <input type="checkbox"/> Tenant unavailable <input type="checkbox"/> Unknown
---

• <b>Evidence of Prohibited Practices</b> <input type="checkbox"/> Yes (check all that apply – take photos and document facts on a separate page) <input type="checkbox"/> No <input type="checkbox"/> Burning <input type="checkbox"/> Water Blasting <input type="checkbox"/> Dry Scraping <input type="checkbox"/> Power Sanding <input type="checkbox"/> Sandblasting <input type="checkbox"/> Other: _____
---

### State Certification and Federal Disclosure

• <b>Tenant notification in lease</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	• <b>Notification of renovation</b> <input type="checkbox"/> Yes (see above for contractor information) <input type="checkbox"/> No	• <b>EMP Name:</b> _____    • <b>EMP #:</b> _____
---	--	---

### Overall Findings and Required Corrections (see photos and additional pages with findings and corrective actions)

<b>Required Compliance Date:</b> _____	<b>Follow-up Check Date Set:</b> _____
<b>Referred to Other State Agency/Department or Other Organization:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Contractor Signature:</b> _____ <b>Date:</b> _____	<b>Inspector Signature:</b> _____ <b>Date:</b> _____
<b>Owner Signature:</b> _____ <b>Date:</b> _____	<b>THO/VDH Signature:</b> _____ <b>Date:</b> _____

**Reporting Information**

Date of report: \_\_\_/\_\_\_/\_\_\_ Town: \_\_\_\_\_ Health Officer name: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternative phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Person reporting bite:  Health care provider  Veterinarian  Bite victim/parent or guardian  Other

Reporter name: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Bite Victim Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_

Street address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex:  Male  Female  No answer Age: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_

**Bite Information**

Date of bite: \_\_\_/\_\_\_/\_\_\_ Where bite occurred: \_\_\_\_\_ Provoked bite?  Yes  No  Unknown

Location of bite:  Leg  Head  Torso  Arm  Hand/Finger  Other: \_\_\_\_\_

Animal type:  Dog  Cat  Cow  Horse  Sheep  Ferret  Unknown  
 Raccoon  Skunk  Bat  Fox  Other: \_\_\_\_\_

Animal status:  Owned  Stray  Wild  Unknown

If owned, owner's name: \_\_\_\_\_ If owned, animal's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Owner telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Animal disposition:  10-day confinement  Euthanized and tested  At large/unavailable  Unknown

Veterinarian name: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has the animal received a rabies vaccine in the past?  Yes  No  Unknown

If yes, date of last rabies shot: \_\_\_/\_\_\_/\_\_\_ Rabies Tag #: \_\_\_\_\_

Describe bite scenario:

Action taken by Health Officer:

Report animal bites to the local [Town Health Officer](#).

Health Officers: Please keep a completed copy of this form in your town clerk's office.

Direct questions to the Infectious Disease Epidemiology Program at (802) 863-7240.