

City of Memphis

Division of Housing and Community Development

Lead Hazard Reduction Grant Program



REQUEST FOR PROPOSAL: **HEALTHY HOMES ASSESSMENTS**

PROPOSAL NUMBER: 2020-003
DATE ISSUED: January 13, 2020

RFP Proposal- Open Submittal period of performance for these activities is 42 months
(January 2020 - July 2023)

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
REQUEST FOR PROPOSAL – ENVIRONMENTA FIRMS	3
INTRODUCTION.....	3
Overview	3
Programs and Time Completion	3
Term of Contract.....	4
PROFESSIONAL SERVICE REQUIREMENTS	4
Scope of Work	4
Additional Requirements	4
Costs	4
EVALUATION CRITERIA AND SCORING.....	5
SUBMITTAL REQUIRMENTS	5
Letter of Interest	5
Threshold Requirements	5
Main Proposal.....	6
SELECTION PROCESS	6
QUESTIONS	7
SUBMITTAL DUE DATE	7
CERTIFICATION FORM NOTE	8
RFP SUBMITTAL REQUIREMENTS CHECKLIST	10
RFQ SUBMITTAL REQUIREMENTS CHECKLIST.....	10
APPLICATION.....	11

REQUEST FOR QUALIFICATIONS – ENVIRONMENTAL FIRMS

INTRODUCTION

Overview

This Request for Proposals (“RFP”) is being issued by the City of Memphis- Division of Housing and Community Development- Lead Hazard Reduction Grant Program (LHRG) in its capacity to act as manager of the HUD’s Office of Lead Hazard Control and Healthy Homes funds. The purpose of this notice is to solicit proposals from Lead Environmental Firms to perform **Healthy Homes Inspections** in accordance with HUD, EPA and State guidelines.

Companies with demonstrated experience in performing these types of services and possess and interest making their services available to the LHRG Program are invited to respond to this RFP. “Respondents” means the companies or individuals that submit proposals in response to this RFP. It is understood that the selected Respondent acting as an individual, partnership, corporation or other legal entity, is state licensed and certified in accordance with title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA) (12 U.S.C. 3331 et seq.) and capable of providing the specified services. The Respondent shall be financially solvent and each of its members, if a joint venture, its employees, agents or subconsultants of any tier shall be competent to perform the services required under this RFP document.

The City is seeking to encourage participation by respondents who are MBE/WBE or Section 3 business enterprises and has a goal for minimum MBE/WBE participation.

Nothing in this RFP shall be construed to create any legal obligation on the part of the Lead Hazard Reduction Grant Program or any respondents. The LHRG Program reserves the right, in its sole discretion, to amend, suspend, terminate, or reissue this RFP in whole or in part, at any stage. In no event shall the LHRG Program be liable to respondents for any cost or damages incurred regarding the RFP process, including but not limited to, any and all costs of preparing a response to this RFP or any other costs incurred in reliance on this RFP. No respondent shall be entitled to repayment from the LHRG Program for any costs, expenses or fees related to this RFP. All supporting documentation submitted in response to this RFP will become the property of the LHRG Program. Respondents may also withdraw their interest in the RFP, in writing, at any time, as more information becomes known.

The LHRG Program follows federal and local procurement standards, policies and procedures for procurement process. For further information on this requirement, contact the Lead Paint Program- **Tavita Conway, Program Manager, Public Safety Building, 170 North Main Street, 4th Floor, Memphis, TN, 38103, and 901-636-7478.**

Programs and Time of Completion

The City of Memphis- Division of Housing and Community Development- Lead Hazard Reduction Program administers LHRG Program:

- The LHRG Program is federally funded through the Office of Lead Hazard Control and Healthy Homes. This program addresses lead hazards found in homes with children residing under the age of six (6). Occasionally, other housing concerns are identified throughout this process and the environmental inspection firm will be expected to perform Healthy Homes Inspections by assessing the 29 healthy homes housing hazards and the effect that each may have on the health and safety of current or future occupants of the property. The firm must provide a full detailed report of the findings in the format approved by LHRG staff including pictures and prioritized findings

Term of Contract

Award recipients implementing the City of Memphis- Division of Housing and Community Development- LHRG and the Office of Healthy Homes and Lead Hazard Control program shall follow all rules and regulations. The programs referenced above are initiatives under the U.S. Department of Housing and Urban Development (HUD). Respondents are strongly encouraged to read these regulations prior to submitting their response to this RFP.

PROFESSIONAL SERVICE REQUIREMENTS

Scope of Work

The LHRG seeks sealed proposals from qualified respondents to provide **Healthy Homes Assessment** services on completed lead abatement projects located in the City of Memphis and Shelby County. Prospective firms must complete an application. The application will be reviewed by a Selection Committee and proposals will be requested from firms with sufficient qualifications and experience with similar work. The City seeks to secure contracts with firms who are certified with the State of Tennessee-TDEC and have lead inspector, risk assessor and certified dust sampling technician disciplines. LHRG anticipates multiple requests for services within a short timeframe. All Healthy Homes Assessments must be performed according to the specifications described in the protocols for Healthy Homes Assessments with the City of Memphis and in the US Dept. Housing and Urban Development (HUD) policy guidance (PG2018-01) and all other applicable Federal, State, and Local regulations.

Additional Requirements

This project will comply with all codes, standards, regulations, and workers' safety rules that are administered by federal agencies (HUD, EPA, OSHA, and TDOT), state agency (TDEC), and any other local building codes, regulations and standards that may apply.

Environmental firms will be required to follow all testing protocols associated with each hazard found in designated housing using HUD's recommended 29 hazard standards and according to State of Tennessee Regulations and other HUD Guidelines.

Costs

LHRG will reimburse client for the services in a lump sum fee for each task of submitted. The approved client will deliver an invoice to the LHRG staff containing fees for each Healthy Homes

assessment performed during the month. Client acknowledges that the fee is based upon the description of the Services, Scope of Work and the Schedule as set out in this Agreement.

EVALUATION CRITERIA AND SCORING

In evaluating responses to this RFP, the LHRG staff will take into consideration the experience, capacity, and costs that are being proposed by the Respondent.

SUBMITTAL REQUIREMENTS

Responses must be submitted via hard copy at the Lead Paint Program-Tavita Conway, Program Manager, 170 North Main Street, 4th Floor, Memphis, TN, 38103, and 901-636-7478. Each respondent shall submit one (1) original and two (2) copies of the following documents in a clear, legible, 12-point font, and 8.5 by 11-inch format if submitting via hard copy. Respondents are advised to adhere to the Submittal Requirements. Failure to comply with the instructions of this RFP will be cause for rejection of submittals.

The LHRG reserves the right to seek additional information to clarify responses to this request. Each response must include the following:

Letter of Interest

Please submit a Cover Letter of Interest signed by a duly authorized officer or representative of the Respondent, not to exceed two pages in length. The Letter of Interest must also include the following information:

The principal place of business and the contact person, title, telephone/fax numbers and email address.

A brief summary of the qualifications of the Respondent and team.

Description of organization (i.e. Corporation, Limited Liability Company, or Joint Venture).

- The names and business addresses of all Principals of the Respondent. For purposes of this request "Principals" shall mean persons possessing an ownership interest in the Respondent.
- If the Respondent is a partially owned or fully-owned subsidiary of another organization, identify the parent organization and describe the nature and extent of the parent organization's approval rights, if any, over the activities of the Respondent.

The Certification attached hereto at the end of this request and incorporated herein by reference must be signed by Respondent and attached to the Letter of Interest.

Threshold Requirements

These documents must be submitted and acceptable before the City of Memphis LHRG staff will review the proposal:

- Current Business License
- Current State of Tennessee Contractor License, if applicable.
- Certificate of Insurance (COI) to include:
- General Liability Insurance policy must list the City of Memphis as the

certificate holder, located at 170 North Main Street, Memphis, Tennessee 38103 with a minimum of \$1,000,000 coverage.

- ❑ Comprehensive General Liability Insurance, including Premises and Operations, Contractual Liability, Independent Contractor's Liability, and Broad Form Property and Damage Liability Coverage.
- ❑ Current Automobile Liability with minimum limit of \$1,000,000 per occurrence on all owned, hired, and non-owned autos.
- ❑ Current National EPA RRP Firm/ Worker Certification
- ❑ Current State of Tennessee- TDEC Firm Certification
- ❑ Current State of Tennessee- TDEC Inspector/Risk Assessor Certification
- ❑ City of Memphis-Section 3 Opportunity Plan (Final Report must be submitted after completion of work)
- ❑ DUNS Registration (Must have an assigned DUNS Number to register on SAM.gov website)
- ❑ SAM.gov registration (Must receive "active" status and be assigned a CAGE Code when verified)
- ❑ Include completed MW/SBE Application
- ❑ Must be in a sealed envelope with **address** on front. Bids must be written in ink and signed (No Pencils).

Main Proposal

Please provide the following information (this information is the main substance for the selection criteria stated under the Section A: Evaluation and Scoring):

1. Years of experience and detailed qualifications in performing the range of services on various property, please include team's resumes of key personnel. Please provide the number of full-time and part-time employees. Respondents should provide narrative examples of three (3) projects that are similar in nature to projects described in the RFP.
2. If you engage independent contractors, how many do you intend to hire? Do you intend to cover them with workers compensation? (All independent contractors will be required to have worker's compensation coverage and appropriate licenses, which will be the responsibility of the respondent)
3. Capacity to complete the testing of multiple structures within a short period of time. Please provide the number of properties your company has serviced in the past year. Please also provide a timeline including approximately how long it takes to complete testing, how long does it take for results to be received from lab, the length of time to generate a report.
4. Respondents should state whether they are an MBE/WBE or Section 3 business enterprise. If so, please provide a copy of a current MBE/WBE certification letter.

SELECTION PROCESS

The Selection Committee comprised of the LHRG staff will review qualifications in accordance with the evaluation criteria set forth herein and objectives and policies established through the Office of Housing and Community Development. Proposals that are submitted timely and comply with the mandatory requirements of the RFP will be evaluated in accordance with the terms of the RFP.

QUESTIONS

Questions regarding this Request should call Tavita Conway, Construction Manager @ (901) 636-7478 for discussion.

SUBMITTAL DUE DATE

RFP open period of performance for these activities is 42 months (January 2020 - July 2023) if submitting electronically. Please keep all contents together, do not submit partial packets. Ensure all contents are included in the completed packet prior to submission, this is for both hand delivery and electronic submissions. Responses to this Request can be mailed or hand delivered to: Office of Housing and Community Development **OR** submitted electronically to Public Safety Building, 170 North Main Street, 4th Floor, Memphis, TN, 38103, and 901-636-7478, **Tavita.Conway@memphistn.gov**. Each Respondent is responsible for labeling the exterior of the sealed envelope containing:

The proposal response with the proposal number: 2020-002

Proposal name: LEAD DUST CLEARANCE INSPECTIONS

Proposal due date and time: **Open Submittal period of performance for these activities is 42 months (January 2020 - July 2023)**

Firm's name: _____

Hard copies must be delivered to:

Lead Hazard Reduction Grant Program
City of Memphis-HCD
Public Safety Building
170 North Main Street, 4th Floor
Memphis, TN 38103-1877

ATTN: Tavita Conway

CERTIFICATION FORM NOTE

THIS PAGE MUST BE COMPLETED AND INCLUDED WITH THE SUBMITTAL CERTIFICATION.

The undersigned hereby certifies, on behalf of the Respondent named in this Certification (the "Respondent"), that the information provided in this Request submittal to the LHRG is accurate and complete, and I am duly authorized to submit same. I hereby certify that the Respondent has reviewed this request in its entirety and accepts its terms and conditions.

(Name of Respondent)

(Signature of Authorized Representative)

(Typed Name of Authorized Representative)

(Title)

(Date)



Division of Housing & Community Development

CONFLICT OF INTEREST DISCLOSURE REVIEW FORM

Program Management please review and verify the information contained in this disclosure form.

Name: _____

Program Name: _____

Address: _____

City, State, Zip: _____

TYPE OF POTENTIAL OR ACTUAL CONFLICT:

■ Applicant's Family Member is employee
Work in the program area? YES NO
Functions/responsibilities with
respect to program area? YES NO

■ Applicant is employee
Work in the program area? YES NO
Functions/responsibilities with
respect to program area? YES NO

YES to any one of the above Family Member &/or Employee responses means there is a Conflict – Stop Process

■ Gifts to or from applicant? YES NO

■ Business Relations? YES NO

■ Legal Proceedings and Debarment? YES NO

YES to any one of the above Gifts, Business Relations, &/or Legal Proceedings and Debarment responses means there is a Potential Conflict – Send to COI Review Committee

Do not send to COI Review Committee if all of above responses are NO therefore, there is no conflict

Program Representative: _____

Date: _____

Supervisor: _____

Date: _____

Manager: _____

Date: _____

REVIEWED BY COI REVIEW COMMITTEE

RECOMMENDATION of COI Review Committee:

Conflict – Stop Process No Conflict – Continue to Process Ask for HUD Waiver

Compliance: _____

Date: _____

Accounting: _____

Date: _____

Legal: _____

Date: _____

REQUEST REQUIREMENTS CHECKLIST

Please provide Checklist with response to Request

- Contractor Application
- Letter of Interest
- Letter of Interest
- Certification(s)/ Lead- Based Paint Certification(s)*
- Certificate of Good Standing (Corporation) or Certificate of Existence (Limited Liability Company) issued by the Secretary of State (If Respondent is a joint venture, a Certificate of Good Standing or Certificate of Existence, as applicable, must be submitted for each entity comprising the joint venture.)
- Certificate of Insurance*
- State Licenses and or Certifications*
- Evidence of Financial Stability (most recent financial statements)
- Certificate to do Business with City of Memphis
- References*
- Description of Company *
- Capacity of Company *
- Pricing Proposal * (compensation of duties for Clearance Testing and Reporting)
- MBE/WBE Certification, if applicable
- Conflict of Interest Statement*
- Lead Clearance Testing Report template
- RFP Submittal Requirements Checklist
- Section 3 Opportunity Plan



CITY OF MEMPHIS
LEAD HAZARD REDUCTION PROGRAM
170 NORTH MAIN ST.
MEMPHIS, TN 38103 (901) 636-5323 (LEAD)

CONTRACTOR APPLICATION

Date: _____

I. FIRM IDENTIFICATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE: _____ HOME PHONE: _____

MONTH & YEAR ESTABLISHED: _____

II. OWNERSHIP OF FIRM:

Type of Ownership? Individual _____ Partnership _____ Corporation _____

Is more than 50% ownership owned by a minority or female? _____

Name and address of all stockholders and/or partners:

<u>NAME. TITLE. ADDRESS</u>	<u>% OF OWNERSHIP</u>
-----------------------------	-----------------------

_____	_____
_____	_____
_____	_____
_____	_____

III. MANAGEMENT (Use same format for additional management personnel)

NAME: _____ POSITION: _____

EDUCATION: _____

MANAGEMENT OR TECHNICAL TRAINING: _____

IV. As a general contracting firm, list the work the firm normally performs with its own forces:
 (Please Check) Commercial _____ Residential _____
 New Construction _____ Remodeling _____ Repairs _____ Demolition _____
 Lead Remediation (please specify) _____

V. ABILITY TO PERFORM WORK: RESOURCES

(1) Labor

Supervisory Personnel, including Lead Supervisors

NAME	YEARS EXPERIENCE	RESPONSIBILITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____

Regular Office Force

NAME	POSITION & RESPONSIBILITIES
_____	_____
_____	_____
_____	_____
_____	_____

Number of Regular Field Workers by Trades, Including Lead Certified workers.

TRADE	Number of Workers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names of Remainder of Personnel not already listed on this form:

(2) Trade References

List material suppliers who will carry your firm's account for thirty (30) days more.

NAME	PHONE #	CONTACT PERSON
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(3) Supervision: Will be contractor personally supervise the "on-the-job" work? If not, can he readily secure competent supervision?

(4) Professional/Technical Assistance

Name, address and telephone number of firm's attorney (if any)

(5) List of Equipment, tools, machinery currently owned by firm

VI. LICENSES/CERTIFICATE:

Licenses and Certificates in Effect

(ALL PROOF OF LICENSES REQUIRED)

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VII. CONTRACTS OR JOBS RECENTLY COMPLETED: (List all for previous year; attach another page if necessary).

NAME/ADDRESS	PHONE #	DESCRIPTION	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. CONTRACTS OR JOBS IN HAND:

NAME/ADDRESS	PHONE #	DESCRIPTION	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IX. FINANCIAL:

Name of Bank and Branch

Name of Loan Officer
Familiar with contractor's credit

_____	_____
_____	_____
_____	_____

Average size of monthly payroll during preceding 12 months: _____

X. INSURANCE REQUIREMENTS (see attached)

- A. Proof of Insurance required, attach Certificate of Insurance
- B. Record of Surety and Fidelity Bonds: (List bonds obtained during last two years - bids payment or performance).

<u>Date</u> <u>Agent</u>	<u>Contract or Job</u>	<u>Type of Bond</u>	<u>Amount Surety Company &</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- C. Is there any pending litigation with which your company is engaged? If so, please state the nature of this litigation.

- D. Does anyone working with this firm have a financial investment with any other contracting firm associated with the City of Memphis? If so, state with whom and the particular interest.

XI. COMMENTS:

Property address: _____

X	EXTREME PRIORITY
1	PRIORITY REPAIR
2	RECOMMENDED REPAIR
3	OPPTY TO REDUCE RISK
4	NO VISIBLE ISSUES

L	LOW COST REPAIR/HOMEOWNER
M	MAINTENANCE/BEHAVIOR CHANGE
E	EDUCATE RESIDENT

ROOM BY ROOM VISUAL ASSESSMENT

ROOM: _____

AIR FLOW AND CIRCULATION	PRIORITIES				TAGS				COMMENTS
SUPPLY VENT MISSING , DAMAGED, BLOCKED , OR OBSTRUCTED									
RETURN VENT MISSING, DAMAGED, BLOCKED OR OBSTRUCTED									

ALLERGENS AND DUST	PRIORITIES				TAGS				COMMENTS
EXCESSIVE CLUTTER, DEBRIS, TRASH									
CARPETING WORN, MUSTY OR DAMAGED									
GAPS/CRACKS/HOLES IN CEILING, WALLS, OR FLOOR.									
SIGNS OF PESTS									

MOISTURE	PRIORITIES				TAGS				COMMENTS
STANDING WATER, VISIBLE MOISTURE, WATER STAINING, HIGH HUMIDITY									
SIGNS OF PLUMBING LEAKS									
MUSTY OR DAMP ODOR									
SUSPECT MOLD OR MILDEW									

CHEMICAL EXPOSURE	PRIORITIES				TAGS				COMMENTS
TOBACCO SMOKE/ODOR									
SIGNS OF FREQUENT CANDLES OR INCENSE									
CHEMICAL ODOR, SEWER GAS, OTHER									
PAINT PEELING, DAMAGED, DETERIORATED									

SAFETY AND ACCESSIBILITY	PRIORITIES				TAGS				COMMENTS
CARPETING WORN,MUSTY, DAMAGED									
SLIP/TRIP/FALL HAZARD									
FLOORING/SUBFLOOR DAMAGED									
WINDOW OR ROOM FAN HAS NO COVER									
UNGROUNDDED OUTLET									
FRAYED ELECTRICAL CORD OR CORD POSES TRIP HAZARD									
APPARENT STRUCTURAL DAMAGE									
NO EMERGENCY EGRESS									

HAZARD No.

Item/s

Justification

ADD PHOTOS

RATING



HAZARD No.

Item/s

Justification

ADD PHOTOS

RATING



HAZARD No.

Item/s

Justification

ADD PHOTOS

RATING



HAZARD No.

Item/s

Justification

ADD PHOTOS

RATING



HAZARD No.

Item/s

Justification

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RATING



HAZARD No.

Item/s

Justification

ADD PHOTOS

RATING



HAZARD No.

Item/s

Justification

ADD PHOTOS

RATING



HAZARD No.

Item/s

Justification

ADD PHOTOS

RATING



1
Damp and Mold growth

Caused by dust mites, mold or fungal growth caused by dampness and/or high humidity. It includes threats to mental health and social wellbeing caused by living with damp, damp staining and/or mold growth.

Most vulnerable:
14 years or less

2
Excess cold

Caused by excessively cold indoor temperatures.



Most vulnerable:
65 years or older

3
Excess heat

Caused by excessively high indoor air temperatures.

Most vulnerable:
65 years or older

4
Asbestos, Silica and other MMF

Caused by excessive levels of silica, asbestos and man-made mineral fibers (MMF).



Most vulnerable:
No Specific Group

5
Biocides

Threats to health from those chemicals used to treat timber and mold growth in dwelling. While biocides include insecticides and rodenticides to control pest infestations (e.g. cockroaches or rats and mice), these are not considered for the purposes of the HHRT.

Most vulnerable:
No Specific Group

6
Carbon monoxide and fuel combustion products

Excess levels of carbon monoxide, nitrogen dioxide, sulphur dioxide and smoke in the dwelling's atmosphere.



Most vulnerable:
For CO - 65 years plus;
For NO2, SO2 & smoke
– no specific group

7
Lead

Ingestion from lead-paint dust, debris or leaded water pipes.

Most vulnerable:
6 years or younger

8
Radiation

This category covers the threats to health from radon gas and its daughters, primarily airborne, but also radon dissolved in water.

Most vulnerable:
All persons aged 60 - 64 with lifelong exposure

9
Uncombusted fuel gas

Fuel gas escaping into the atmosphere within a dwelling.

Most vulnerable:
No Specific Group

10
Volatile Organic Compounds

Volatile organic compounds (VOCs) are a diverse group of organic chemicals which includes formaldehyde, that are gaseous at room temperature, and are found in a wide variety of materials in the home.

Most vulnerable:
No Specific Group

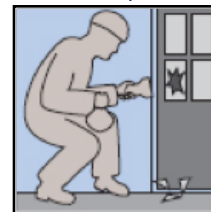
11
Crowding and Space

This category covers hazards associated with lack of space within the dwelling for living, sleeping and normal family/household life.

Most vulnerable:
No Specific Group

12
Entry by Intruders

Difficulties in keeping a dwelling secure against unauthorized entry and the maintenance of defensible space.



Most vulnerable:
No Specific Group

13
Lighting

This category covers the threats to physical and mental health

associated with inadequate natural and/or artificial light. It includes the psychological effect associated with the view from the dwelling.



Most vulnerable:
No Specific Group

14
Noise

Covers threats to physical and mental health resulting from exposure to noise inside the dwelling or within its curtilage.

Most vulnerable:
No Specific Group

15
Domestic Hygiene, Pests and Refuse

Covers hazards which can result from poor design, layout and construction such that the dwelling cannot be readily kept clean and hygienic; access into, and harborage within, the dwelling for pests; and inadequate and unhygienic provision for storing and disposal of household waste.



Most vulnerable:
No Specific Group

THE EFFECT OF THE DEFECT

Housing Hazards Identified in the Healthy Home Rating System

16

Food Safety

Threats of infection resulting from inadequacies in provision and facilities for the storage, preparation and cooking of food.

Most vulnerable:
No Specific Group

17

Personal Hygiene, Sanitation and Drainage

Threats of infection and threats to mental health associated with personal hygiene, including personal washing and clothes washing facilities, sanitation and drainage. It does not include problems with pests associated with defective drainage facilities.

Most vulnerable:
Children under 5 years

18

Water Supply

Covers the quality and adequacy of the supply of water within the dwelling for drinking and for domestic purposes such as cooking, washing, cleaning and sanitation. As well as the adequacy, it includes threats to health from contamination by bacteria, protozoa, parasites, viruses, and chemical pollutants.

Most vulnerable:
No Specific Group

19

Falls associated with Baths etc

This category includes any fall associated with a bath, shower or similar facility.

Most vulnerable:
60 years or older

20

Falling on Level Surfaces etc

This category covers falling on any level surface such as floors, yards, and paths. It also includes falls associated with trip steps, thresholds, or ramps, where the change in level is less than 12 inches or 300mm.

Most vulnerable:
60 years or older

21

Falling on Stairs etc

This category covers any fall associated with a stairs, steps and ramps where the change in level is greater than 12 inches or 300mm.



Most vulnerable:
60 years or older

22

Falling between Levels

This category covers falls from one level to another, inside or

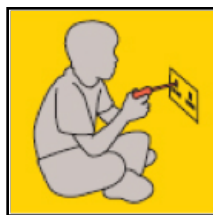
outside a dwelling, where the difference in levels is more than 12 inches or 300mm. It includes, for example, falls out of windows, falls from balconies or landings, falls from accessible roofs, into basement wells, and over garden retaining walls.

Most vulnerable:
5 years or younger

23

Electrical Hazards

This category covers hazards from shock and burns resulting from exposure to electricity, including from lightning strikes. (It does not include risks associated with fire caused by deficiencies to the electrical installations, such as ignition of material by a short-circuit.)



Most vulnerable:
5 years or younger

24

Fire

This category covers threats from exposure to uncontrolled fire and associated smoke at a dwelling.

Most vulnerable:
60 years or older

25

Flames, Hot Surfaces etc

This category covers threats of burns – injuries caused by contact with a hot flame or fire, and contact with hot objects or hot non-water based liquids; and scalds – injuries caused by contact with hot liquids and vapors. It includes burns caused by clothing catching alight from a controlled fire or flame.

Most vulnerable:
5 years or younger

26

Collision and Entrapment

This category includes risks of physical injury from trapping body parts in architectural features, such as trapping limbs or fingers in doors or windows; and striking (colliding with) objects such as architectural glazing, windows, doors, low ceilings and walls.



Most vulnerable:
5 years or younger (16)

27

Explosions

This category covers the threat from the blast of an explosion, from debris generated by the blast, and from the partial or total collapse

of a building as the result of an explosion.

Most vulnerable:
No Specific Group

28

Position and Operability of Amenities etc

This category covers threats of physical strain associated with functional space and other features at dwellings.



Most vulnerable:
60 years or older

29

Structural Collapse and Falling Elements

Covers the threat of whole dwelling collapse, or of an element or a part of the fabric being displaced or falling because of inadequate fixing, disrepair, or as a result of adverse weather conditions. Structural failure may occur internally or externally within the curtilage threatening occupants, or externally outside the curtilage putting at risk members of the public.

Most vulnerable:
No Specific Group