

Hoarding Checklist Assessment



Date: _____ Assessment conducted by: _____ Phone: (_____) _____

Address of assessed location: _____ Name of owner/tenant: _____

1. General Hoarding Issues :

Stacks / Mounds of Clutter

Indicate types of collected materials

Blocked Doorways or Windows

Not Able to walk into each room

2. Code-related Issues:

Broken or no access to appliances or bathrooms

Broken HVAC or air conditioning

Broken plumbing

Structural damage

Utilities shut off or disconnected

Discontinuation of garbage collection

Blocked electrical outlets/wiring issues

3. Fire / EMS Issues:

Fire hazard due to stacking

Blocked exits or windows due to clutter

Presence of hazardous materials or chemicals

Presence of feces, urine, vomit or blood

Occupant(s) can't exit the building if there's a fire

Occupant(s) can't medically care for themselves

No functioning smoke detectors

4. Animal-related Issues:

Domestic animal hoarding

Indicate types and approximate numbers, caged or loose?

Apparent lack of appropriate food or drinkable water

Presence of wild animals inside premises

Indicate types and approximate numbers, caged or loose?

Presence of dead animals

Animals appear very thin, dirty, sick, open wounds

Animals appear extremely fearful and/or aggressive

Presence of rodents, vermin or insects

5. Police Issues

Evidence of human abuse/neglect

Indicate type of abuse

Evidence of animal abuse/neglect

Indicate type of abuse

Present

Notes
