



Ontario Association of Certified Home Inspectors

COVID-19 Inspection Questionnaire

Rev 1.6 26 Mar, 2020

The safety of our Inspectors, partners, customers and families remain our overriding priority. As the COVID-19 pandemic continues to evolve and spread we are continually monitoring the situation closely and will periodically update our guidance to our members, and to the public based on current recommendations from the Federal and Provincial jurisdictions.

We strongly advise our members that safety is the paramount consideration when deciding to perform an Inspection. To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our members and the public at large, we are providing a simple screening questionnaire.

We ask that anyone who is to come into contact with the Inspector, or who resides in a property to be inspected completes this questionnaire.

Your participation is important to help us take precautionary measures to protect you and everyone connected to this inspection. Thank you for your time.

Property to be inspected:	Address Line 1 _____		
	Address Line 2 _____		
	City/Town _____	Postal Code _____	
Date of Inspection	_____	Time of Inspection	_____
Selling Realtor Name	_____	Phone	_____
email			
Buyers Realtor Name	_____	Phone	_____
email			
Would either Realtor answer yes to any of the following questions?	Listing Realtor YES _____ NO _____		Buyer's Realtor YES _____ NO _____

To be completed by the occupant of the property:

Occupants Name	_____		Phone	_____
email	_____			_____
Have you returned from outside of Canada or from a cruise in the last 14 days?	YES			NO
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?	YES			NO
Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?	YES			NO
Would anyone else in the household to your knowledge answer yes to any of the above questions?	YES			NO