

Town Health Officer Manual



Contact:

Vermont Department of Health
Environmental Health Division

Weekdays:

7:45 am to 4:30 pm
800-439-8550

Off-hours:

Contact the Duty Officer
802-864-7240
or
800-640-4374

THO Website:

<http://healthvermont.gov/local/tho/tho.aspx>

TOWN HEALTH OFFICER

MANUAL



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108 Cherry Street
Burlington, VT 05402
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Table of Contents

1. Introduction and Overview	1
Using this Manual.....	1
Legal Authority for Town Health Officers	1
Appointment Process	1
A Step-By-Step Guide to THO Appointments:	2
2. Duties of a Town Health Officer	3
Role of the Town Health Officer	3
Unpacking the Statute	4
Equipment & Expenses.....	4
Inspections & Investigations	5
Search Warrants	5
Relationship with Select Board & Board of Health.....	5
Liability	6
Assistance from the State	6
3. Enforcement	8
What is a Public Health Hazard?	8
Role of the Town Health Officer in Enforcement.....	9
Voluntary Compliance	9
Health Orders.....	10
Regular Health Orders	10
Emergency Health Orders	12
Civil & Criminal Enforcement.....	13
Example Format for Health Order	14
4. Rental Housing	15
Rental Housing Inspections	15
Rental Housing Health Code	16
Life Safety in Rental Housing.....	25
Lead Paint in Rental Housing	25
Avoiding Landlord / Tenant Conflicts	25
5. Sewage & Septic Systems	26
Septic System Basics	26
Possible Causes for Septic System Failure	27
Role of the Town Health Officer	27
Diagnosing a Problem	28

Responding to a Failed System	29
6. Lead Paint.....	32
The Vermont Lead Law.....	32
Essential Maintenance Practices.....	33
Vermont Regulations for Lead Control.....	33
Role of the Town Health Officer.....	34
Essential Maintenance Practices	34
Unsafe Work Practices (Renovation).....	34
Unsafe Lead Abatement Practices.....	36
Other Lead-Related Regulations	36
Lead Law Decision Tree	37
7. Animal Control.....	38
Animal Cruelty	38
Animal Bites	39
Animal Confinement.....	39
Rabies Testing	40
8. Drinking Water	41
Role of the Town Health Officer.....	41
Rental Property Water Supplies	42
Non-Rental Private Water Supplies	42
9. Insects, Rodents, and other Pests	44
Role of the Town Health Officer.....	44
Bed Bugs.....	44
Pesticides	46
10. Hazardous Material Spills and.....	47
Solid & Hazardous Waste	47
Role of the Town Health Officer.....	47
Hazardous Material Spills	48
11. Asbestos	49
Role of the Town Health Officer.....	49
Suspect Asbestos Containing Materials	50
12. Indoor Air Quality	51
Role of the Town Health Officer.....	51
Radon.....	51
Carbon Monoxide	51
Mold.....	52
Health Effects of Mold.....	53
Environmental Tobacco Smoke	53
13. Outdoor Air Quality	54
Role of the Town Health Officer.....	54





14. Public Health Emergency Preparedness and Response	55
Role of the Town Health Officer	55
Before an Emergency:	55
During and After an Emergency:	56
Public Health Volunteerism	56
15. Recreational Water	57
Escherichia coli.....	57
Role of the Town Health Officer	57
Water Testing Procedures	58
Cyanobacteria (Blue-green Algae).....	59
Other Contaminants.....	60
16. Infectious Disease	61
Mosquito-borne Diseases	61
Tickborne Diseases.....	62
School and Child Care Immunization Requirements	62
Other Infectious Diseases and Outbreaks.....	62
Resource List	64
Forms	67

Introduction and Overview

Thank you and congratulations for your willingness to take on the important role of town health officer in your community! By law, every town 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 (VDH), the Environmental Health Division at VDH administers the appointment process and provides technical support and training opportunities for THOs. We developed this manual to serve as an ongoing resource for THOs and have endeavored to provide information on the topics a THO is likely to encounter. As always, VDH encourages you to contact your town attorney when you have a legal question.

Using this Manual

About the Icons: Throughout this manual you will notice specific icons labeling different sections.

I C O N K E Y	
	Valuable Information
	Quick Tip
	More Info Online
	In-depth Overview

These are to help you navigate the wealth of material found throughout the manual. Use the key on the left to help quickly locate the information you need. The **Valuable Information** will highlight the most important information you may need to know. The **Quick Tips** are additional pointers and guidance designed to help streamline your job. **More Information Online** provides a link and address to where you can access more information or training materials online. Finally the **In-depth Overviews** cover more information on a topic that you can review when you want to learn more.

Legal Authority for Town Health Officers

Statutory authority for town health officers can be found in 18 V.S.A. ch. 11, available online here:

<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 and city every three years. This is done at the recommendation of the select board but if a town fails to recommend anyone, the Commissioner will appoint the chair of the select board 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

they have need for by recommending a health officer and additional deputy health officers to the Department. All forms for nomination are available on the THO website maintained by the Department.

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



A Step-By-Step Guide to THO Appointments:

1. The town clerk receives notification by letter from the Vermont Department of Health that the town health officer's term of office is about to expire.
2. Upon receipt of this letter, the town clerk advises the select board or city council to recommend a new town health officer for appointment by the Commissioner of Health.
3. The select board 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 on the THO Website.
4. Once completed, the town clerk will 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 town health officer will be appointed by the Health Commissioner, who will send the town health officer a certificate of appointment.
6. The town health officer is thereby appointed for a term of three years.
7. If the town health officer cannot continue to function in this role, he/she should submit a letter of resignation to his/her town's select board so that the select board can recommend a new town health officer for appointment by the Health Commissioner. The Commissioner may also remove a town health officer for cause, and request that the select board make a new recommendation.
8. If a town health officer or select board has questions about this process, they can call the Vermont Department of Health's Environmental Health Division at 1-800-439-8550.

Deputy Town Health Officers:



Sometimes a health officer 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 health officer to share in the responsibilities, provide back-up, and provide additional coverage of the duties.

Duties of a Town Health Officer

Town health officers are given authority by the Vermont statutes to investigate and mitigate any potential or existing public health hazard in his/her town. Each town has a local board of health made up of the town's select board and the town health officer. The town health officer investigates all complaints and has extensive authority to take emergency mitigation steps, and may enforce any state health regulations and local health ordinances in his/her town. When exercising this authority, the town health officer 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 town health officer and the local board of health, those fulfilling the role of town health officer 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 town health officer, outlined in 18 V.S.A. § 602a, include:

1. Conducting an investigation upon receipt of information regarding a condition that may be a public health hazard.
2. Enforcing the provisions of Title 18 and the rules and permits issued by the Vermont Department of Health. (This includes notifying the Department upon discovery of any violation of rule regulated by the Environmental Health Division.)
3. Preventing, removing, or destroying any public health hazard, or mitigating any significant public health risk in accordance with provisions of Title 18.
4. In consultation with the Vermont Department of Health, taking the steps necessary to enforce all orders issued pursuant to 18 V.S.A. ch. 3.

The full text of Chapter 3 of Title 18 can be located online at:
<http://legislature.vermont.gov/statutes/chapter/18/003> .



The town health officer is the person who is responsible for investigating and addressing public health problems in his/her town or jurisdiction. Therefore, town health officers have the authority to enforce any of the health regulations in their town. When the town health officer is called to perform an investigation, he/she should use the Complaint & Inspection Form to document findings and indicate actions taken. This form is included in the Forms section at the end of this manual.



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 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 the town health officer will need during an investigation are a notebook or laptop computer and a camera. A notebook or computer should be used to document every conversation and every observation made by the town health officer during the course of their work. These notes can be used 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 select board or town manager of the developing situation, or to document the town health officer'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 camera, (preferably a digital camera) should be used to provide visual images of the situation being assessed. The town health officer should determine if the town owns one that can be used or if the town will purchase one for the town health officer'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 his/her role. 18 V.S.A § 602. The town health officer must work with his/her town or city to set a budget and plan accordingly for any expenses associated with investigation and enforcement by the 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. The town health officer should therefore consult with his/her select board to determine how the board would like to be notified of expenses incurred.

Inspections & Investigations

Town health officers 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 health officer may, upon presentation of credentials, seek permission to inspect any premises not open to the public. If permission is refused, the town health officer may seek a search warrant.

During an inspection and investigation, health officers 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 and copies of all records should be kept with the town office in accordance with their public record-keeping 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 town health officer 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 town health officer 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 town health officer 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.

Town health officers do not have the right to trespass or enter property (forcibly or otherwise) when he/she has been told to stay out. When permission to enter the premises has been refused, the town health officer must seek a search warrant to inspect the area. It is a good idea for the town health officer to work closely with the town attorney when applying for a search warrant.

Relationship with Select Board & Board of Health

Relationships between town health officers and their select boards vary around the state. Ideally, the town health officer and select board work together, with the health officer being the “working arm” of the local board of health and coordinating all local board of health activities. The town health officer should keep the select board informed of public health issues in their town. He/she serves as the secretary and executive officer of the local board during the three-year term. 18 V.S.A. § 605.



The town health officer should be the driving force in establishing an informed, active, and effective local board of health. The health officer 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 town health officer is new, he/she should ask for input from the select board. The health officer should discuss with the board what they have been doing and how they perceive the health officer'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 town health officer, 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 town health officer role. Many health officers also hold other town positions such as sewage officer, lister, school director, etc. The state's liability protections would not cover the town health officer while acting in their other positions.

Assistance from the State

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

Department of Health: A town health officer 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 town health officer should *immediately* notify the Vermont Department of Health's Environmental Health Division. This includes matters pertaining to:

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

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



Contact:

Vermont Department of Health
Environmental Health Division

Week days –

Call toll-free 800-439-8550 Monday - Friday, 7:45 am to 4:30 pm

After-hours, weekends and holidays –

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

Other State Agencies & Departments: A town health officer 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. Town health officers 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

Many times the town health officer will need to take a formal approach to solve a local health problem. The statutes at 18 VSA Chapter 3 provides the authority for the town health officer to address a local health problem, and to take enforcement action when necessary.



The full text of these statutes can be located online at:

<http://legislature.vermont.gov/statutes/chapter/18/003>.

Town health officers are responsible for addressing *public* health hazards in their town. Some health hazards may be private, not public, and the health officer 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. In order to determine whether a health hazard is public or private, the town health officer 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 (neighbors, for example) at risk?
2. **The characteristics of the person or people at risk.** For example, are those 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 town health officer 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 such that even if the private parties resolved their dispute, the condition would still present the potential for harm to the public?
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 Department’s policy as established by rule or procedure.** For example, the Rental Housing Health Code requirements are established by rule.

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), each of these factors should be considered and weighed by the health officer. A public health hazard might fit into all of these categories or it may only fit into one of them. The Department of Health is available to assist with any technical questions a health officer may have when completing this analysis.

Role of the Town Health Officer in Enforcement

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

When necessary, the town health officer 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 health officer 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 town health officer shall make all practicable efforts to secure voluntary compliance.



This means that the town health officer 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 the 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 **warning**, conference, or any other similar means.

Waiting for voluntary compliance is not appropriate in all situations. In an emergency or a situation where the public’s health is at risk, a health order is necessary.

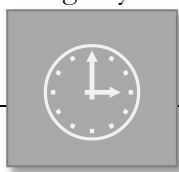
Health Orders

The town health officer and the select board 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 Vermont Department of Health 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 the 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 party does not comply with the health order, a judge can impose civil fines and criminal penalties on the guilty party.

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.



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

Regular Health Orders

Regular health orders are explained in 18 VSA Chapter 3 § 126. A health order must be issued by the select board, but it is the town health officer who performs the investigation and prepares the documents in support of a health order. The town health officer must follow this process:

1. **Preparing the supporting documents:** Prior to a health order being issued by the select board, the town health officer 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 a statement of procedural rights.

- a. Notice of intent: This is a statement by the town health officer stating why he/she believes that a health order is necessary. A draft of the health order that the health officer is seeking should be a part of the notice of intent.
- b. Supporting evidence: This includes anything the town health officer has been given, told, observed, or sampled as part of the investigation. The Complaint & Inspection Form should be used as supporting evidence. In addition, any evidence compiled through inspection notes or photographs should be included.
- c. Statement of procedural rights: This is a document that explains to the party against whom the health order is sought that he/she has the right to receive formal service of the documents, the right to ask the select board 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: Service of process must be made upon 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 health officer should contact his/her 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 can request a hearing if he/she wishes. Usually the notice of intent will include the time and place of the next select board meeting when the town health officer will request a health order. If the person receiving the notice of intent or health order wants a hearing at that time, he/she should contact the select board (through the town clerk) to be put on the meeting agenda. If the person cannot attend the select board meeting, a separate meeting will have to be held. At the hearing, the town health officer will present his/her 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 select board 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 town health officer's findings. These findings are the evidence that has been gathered and the reason the health officer believes a health order is necessary.

- b. The health order should cite to 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 Vermont Department of Health 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 the public health. The health order is issued by the select board 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 discussed previously. However, following is a list of differences between a regular health order and an emergency health order:

1. Emergency health orders may be issued when the health officer 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 town health officer may issue an emergency health order. The select board issues 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 the public's 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 town health officer 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 select board. 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 select board 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 town health officer needs to request this final order at the next select board meeting.

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

<http://legislature.vermont.gov/statutes/section/18/003/00127>



Civil & Criminal Enforcement

If a health order or emergency health order has been violated, the town health officer 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 the 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

Town health officers are often called upon to inspect rental property. Health officers 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 health officer is contacted, he/she is responsible for checking the property to verify that it meets Vermont's Rental Housing Health Code. A copy of the Rental Housing Code is included in this chapter (on the following pages) and online:

http://healthvermont.gov/regs/Rental_Housing_Code.pdf.



The town health officer should call the Vermont Department of Health for technical assistance, as needed.

Rental Housing Inspections

One of the duties of the town health officer as provided in 18 V.S.A. § 602(a) is to enforce the rules promulgated by the Vermont Department of Health, including the Rental Housing Health Code. The role of the health officer in enforcing the Rental Housing Health Code is to:

1. Inspect rental housing upon request/complaint from either tenant or property owner.
2. Document findings on the **Town Health Officer Rental Housing Inspection Checklist**, included in the Forms section of this manual or found at: http://healthvermont.gov/local/tho/documents/tho_rental-inspection.pdf.
3. Provide the responsible party with inspection findings and required corrections, with a date for compliance.
4. 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 town health officer 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.



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 scrapes 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 should be referred to a local Fire Marshal after deficiencies are found during an inspection. Health officers should check apartments for working smoke and carbon monoxide detectors 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 your regional office if you have any questions or would like a state fire marshal to assist you with a joint inspection.

http://firesafety.vermont.gov/regional_offices



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. You can check the filing status of any rental property in your town by contacting the Department of Health at 802-865-7786 or searching the EMP website:

<https://secure.vermont.gov/VDH/emp/CheckEMPStatus.php>



Avoiding Landlord / Tenant Conflicts

Your role as a town health officer is to conduct the health inspection of a rental property. You should not attempt to provide legal advice to either a property owner or a tenant. You 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 & Community Development.

http://accd.vermont.gov/strong_communities/housing/housing_resources/links



You can also refer parties to some of these organizations:



1-800-287-7971
1-802-864-0099
www.vttenants.org



1-888-569-7368
1-802-985-2764
www.vtlandlord.com



Sewage & Septic Systems

Wastewater treatment systems help protect human health and the environment. Household wastewater from sinks, toilets, washing machines, and showers carries dirt, soap, food, grease, and bodily wastes out of a home. Septic systems serve approximately 25 percent of U.S. households and one in every three new homes built today uses these systems.

Wastewater carries disease-causing microorganisms. It is for this reason that these soil-based systems are designed to minimize human contact and therefore minimize illness. If the system “fails” and the effluent from these systems travels, disease organisms 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. A properly designed wastewater treatment system (septic system) should remove or break down these impurities before they enter groundwater (the source of drinking water via wells) or surface water such as lakes, streams, or wetlands.

Septic System Basics

There are several 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, stores, and begins to treat solid wastes (sludge and scum).
2. The distribution system, which disperses liquid effluent over a large area of soil or within an artificial mound.
3. The soil or alternative media in the pretreatment or drain field/leach field, which absorbs the effluent and treats it by natural physical, chemical, and biological processes.

Homeowners are responsible for the maintenance and protection of their septic systems. This includes regular pumping of the septic tank to remove the solids 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.

Possible Causes for Septic System Failure

- Poor site location (slowly permeable soil, steep slope, or high ground water table)
- Poorly designed or constructed/not large enough to handle the amount of effluent being generated
- Poor maintenance of the system (no regular pumping schedule)
- Use of heavy equipment in the area of the leach field
- Trees growing near the leach field (roots can clog or break piping materials)
- Increased water use in the home
- A natural event such as a change in the groundwater level
- Improper additions of fats, grease, oils, garbage disposals, and household chemicals down the drain
- Flooding resulting in loss of coverage of drainage piping
- Extreme freezes resulting in frozen and cracked sewer lines



Role of the Town Health Officer

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

18 V.S.A. § 613b more specifically defines the town health officer's and local boards of health's jurisdiction over sewage disposal "*includes emergent conditions which create a risk to the public 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 town health officer's first step is to **immediately** investigate. Septic system problems are easy to identify. Some of the most common are: slow drainage or back up of sinks, toilets, or floor drains; slow flushing toilets; foul odor, and lush green grass and/or water puddling near the septic tank or drainage area. 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 town health officer to take enforcement action.

Examples of public health hazards include:

1. Septic material from any building is surfacing on the ground or is draining into nearby surface water.
2. Septic material is backing up into the sink, toilet, shower, or basement of a rental property or a



privately owned home where other individuals could be exposed (condominiums/duplexes).

3. Surfacing grey water (wastes from sinks, showers, or washing machines) can also be considered a public health hazard as it still can contain pathogenic microorganisms and needs the same treatment as other septic material.

If material 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 town health officer would not have jurisdiction. This would be considered a private health hazard. Nevertheless, he/she 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.



Diagnosing a Problem

The following is a list of helpful hints for town health officers 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 disposal field.
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 it can guide you to pay close attention to a particular area.
6. Inspect any bodies of water nearby (streams, ponds, rivers).
7. If there is a question of whether a system is failing, where the sewage 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

- Information about where to get dye tablets can be obtained from the Vermont Department of Health.
- 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. If town health officers 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 is definitely failing and the owner will 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 town health officer should continue the investigation if he or she still believes that there is a problem.

Responding to a Failed System

Once a town health officer has determined that a septic system is failing and creating a public health risk or public health hazard, the following steps should be taken immediately:

1. **Voluntary Compliance:** Town health officers 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 fixed.
 - b. Spread lime and straw and erect 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 certified site technician to assess and correct the septic problems (as well as obtaining any needed local or state permits).
2. **Enforcement:** If it is apparent that the owner (or responsible party) will not voluntarily comply with the town health officer’s requests, the health officer should initiate appropriate enforcement action, as discussed in Chapter 3 of this manual. If the town health officer determines that the septic material presents an imminent and substantial significant public health risk, the town health officer 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: Town health officers 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, Drinking Water and Groundwater Protection Division: Although town health officers may have authority in an event involving a failing septic, the Department of Environmental Conservation also can have jurisdiction. This can include but is not limited to:
 - 1) When septic effluent is contaminating surface water (stream, river, lakes, etc.)
 - 2) When septic effluent is contaminating state lands
 - 3) When the failed system is a permitted system

Examples of systems permitted by the Department of Environmental Conservation:

- 1) Mobile home parks
- 2) Multi-unit residences
- 3) Businesses or other public buildings
- 4) Community/neighborhood shared wastewater systems
- 5) Single family systems with subdivision permits that need amendment

Consequently, if a septic system is failing, the town health officer should contact the regional office of the Department of Environmental Conservation for referral and assistance. Their environmental enforcement officer may be interested in performing a joint inspection with the town health officer or may decide to follow through on their own with the situation.

On-Site Septic Regulations

In addition to the regulation of municipal/ community septic systems, the Department of Environmental Conservation also has authority regarding permitting of new septic systems and modifications/fixes to current systems.

In 2002, the Vermont Legislature passed S. 27, Act 133, which updated and revised the on-site sewage statutes. Among other things, the law closes 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 “on-site rule”. The most current version of that rule took effect on September 29, 2007 and may be found online at the Department of Environmental Conservation’s website. Every town should have received a copy of these rules from the Agency of Natural Resources.

In some communities, town health officers also are responsible for the local enforcement and permitting of town sewage ordinances (such as when the town health officer also serves as a septic or zoning officer). However, health officers do not have state statutory authority over these ancillary ordinances. Consequently, as is outlined in this chapter, a town health officer’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, the details of the permitting is not a function of a town health officer's responsibility.

More information on the laws and rules governing septic system permitting is available online:

Department of Environmental Conservation
Drinking Water and Groundwater Protection Division
<http://wastewater.vt.gov/>
Or can be obtained at one of their regional offices



Chapter

6

Lead Paint

Lead poisoning is a serious but preventable health problem. Lead can cause permanent damage to children – especially unborn children, infants, toddlers, and children under six 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 renal 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. However, 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 VSA 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 can be read here:



<http://legislature.vermont.gov/statutes/section/18/038/01759>

Property owners must:

1. Provide tenants with approved pamphlet about lead poisoning prevention.
2. Post approved notice asking people to report chipping or damaged paint.

3. Attend training program approved by the Vermont Department of Health 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 Vermont Department of Health at least every 365 days. Property owners are encouraged to use the online filing system.

<https://secure.vermont.gov/VDH/emp/>



The lead law was updated in 2008. The updated law prohibits the use of unsafe work practices in all target 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.



Town health officers are encouraged to take the Essential Maintenance Practices class offered free throughout the state. A list of classes is available through the Healthy Homes Lead Poisoning Prevention Program at (800) 439-8550 and online at www.leadSAFEvermont.org.

Vermont Regulations for Lead Control

The Vermont Regulations for Lead Control, adopted by the Vermont Department of Health, 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 Vermont Department of Health 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.



For the most current regulations, call the Vermont Department of Health's Asbestos and Lead Regulatory Program at (800) 439-8550 or locate it online by using the following link: <http://healthvermont.gov/regs>.



Role of the Town Health Officer

Essential Maintenance Practices

Town health officers may receive complaints about chipping paint or other lead concerns in older rental properties. The Department of Health regulates Essential Maintenance Practices and the town health officer should work with the program staff on this issue. Town health officers 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 town health officer should:



1. Check the online registry or contact the Environmental Health Division to determine if a current compliance statement has been filed.
<https://secure.vermont.gov/VDH/emp/index.php>
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). http://healthvermont.gov/local/tho/documents/tho_emp.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)

Town health officers 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 town health officer 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 1ft² 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 property and site conditions. Submit copies of all documentation to the Asbestos & Lead Regulatory Program at the Department of Health for case file archives.

Note: Cleanup of a contaminated area may require an abatement permit and experienced contractor.

While on site for unsafe work practices complaints, town health officers should check for and require compliance with Essential Maintenance Practices as described above. If a town health officer needs assistance when responding to such concerns, he/she can contact the Vermont Department of Health's Environmental Health Division at (800) 439-8550.

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



(a) All paint in target housing and child care facilities 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 target housing or in child care facilities.

Unsafe Lead Abatement Practices

Town health officers may receive complaints regarding improper abatement practices. Abatement projects are permitted by the Vermont Department of Health's Asbestos & Lead Regulatory Program. Town health officers should contact this program immediately following a complaint. Call (802) 863-7220 or toll-free (800) 439-8550.

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:

Department of Environmental Conservation
Waste Management and Prevention Division
Hazardous Materials Section
Phone: 802-828-1138
24 Hour State Police Dispatch - hazardous spills: (800) 641-5005

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

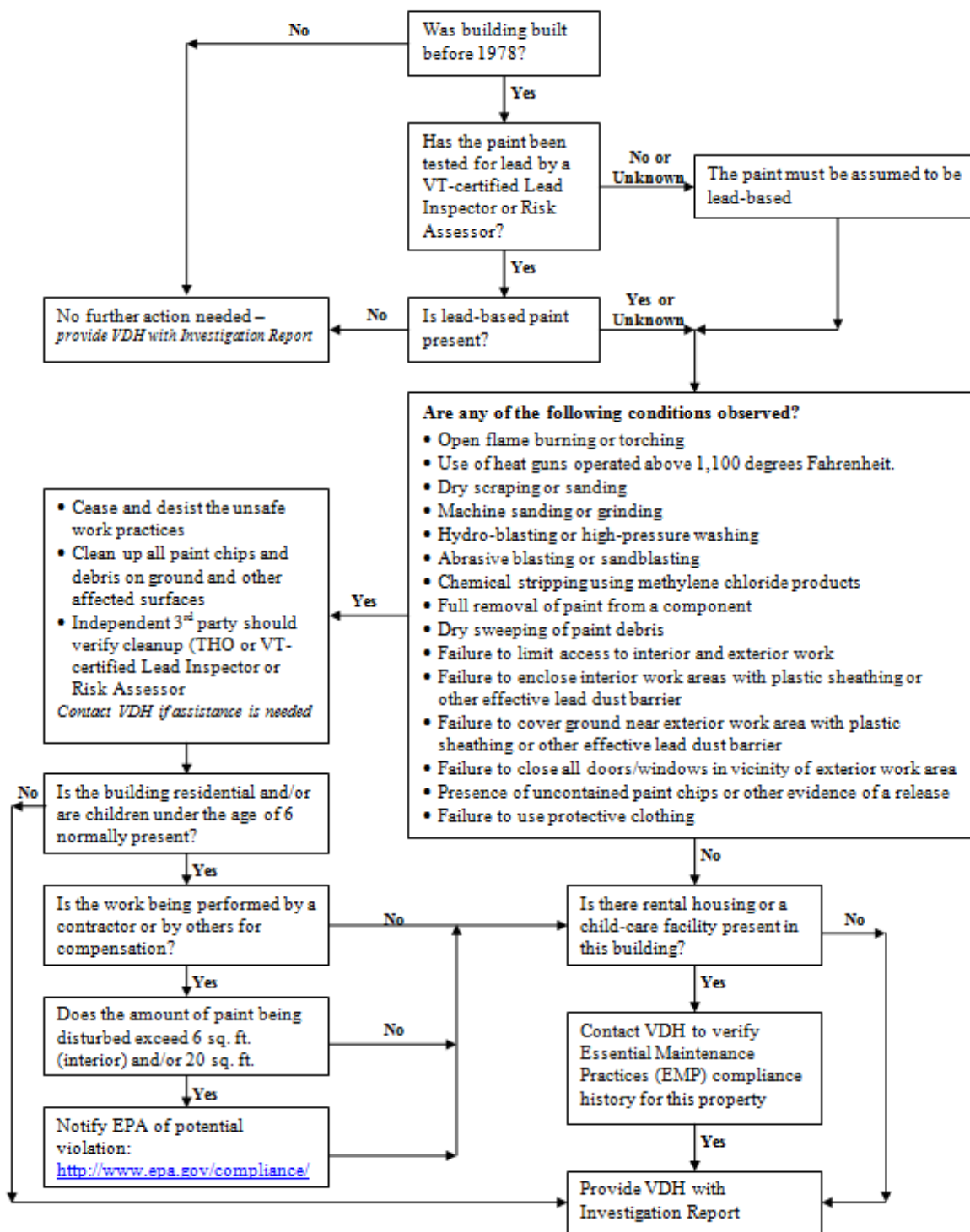


Lead Paint Tips:

The Department of Health maintains a number of fact sheets and a hotline for Lead Paint related tips and complaints. 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 the next page, and then call 1-800-439-8550 to report it.

Lead Law Decision Tree

Is this Property Subject to VT Lead Law Requirements?



Chapter

7

Animal Control

Town 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. 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 level of involvement by town health officers will vary depending on the location and nature of the complaint. At the least, when receiving an animal cruelty complaint, health officers 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
- Vermont Animal Cruelty Task Force (VACTF)

The Vermont Animal Cruelty Task Force has no law enforcement powers, but can act in an advisory capacity. The VACTF also conducts workshops on the investigation of animal cruelty complaints. Their website includes information about animal cruelty complaints and investigations: <http://www.vactf.com>.

Additional animal cruelty resources:

- State public health veterinarian - 800-640-4374
- Vermont Agency of Agriculture, Food & Markets, Animal Health Section (for livestock) 802-828-2421
- Vermont Animal Cruelty Task Force <http://www.vactf.com>
- Humane Society's New England Regional Office - 802-368-2790
- Vermont Veterinary Medical Association - 802-878-6888 <http://www.reportanimalcruelty.com/>
- Local animal control officers – contact your local town office

Animal Bites

Health care providers are required to report to the town health officer within 24 hours the name, age, and address of any person who has been bitten by an animal that could be subject to rabies. 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 can be found in section 7.0 of the Reportable and Communicable Diseases Rule:



http://healthvermont.gov/regs/documents/reportable_communicable_diseases_rule.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 town health officer must:

1. Contact the victim and the owner of the animal to investigate the incident.
2. Complete the Animal Bite Report Form (included in this chapter and 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 is healthy.

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 town health officer 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.

During confinement, the animal cannot be removed to another community without the permission of the town health officer from whose district the animal is to be removed, and the town health officer to whose jurisdiction the animal is to be transferred. In addition, the town health officer cannot give permission to move the animal to another state without the consent of Vermont's Commissioner of Health. Any illness in the animal must be reported immediately to the town health officer. At the end of the 10-day confinement period, the town health officer 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.

Any questions regarding confinement should be referred to the State Public Health Veterinarian toll free at (800) 640-4374. The completed Animal Bite Report Form should be kept with the town records.

Rabies Testing

Following the death of an animal that is suspected of having rabies, the remains are commonly sent to the Vermont Department of Health Laboratory for rabies testing. If a town health officer is requested to assist in this process, he or she should first contact the State Public Health Veterinarian at (800) 640-4374 for direction on how to proceed.

Additional resources concerning rabies or rabies testing:

- State public health veterinarian - 800-640-4374
- Vermont Rabies Hotline/USDA Wildlife Services - 800-4-RABIES (800-472-2437)
- Vermont Agency of Agriculture, Food & Markets, Animal Health Section (for livestock) - 802-828-2421
- Vermont Department of Fish & Wildlife Game Wardens - 802-828-1529
- Local animal control officers – contact your local town office
- Local state police barracks
- Vermont Rabies Control Manual
<http://www.healthvermont.gov/prevent/rabies/rabiescontrolmanual.aspx>
- Centers for Disease Control & Prevention website <http://www.cdc.gov/rabies>



Drinking Water

Many 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 six out of ten 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 Vermont 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 (such as 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 (CCR) to their customers.

The remaining 40 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 a large number of rental properties use water provided by public water systems, there are still many that are on private wells or springs.

Although private water supplies are not regulated, the Vermont Department of Health recommends:

1. Yearly testing for coliform bacteria (Kit A)
2. Testing for inorganic chemicals every five years (Kit C)
3. Testing for naturally-occurring alpha radiation every five years (Kit RA)

The Vermont Department of Health offers laboratory analyses, guidance, and technical advice on treatment options. There are many impurities in water that may cause health effects. For the Water & Radon Test order form, go to:

http://healthvermont.gov/enviro/ph_lab/water_test.aspx



Role of the Town Health Officer

The town health officer's role in drinking water will primarily be focused on rental housing in assuring that tenants using private drinking water sources are provided with safe water. Town health officers 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. Town health officers will typically not become involved with situations concerning public water supplies as they are regulated by the Department of Environmental Conservation's 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 being verified and it is not necessary for the town health officer to become involved. If contacted by a concerned customer of a public water supply, the health officer 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 town health officers may be called upon to assure the safety of the water supply. For more information on how to handle a situation such as this, refer to Chapter 4 of this manual

Water Test Kits:

The Vermont Department of Health Public Health

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.



on the Rental Housing Health Code, and Chapter 3 on Enforcement, or contact the Vermont Department of Health's Environmental Health Division for guidance on how to proceed.

Non-Rental Private Water Supplies

When contacted by homeowners concerned about the safety of their private water supplies, town health officers can refer individuals to the Vermont Department of Health's Environmental Health Division for technical assistance at (800) 439-8550 or the Public Health Laboratory for test kits at (800) 660-9997.

Occasionally, a town health officer 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 health officer may need to facilitate testing, contact another state agency, and work with the parties to come to a solution or simply provide the parties with referral resources. If a situation such as this emerges, health officers can contact the Vermont Department of Health's Environmental Health Division for guidance on how to proceed.

Public Water Supplies

Although town health officers will generally not become involved with situations concerning public water supplies, they will be informed (by mail, from the Department of Environmental Conservation's Drinking Water and Groundwater Protection Division) of any boil advisories placed on systems in their communities.

A boil advisory is issued when coliform bacteria or *Escherichia coli* (*E. coli*) are repeatedly detected in a public water supply or when there are any water outages/water main breaks. When a system is placed on boil advisory, residents will need to boil their water for one full minute before drinking, brushing teeth, making

ice cubes, or using for food preparation. The Drinking Water and Ground Water Protection Division requires that system owners notify all users of any boil advisories. As stated above, town health officers will also receive copies of boil notices, but do not need to take any related action. The notices are sent to the town health officers to keep them informed of problems in their communities.

In addition to the boil advisories, the Department of Environmental Conservation's 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 users.

Concerned customers of a public water supply may be directed to their water supplier or the Department of Environmental Conservation's Drinking Water and Ground Water Protection Division at (800) 823-6500.

Drought Conditions

Occasionally, Vermont may experience drought conditions that result in public and private water supply shortages. The Department of Environmental Conservation's Water Supply Division will handle all public water supply shortages, but town health officers may get calls about dry wells and springs in their communities. When contacted by homeowners regarding private water supply shortages, town health officers should refer the individuals to the town select board. When the select board 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.

For testing recommendations, disinfection directions, and useful fact sheets, go to the Vermont Department of Health's website:

http://healthvermont.gov/enviro/water/safe_water.aspx.



Insects, Rodents, and other Pests

Although insects, rodents, and other pests generally are not considered to be significant threats to human health, in some instances they are capable of spreading 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 & 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

Town health officers 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 town health officer (except in rental housing), they may at times present a threat to the public health in a community.

Some examples follow:



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 the town health officer is unsure whether or not rodents or insects pose a public health problem, they should contact the Vermont Department of Health's Infectious Disease Section at (800) 640-4374 for clarification.

Bed Bugs

Town health officers 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 do not transmit disease. 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, though the bite may leave a small welt. Excessive scratching of these bites can lead to secondary infections.



How do bed bugs become a problem?

In addition to being very tiny, bed bugs' bodies are flat and ovular in shape, allowing them to hide easily in cracks and crevices, such as those in bed frames and mattresses. Bed bugs are able to 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.

- 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 you do identify bed bugs 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 can be used in the home to treat small-scale infestations. However, resistance may develop in response to these chemicals and there is a number of human health risks associated with pesticide use. 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 a widespread infestation, professional extermination is recommended. If the infestation occurs in a rental property, a professional exterminator should be recommended 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 town health officer stating that repeat inspection found no evidence of 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 in order 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. Exposure to pesticides can cause many health problems, such as skin irritation and burning, nausea, vomiting, diarrhea, respiratory problems, cancer, memory and concentration problems, paralysis, and even death. The Plant Industry Section of the Vermont Agency of Agriculture, Food & 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 can be found at the Agency of Agriculture's website at: <http://www.vermontagriculture.com/pid.htm>.



The federal Environmental Protection Agency (EPA) also plays a role in this issue. EPA and the states register or license pesticides for use in the United States. 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 can be found on the EPA website at:

<http://www.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 can be found on the Plant Industry and EPA websites as listed above. Questions should be referred to:

Vermont Agency of Agriculture, Food and Markets / Plant Industry Section
116 State Street, Drawer 20
Montpelier, VT 05602
(802) 828-2431

Hazardous Material Spills and Solid & Hazardous Waste

Solid and hazardous waste is a growing concern in the field of environmental health. When improperly used and disposed of, these products can damage our environment and threaten public health and safety. The Vermont Department of Environmental Conservation Waste Management and Prevention Division have the authority over the use and disposal of solid and hazardous waste.

The Solid Waste Management Program oversees laws, rules, policies, and planning related to solid waste management in the state. It regulates solid waste management facilities and activities and certifies the state's landfills, transfer stations, haulers, composting, and recycling facilities.

The Hazardous Waste Management Program implements and maintains the Vermont Hazardous Waste Management Regulations. This includes: permitting hazardous waste transporters and Vermont businesses that treat, store, or dispose of hazardous waste; monitoring compliance by conducting inspections of regulated businesses; responding to citizen complaints regarding the mismanagement of hazardous waste; and providing outreach to the regulated community.

Role of the Town Health Officer

Town health officers may at times receive calls from concerned residents regarding the improper disposal of garbage or hazardous waste. In many of these instances, the Department of Environmental Conservation has jurisdiction and will be able to take care of the complaint.

In some situations, however, the Department of Environmental Conservation officer may ask the town health officer to initially investigate the situation or may be interested in performing a joint-inspection.

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



As discussed in Chapter 2 of this manual, town health officers have general statutory responsibility to protect the public health in their communities (18 V.S.A. §§ 126, 127, and 130). Consequently, if a town health officer feels that a solid or hazardous waste issue is creating a public health hazard within their jurisdiction, he/she 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. If a town health officer is not sure of his or her authority regarding a local solid/hazardous waste matter, they should contact Vermont Department of Health's Environmental Health Division for guidance.

Hazardous Material Spills

Any known or suspected hazardous spill incident should be immediately reported to the Vermont Division of Emergency Management and Homeland Security (DEMHS).

DEMHS operates a Duty Officer program to provide access to its services 24 hours a day, 7 days a week, 365 days a year. If your community experiences a disaster or unusual event, such as a hazardous material spill, town officials can contact the DEMHS Duty Officer at any time and that individual will provide the appropriate assistance.

Duty Officer Contact number: 800-347-0488 (24hrs)

Incidents may also be reported to the Vermont Hazardous Material Response Team

Vermont Hazmat line: 800-641-5005 (24hrs)

Your local fire department may also be able to assist in appropriate response to a hazardous material spill.

Asbestos

Asbestos 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 U.S. Environmental Protection Agency (EPA) and the Vermont Department of Health Asbestos and Lead Regulatory Program (ALRP) have specific asbestos requirements in buildings where renovation or demolition activities are taking place.

Role of the Town Health Officer

ALRP administers the applicability requirements of the Vermont Regulations for Asbestos Control (VRAC). VRAC covers 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. VRAC provides the regulatory framework and process for licensing of asbestos consultants, abatement workers, and abatement contractors to assure the use of safe removal procedures and also provides public information related to asbestos removal. ALRP 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 town health officer may be required to conduct a preliminary site visit for fact-finding purposes (for example, to confirm that construction, remodeling, or renovation work is being done). Although town health officers are not necessarily experienced in the identification of asbestos, after a preliminary site visit, he or she can consult with staff from ALRP to discuss the site-specific observations and facts in order to determine any next steps to be taken locally or through ALRP. Included here is information about regulatory compliance requirements and public education/outreach materials. For more information ALRP can be contacted at:

(800) 439-8550 or on their website:

<http://healthvermont.gov/enviro/asbestos/asbestosregulatoryprogram.aspx>.

S.N.A.P

Size up the situation from a safe distance.
Note and document* current conditions.
Avoid entering an asbestos removal area.
Provide a report of findings to ALRP.



*There are Complaint & Inspection forms included on the website and in the back of this manual.



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

The air inside homes, schools, and other buildings may contain pollutants such as carbon monoxide, radon, tobacco smoke, chemicals from household cleaning, mold, and pet dander that can affect human health. 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 town health officer receives questions from a citizen regarding indoor air quality in a private home, he/she should provide the individual with information and resources available at <http://healthvermont.gov/enviro/index.aspx> or refer them to the Vermont Department of Health's Environmental Health Division at (800) 439-8550.



Radon

Radon is a naturally occurring radioactive gas that is produced from minerals in the soil. 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 the 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. Free radon testing kits can be obtained from the Vermont Department of Health by calling (800) 439-8550.

Carbon Monoxide

Carbon monoxide (CO) is a 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) 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 get medical attention. The local fire department should be called immediately — they have the safety equipment necessary to enter the building, determine risk, and mitigate.

Carbon monoxide alarms are now required in all multi-family and rental dwellings, both new and existing, as part of the Vermont Fire & Building Safety Code. Carbon monoxide 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 Vermont Department of Public Safety, Division of Fire Safety regional office. A map with regional office contact information can be found on the Division of Fire Safety website at:

<http://firesafety.vermont.gov/sites/firesafety/files/pdf/Code%20Info%20Sheets/regional%20office%20coverage%20map.pdf>.

Mold

Mold and mildew are general terms used to describe different kinds of fungus. There are hundreds of types of molds that are different in looks and color. 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 you can easily see. 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 kitchens 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 you can smell it, then there most likely is a mold problem. Testing does not give any information that would change how you fix the problem. 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 that is available on the town health officer website. If you or homeowners/tenants are looking for information on how to clean up mold and how to stop mold growth, the U.S. Environmental Protection Agency has extensive information in their booklet: *A Brief Guide to Mold, Moisture and Your Home*. You can download a copy from their website at:



<http://www.epa.gov/mold/moldguide.html>

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 signs such as shortness of breath, chest tightness, wheezing, or 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 and number of times a person is exposed, family history, and overall health condition.

Environmental Tobacco Smoke

Second-hand tobacco smoke is now known to cause stroke in non-smokers, in addition to eye and throat irritation and increases the risk of lung cancer and respiratory diseases. Vermont has specific legislation to help 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 in the common areas of all restaurants, hotels, motels, and bars, as well 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 in the workplace.

In general, the owner of a building or business is responsible for enforcing the above laws if someone is smoking in the building in violation of the law. The owner or other person 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 on the Vermont Department of Health's website at:

http://healthvermont.gov/prevent/tobacco/restrictions_law.aspx



Outdoor Air Quality

Contaminants in outside air can cause health problems in humans and damage the environment. Air toxins come from a variety of sources including automobiles and diesel trucks, small sources such as gas stations, home heating and dry cleaners, industrial sources, and illegal burning. The Vermont Air Quality and Climate Division (AQCD) of the Department of Environmental Conservation implements state and federal Clean Air regulations. As part of this implementation, the AQCD monitors air quality and air pollution sources, proposes regulations to improve existing air quality, ensures compliance with the regulations, and issues permits to control pollution from sources of air contaminants across the state.

Role of the Town Health Officer

Generally, town health officers will become involved in outdoor air pollution through complaints about backyard burning and outdoor wood boilers. In Vermont, the open burning of natural wood from property maintenance, clearing of property, and so forth is allowed without a permit from the AQCD, 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 AQCD. Open burning of trash, using a "burn barrel", "home-made incinerator", or simply in a pile on the ground, is illegal in Vermont.

Town health officers who receive complaints about illegal open burning should initially investigate the complaint and educate 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, town health officers can contact the Department of Environmental Conservation Air Quality and Climate Division at (802) 828-1288,

<http://www.anr.state.vt.us/air/index.htm>



Guidance for towns and districts is available at the Don't Burn Vermont! website at: <http://www.dontburnvt.org/towns.html>

Public Health Emergency Preparedness and Response

From 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 manmade and technological hazards. Communities can declare a local emergency and request assistance from the State (20 V.S.A. § 10) by contacting the Division of Emergency Management and Homeland Security. 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 FEMA office. Prior to granting a declaration, state and federal officials conduct a preliminary damage assessment (PDA) 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 town health officers 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:

- Maintain your complete and accurate contact information with the Department of Health and participate in the list serve. It is important that you list alternate means for contacting you in case your primary method is unavailable due to the emergency at hand. These methods should include your email address, fax, and home/work/cell phone numbers if available. You can also register to receive important health information via Vermont's Health Alert Network.
- 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 training is available from FEMA through the Emergency Management Institute at <https://training.fema.gov/emi.aspx>. A specific course of interest may be ICS 100 or ICS 402.



- Review your Local Emergency Operations Plan. Each community maintains an LEOP as their “guidebook” for how to respond to an emergency. Become an active participant in the development of your community’s plan.

During and After an Emergency:

- Support, coordinate with, or work within your community’s Emergency Operations Center (EOC). This will be the hub of all response activity during an emergency. You should be able to get and provide up-to-the-minute information about your community’s public health needs at this location.
- 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. In doing so it works closely with the state’s 12 local health district offices. Town health officers 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 Emergency Operations Center during times of activation.

Public Health Volunteerism

Town health officers are in a unique position to encourage the public to volunteer to protect the public’s 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 agency should be referred to <http://www.ocalforvt.org/>. Community members who are interested in other opportunities to help in the wake of an emergency should contact the Vermont Division of Emergency Management.



You can learn more about preparing for and responding to public health emergencies at <http://www.phe.gov>.

Recreational Water

Rivers, 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 when swimming. Infants, older adults, and people with compromised immune systems have the greatest chance of becoming seriously ill from swimming.

In 2012, the Vermont Department of Health published a general guidance document titled “Healthy Recreational Waters.” This document provides managers and users of Vermont’s recreational waters with easy to understand guidance on the safe and healthy use of recreational waters. The Healthy Recreational Waters document was developed with assistance from subject matter experts from the Vermont Agency of Natural Resources/ Department of Environmental Conservation and Department of Forests, Parks, and Recreation. This document can serve as a reference for town health officers to assist with issues related to recreational waters.



http://healthvermont.gov/enviro/water/documents/healthy_recreational_waters_guidance.pdf.

Escherichia coli

Escherichia coli (commonly known as *E. coli*) are bacteria that are associated with human and animal feces. The presence of some fecal material in lakes, ponds, and rivers is to be expected as part of the environment in which we live, and as long as the level of *E. coli* bacteria is low, swimming is relatively safe. However, when *E. coli* levels are high, other disease-containing microorganisms may be present and these swimming areas should be closed until the levels decrease. The Health Department has determined that the health protection level of *E. coli* in swimming water is 235 organisms per 100 ml. A test result greater than 235 indicates that the water is not suitable for swimming.

Role of the Town Health Officer

The Vermont Department of Health 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 town health officer may be responsible for routine testing. Town health officers should work with their select boards to ensure that public swimming areas are being tested on a weekly basis and that the town budget is adjusted to support this.

Vermont State Parks' beaches fall under the Vermont Department of Forests, Parks & Recreation and are tested weekly by their 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 town health officers may be asked to take samples at public swim areas after a known sewage contamination event or during a public health investigation of a recreational water disease investigation. Sample kits and specific instruction will be provided for this activity.



Water Testing Procedures

1. Sampling Kits: The Vermont Department of Health Laboratory provides kits (for \$15) for swimming water *E. coli* analyses (Kit SW). Kits can be purchased from the Laboratory by calling (800) 660-9997 or (802) 338-4724. 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? Swimming water samples should be taken at times of greatest bather use. 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. Samples should be taken in a representative section of the swimming area, in three feet of water, 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: Once the water sample has been taken, it should be delivered or mailed to the laboratory as soon as possible as it is recommended that testing of recreational waters begin within six hours of collection but no later than 30 hours after collection. Samples sent through the mail should be delivered using either first class or overnight delivery, in order to arrive at the laboratory within 30 hours of sample collection. Care should be taken to prevent freezing or heating of the samples during shipment as this may compromise the results. When using the Vermont Department of Health Laboratory, samples must be received in the laboratory by 4:00 p.m. on regular business days for testing to begin the same day.

4. Results: The results from a water sample analyzed by the Vermont Department of Health Laboratory will be reported back as colonies of *E. coli* per 100 milliliters (ml) of water. The Health Department has determined that the health protection level of *E. coli* in swimming water is 235 organisms per 100 ml. A test result greater than 235 indicates that the water is not suitable for swimming. Results for samples received by 4:00 p.m. will be available by phone after 3:00 p.m. the following business day.



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:

http://healthvermont.gov/local/tho/documents/SwimAreaClosure_poster.pdf

5. When should the swimming area be closed? Town health officers have the authority to close any public swimming area whenever they feel a threat to the public health exists, regardless if sample results are available or not. However, before taking this step and depending on the situation, health officers should consult with their select board and the Vermont Department of Health for advice. If a sample result greater than 235 *E. coli* per 100 ml of water is obtained, the swimming area should be closed immediately. When closing a swimming area, the town health officer should place a sign in the swimming area noting it is closed and notify the town offices and any local media of such. If it is known that sewage or some other pollutant or safety hazard is impacting the water, a swimming area can be closed 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 area should be tested again and not re-opened until a subsequent test shows results of 235 cfu / 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 town health officer 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 town health officer to contact the Vermont Department of Health and/or the Department of Environmental Conservation Watershed Management Division at (802) 828-1535 for support. If it appears that the contamination is due to poor agricultural practices, the Agency of Agriculture, Food & Markets (800) 828-2430 may also be able to provide assistance.

8. What about testing swimming pools & spas? The State of Vermont does not have any statewide regulations concerning the maintenance and testing of public swimming pools. The United States Centers for Disease control provides 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 at:

<http://www.cdc.gov/mahc/index.html>

Public spas and hot tubs are regulated separately. There may be local regulations governing pools, spas, or hot tubs. Town health officers should check with their town to determine if there is a local role. Inspections can be arranged if illness is reported or suspected as a result of using a public pool or spa.



Cyanobacteria (Blue-green Algae)

Although *E. coli* is a main indicator of swimming water quality, there may be other contaminants of concern in surface waters. Other pollutants could be presenting due to an accidental spill or be naturally occurring in water.

Some kinds of cyanobacteria (blue-green algae) can be of concern because they produce natural toxins. Ingesting water containing these toxins can cause health problems in humans and animals. Also, coming into contact with some of the toxins can cause skin rashes. During the summers of 1999 and 2002, a few dogs died after ingesting contaminated water from Lake Champlain. It is important to keep dogs and people from swimming or playing in cyanobacteria contaminated waters.

Cyanobacteria blooms generally occur in lakes and ponds in the late summer and fall, but can happen earlier in a dry hot year. Cyanobacteria may appear thick like 'pea soup' and are generally green in color (although they can also be brown or purple). Generally, cooler weather, rainfall, and reduced sunshine will lead to the breakdown of an algal 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 split open when a bloom dies and release toxins, more toxins may be in the water *after* a bloom than during.

The Vermont Departments of Health and Environmental Conservation work together every summer to monitor for cyanobacteria on Lake Champlain and to notify the public when blooms are detected. If blooms are a possibility, town health officers may be asked by the Health Department to post notices at public swimming areas in their communities to make town residents aware of the potential health concerns. Recreational beaches should be closed if cyanobacteria blooms are seen.

Beach closure and re-opening recommendations are available in the Cyanobacteria Guidance for Vermont Communities Document:

http://healthvermont.gov/enviro/bg_algae/documents/BGA_guide.pdf



Test kits are available from the Health Department Laboratory to test for three types of cyanobacteria toxins. If the town health officer suspects a cyanobacteria bloom at a recreational area, he/she should contact the Health Department for more information.

For more information and guidance about cyanobacteria, including photos of blooms, go to the Health Department's website at:

http://www.healthvermont.gov/enviro/bg_algae/bgalgae.aspx

Other Contaminants

When the presence of other pollutants are suspected, the town health officer 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 town health officer may need to assist with the collection of water samples as well as post the swimming area(s).

Infectious Disease

Most of the work town health officers do in the community relates to environmental public health. Occasionally, health officers 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. Health officers can help report information to the Department of Health and assist their community with evidence-based prevention measures to protect public health.

Mosquito-borne Diseases

The mosquitos 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.

West Nile virus and eastern equine encephalitis 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 not as much is known about this virus in the state, and it is likely to be found in additional areas.

Town health officers can find comprehensive information about mosquito-borne diseases on the Health Department website. Mosquito surveillance (testing pools of mosquitoes collected from specific locations around the state) for these diseases begins in mid to late June.

Information including health alerts and surveillance findings are posted on the Health Department website <http://healthvermont.gov/prevent/arbovirus/index.aspx>. Each week throughout the summer, town health officers can review results for their town/county. In addition, the state of Vermont has published an “Arbovirus Surveillance and Response Plan,” which is found on the website http://healthvermont.gov/prevent/arbovirus/documents/arbovirus_surveillance_response_plan.pdf.



To help town health officers educate their communities, flyers, brochures, and other educational materials can be printed from the Health Department website (look for information resources and materials), and posted in public places beginning in the early summer and extending through the fall.

Tickborne Diseases

Ticks have become quite abundant in many parts of Vermont. While ticks are mostly a nuisance, some can carry pathogens (microorganisms, such as bacteria, viruses, and parasites) that cause illness. If a tick infected with a pathogen bites a person, disease transmission is possible, and she/he may become sick. Thirteen different tick species have been identified in Vermont, but only four are known to carry pathogens that cause disease in humans: the deer tick (Lyme disease, anaplasmosis, and babesiosis), american dog tick (Tularemia and Rocky Mountain spotted fever), lone star tick (ehrlichiosis) and the woodchuck tick (powassan).

Information about ticks and the diseases they can transmit is found on the Health Department website



http://healthvermont.gov/prevent/zoonotic/tickborne/Tickborne_diseases.aspx.

Educational materials including flyers and brochures can be printed off the website and distributed throughout the community. Tick activity around the state is monitored on the interactive tick tracker <http://healthvermont.gov/ticktracker/index.aspx> where any individual can report on tick sightings.

The best way to prevent disease is to prevent tick bites. Tickborne illnesses are most frequently transmitted between early spring and late fall since ticks are most active during warm months. By taking preventive measures, such as wearing a repellent containing 30% DEET, checking your body daily for ticks, and actively limiting exposure to ticks and tick habitats, you can decrease your risk of infection.

School and Child Care Immunization Requirements

Vermont's immunization law says that parents are required to fully vaccinate children according to recommendations for their age group before they enter school or child care. However, in certain limited circumstances, a child may be allowed to attend child care or school without some or all of his or her vaccinations. Medical exemptions are available when children cannot be vaccinated for medical reasons, and require a doctor's recommendation. Non-medical exemptions - religious and philosophical/personal belief – are available to parents, but this will change on July 1, 2016. The Vermont legislature voted to remove the philosophical exemption, so it will no longer be an option for parents.



Changes in the immunization law often impact Vermonters from around the state. If you get questions, please refer people to the Health Department's Immunization Program's website at <http://healthvermont.gov/hc/imm/index.aspx>. For personal assistance people can call the program at 802-863-7638 or 800-640-4374, or email AHS.VDHIimmunizationProgram@vermont.gov.

Other Infectious Diseases and Outbreaks

If infectious disease outbreaks occur in your community, you can find information on the website at <http://healthvermont.gov>, and use the Contents A to Z link to search for a specific topic. Please contact an Infectious Disease Epidemiologist at 800-640-4374 (Vermont only) or 802-863-7240 with questions.

Resource List

Concern	Agency	Contact Information*
Air (indoor) Example: mold	Dept. of Health/ Environmental Health	108 Cherry St. Burlington, VT 05402 Toll Free In VT: 1-800-439-8550 Fax: 802-863-7483
	U.S. Environmental Protection Agency/ Region I	1 Congress St. Boston, MA 02114-2023 Toll Free: 1-888-372-7341
Air (outdoor) Example: trash burning	Dept. of Environmental Conservation	1 National Life Drive, Main 2 Montpelier, Vermont 05620-3520 Telephone: 802-828-1288
Animal (wild) Cruelty/Death	Local Game Warden	Contact local state police & ask them to contact the game warden in your area.
	Dept. of Fish & Wildlife	1 National Life Drive, Davis 2 Montpelier, VT 05620-3702 Telephone: 802-828-1529 Fax: 802-828-1250
Animal (domestic) Cruelty/Death	Local Animal Control Authorities	Contact your local Town Clerk's Office to find out which law enforcement authorities cover animal control.
Animal (livestock) Cruelty/Death	Local Animal Control Authorities	Contact your local 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 Telephone: 802-828-2421 Fax: 802-828-5983
Asbestos	Dept. of Health/ Asbestos Regulatory Program	108 Cherry St. Burlington, VT 05402 Toll Free In VT: 800-439-8550 Phone: 802-863-7220 Fax: 802-863-7483
Burial	Dept. of Health/ Vital Records	108 Cherry St. Burlington, VT 05402 Phone; 802-863-7275 or Toll Free in VT: 800-439-5008
Drinking Water (Private)	Dept. of Health/ Environmental Health	108 Cherry St. Burlington, VT 05402 Technical assistance: 800-439-8550 (Vermont only) or 802-863-7220 Laboratory services : 800-660-9997 (Vermont only) or 802-863-7335
Drinking Water (Public)	Dept. of Environ. Conservation – Drinking Water & Ground Water Protection Division	1 National Life Drive, Main 2 Montpelier VT 05620-3521 Telephone: 802-828-1535 Fax: 802-828-1541

Concern	Agency	Contact Information*
Flood/Natural Disaster	Dept. of Public Safety/ Vermont Emergency Management	Toll Free: 800-347-0488 HazMat: 800-641-5005
Garbage	Dept. of Env Conserv. – Waste Mgt and Prevention Division	1 National Life Drive - Davis 1 Montpelier, VT 05620 Telephone: 802-828-1138 Fax: 802-828-1101
Heating/ Electrical/ Structural Problems	Dept. of Public Safety/ Division of Fire Safety Regional Office	Map and contact information for each regional office is available at: http://firesafety.vermont.gov/regional_offices
Infectious Disease	Dept. of Health/ Epidemiology Field Unit	108 Cherry St. Burlington, VT 05402 Telephone: 802-863-7240 Toll Free in VT: 800-640-4374
Lead Law Violations	Dept. of Health/ Lead Regulatory Program	108 Cherry St. Burlington, VT 05402 Telephone: 802-863-7220 Fax: 802-863-7483 Toll Free in VT: 800-439-8550
Lead Poisoning Prevention	Dept. of Health/ Childhood Lead Poisoning Prevention Program	108 Cherry St. Burlington, VT 05402 Toll Free in VT: 800-439-8550
Legal Assistance	Vermont Legal Aid	<u>Burlington:</u> 264 North Winooski Avenue Burlington, Vermont 05402 <u>Montpelier:</u> 7 Court Street Montpelier, Vermont 05601 <u>St. Johnsbury:</u> 177 Western Avenue, Suite 1 St. Johnsbury, Vermont 05819 <u>Rutland:</u> 57 North Main Street Rutland, Vermont 05701 <u>Springfield:</u> 56 Main Street, Suite 301, Springfield, Vermont 05156 <u>Statewide Toll Free #:</u> 800-789-4195
Rabies	US Dept. of Agriculture (USDA)	Toll Free in VT: 800-472-2437 (800-4-RABIES) Answered seven days a week (except federal holidays), 8 a.m. to 4:30 p.m.
Radon	Dept. of Health/ Radon Program	108 Cherry St. / Burlington, VT 05402 Toll Free In VT: 800-439-8550 Phone: 802-863-7742 Fax: 802-863-7483

Concern	Agency	Contact Information*
Rental Housing Violations - help for tenants	Vermont Tenants Incorporated	255 So. Champlain Street Burlington, VT 05402 Telephone: 802-864-0099 Toll Free: 800-287-7971
Recreational Water	Dept. Of Health-Division of Environmental Health	108 Cherry Street Burlington, VT 05402-0070 1-800-439-8550 Andy Chevrefils
Salvage Yards	Dept. of Environmental Conservation-Waste Mgmt. & Prevention Division	1 National Life Drive - Davis 1, Montpelier, VT 05620-3704 Telephone: 800-974-9559
Hazardous Spills	Dept. of Environmental Conservation-Waste Management and Prevention Division	1 National Life Drive - Davis 1 Montpelier, VT 05620-3704 Telephone: 802-828-1138 weekdays / 800-641-5005 after hours
Sewage	Dept. of Environmental Conservation	1 National Life Drive – Davis 1 Montpelier, VT 05620-3704 Telephone: 800-823-6500 Fax: 802-828-1541
Town Health Officer Training (Municipal)	Vermont League of Cities & Towns	89 Main St., Suite 4 Montpelier, VT 05602-2948 Telephone: 802-229-9111 Fax: 802-229-2211
West Nile Virus	Dept. of Health/Division of Health Surveillance	108 Cherry St. Burlington, VT 05402 Central WNV/EEE information line: 800-913-1139

Forms

APPOINTMENT

Town Health Officer **Recommendation**

Deputy Town Health Officer **Recommendation**

Town Health Officer **Oath / Affirmation**

RENTAL HOUSING

Town Health Officer **Rental Housing Inspection Checklist**

Essential Maintenance Practices Compliance Check Form

OTHER TOWN HEALTH ISSUES

Town Health Officer General **Complaint & Inspection** (non-rental)

Town Health Officer **Animal Bite Report**

Municipal **Condemned to Be Destroyed** Order



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

 <p>VERMONT DEPARTMENT OF HEALTH</p> <p>Town Health Officer Rental Housing Inspection Checklist</p>	Inspector Name:										
	<input type="checkbox"/> Health Officer <input type="checkbox"/> Deputy <input type="checkbox"/> Other										
	Town:										
	Date of Inspection:										
Property Address:	Type of Inspection: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up (Last Inspection Date: _____) Housing Type: _____										
Property Owner Name:	Tenant Name(s) and Phone Number(s):										
	<table border="1"> <thead> <tr> <th>Unit #</th> <th>Name/Phone Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Unit #	Name/Phone Number								
Unit #	Name/Phone Number										
Property Phone Number:											
Reason for Inspection:											

Number of People Residing at the Home: <input type="text"/>	Location of Bedrooms: <input type="text"/>
Number of Smokers Residing at the Home: <input type="text"/>	Number of Bedrooms: <input type="text"/>

- **Please answer each question.**
- **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) 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:
 - 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.

ACRONYMS/SYMBOLS	MEANING
§	Section
DEC	Department of Environmental Conservation
DPS	Department of Public Safety
EHO	Emergency Health Order
NFPA	National Fire Protection Association
RHHC	Rental Housing Health Code
VDH	Vermont Department of Health
VSA	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.
MORE DEFINITIONS CAN BE FOUND IN THE RENTAL HOUSING HEALTH CODE	

NOTES:

1. LIFE SAFETY		Answer			Violation	DPS CONTACTED?
		Y	N	NA		CHECK IF YES
1.1	Is there a working smoke alarm (detector):				If "No", contact your regional DPS office.	<input type="checkbox"/>
	a. On each level of the dwelling including basements?					
	b. In the vicinity of each bedroom?					
1.2	Is there a working carbon monoxide (CO) alarm (detector):				If "No", immediately contact your regional DPS office.	<input type="checkbox"/>
	a. In the vicinity of each bedroom?					
	b. In each room used for sleeping that contains a fuel-burning appliance?					
1.3	Do all stairways have handrails that are securely mounted?				If "No", contact your regional DPS office.	<input type="checkbox"/>
1.4	Are all exits out of the building free of obstructions and able to be used?				If "No", immediately contact your regional DPS office.	<input type="checkbox"/>
1.5	Does each bedroom have a window that can be easily opened and is large enough for emergency rescue or escape?				If "No", contact your regional DPS office.	<input type="checkbox"/>
1.6	Does each dwelling unit have 2 separate ways out?				If "No" or questionable, contact your regional DPS office.	<input type="checkbox"/>
1.7	Does the dwelling unit (if there are 3 or more units) have a working fire extinguisher?				If "No", contact your regional DPS office.	<input type="checkbox"/>

Code Information		
Questions	Code Explanation	Code Reference
1.1	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
1.2	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
1.3	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
1.4	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
1.5	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
1.6	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.	NFPA 101-31.2.4.1
1.7	Each dwelling unit (when 3 or more units) must have a working fire extinguisher.	NFPA 1-13.6

NOTES:

2. SANITATION FACILITIES (I)		Answer			Violation
		Y	N	NA	
<i>Kitchen Facilities</i>					
2.1	Is there a kitchen sink?				If "No", Owner to correct within a reasonable period of time. ** Question is not applicable to rooming units. But is applicable to shared kitchen facilities in the rooming house, if provided.
2.2	Is there space to store and prepare food?				If "No", Owner to correct within a reasonable period of time. Question is not applicable to rooming units. But is applicable to shared kitchen facilities in the rooming house, if provided.
2.3	Are the countertops nonabsorbent?				If "No", Owner to correct within a reasonable period of time.
2.4	Is the floor made of:				If "No" to ALL of these, Owner to correct within a reasonable period of time.
	a. Smooth, nonabsorbent, non-corrosive, waterproof covering? (ex: tile)				
	b. Carpeting with a solid, water repellent backing?				
	c. Wood flooring with a water resistant finish and with no cracks?				
<i>Bathroom Facilities</i>		Y	N	NA	
2.5	Is there at least 1 bathroom sink, 1 toilet, and 1 bathtub or shower per unit?				If "No", the unit must meet Shared Bathroom requirements. If it does not, Owner to correct within a reasonable period of time. Question is not applicable to rooming units.
2.6	Is there one:				If "No", Owner to correct within a reasonable period of time. Question is only applicable to rooming houses.
	a. Toilet per 10 people?				
	b. Sink per 10 people?				
	c. Shower/tub per 8 people?				
2.7	Are the countertops nonabsorbent?				If "No", Owner to correct in a reasonable period of time.
2.8	Is the floor made of:				If "No" to ALL of these, Owner to correct within a reasonable period of time.
	a. Smooth, nonabsorbent, non-corrosive, non-slip, waterproof covering? (ex: tile)				
	b. Carpeting with a solid, water repellent backing?				
2.9	Do all toilets flush?				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 of time. If all toilets do not flush, owner needs to begin resolving within 24 hours. Also see Question 3.8a-b.
2.10	Is the shower/tub and sink/toilet separate from habitable rooms?				If "No", Owner to correct within a reasonable period of time.

Code Information		
Questions	Code Explanation	Code Reference
2.1	Every dwelling unit must have a kitchen sink.	RHHC, § 5.1
2.2	Every dwelling unit must have space to store, prepare, and serve food in a sanitary manner.	RHHC, § 5.1
2.3	Counter surfaces in the kitchen of dwelling units and rooming houses shall be smooth noncorrosive, nonabsorbent and waterproof covering.	RHHC, § 5.3
2.4	Floor surfaces in the kitchen of dwelling units and rooming houses shall be smooth, noncorrosive, nonabsorbent and waterproof covering.	RHHC, §§ 5.3, 5.3.1, 5.3.2
2.5	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	RHHC, §§ 5.2.1, 5.2.2

	facility, it may share a facility with only one other unit. If the dwelling unit does not qualify, it may not share a bathroom with any other unit.	
2.6	For rooming houses, 2.6a–c above must be met.	RHHC, § 5.2.3
2.7	Counter surfaces in the bathroom of dwelling units and rooming houses shall be smooth, noncorrosive, nonabsorbent and waterproof covering.	RHHC, § 5.3
2.8	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
2.9	All toilets must be working flush toilets.	RHHC, § 5.2.1
2.10	Shower/tub and sink/toilet must be separate from habitable rooms.	RHHC, § 5.2.1

NOTES:

3. SANITATION FACILITIES (II)		Answer			Violation	DEC CONTACTED?
		Y	N	NA		CHECK IF YES
<i>Water Supply/Wastewater Disposal</i>						
3.1	Is there currently a water supply to the unit?				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.	
3.2	Is water supply from:				NA	
	a. Public source?					
	b. Known private source?					
3.3	If a private system, was the water tested for coliform (Kit A) within the last year?				If "Yes", what were the results? 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.	
3.4	If a private system, was the water tested for inorganic chemicals (Kit C) within the last 5 years?				If "Yes", what were the results? If "No", Owner to test within a reasonable period of time. (provide testing information for Kit C, if requested).	
3.5	If a private system, was the water tested for gross alpha (Kit RA) within the last 5 years?				If "Yes", what were the results? If "No", Owner to test within a reasonable period of time. (Provide testing information for Kit RA, if requested).	
3.6	Do all sinks have hot water?				If "No", Owner to correct in a reasonable period of time.	
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??				If "No", Owner to correct in a reasonable period of time.	
3.8	a. Are household waste pipes functioning correctly (no blockage resulting in waste backup into home)?				If "No", contact your regional DEC office.	
	b. Does private, on-site leach field seem to be functioning so that no wastewater is surfacing?				If "No", immediately 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.	

Code Information		
Questions	Code Explanation	Code Reference
3.1-3.2	Occupants must have access to public drinking water or good quality private system.	RHHC, §§ 5.4.1, 5.4.2
3.3-3.5	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/ <i>E. coli</i> bacteria (Kit A), every 5 years for inorganic chemicals (Kit C), and every 5 years for alpha radiation (Kit RA).	RHHC, § 5.4.2
3.6	Sinks must have non-scalding hot water that is heated to a safe temperature.	RHHC, § 5.4.3
3.7	At fixture, showers/tubs must have a maximum temperature of at least 100°F but no more than 120°F.	RHHC, § 5.4.3
3.8	Occupants' plumbing must be connected to a public or private sewage system in	DEC, § 1-201(a)(25)(A-B)

Section 3

*see definition section

REV: 11/15/2015 ** Health Officer should follow up within 30 days of giving notice to landlord.

	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
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NOTES:

<i>Sanitary Conditions for Trash, Recyclables, and Food Scraps.</i>		Y	N	NA	
3.9	Is there a durable, covered, and water-tight container(s) for trash and food scraps outside?				If "No", Owner to correct within a reasonable period of time.
3.10	Is there a durable container for recycling?				If "No", Owner to correct within a reasonable period of time.
3.11	Are trash, recyclables, and food scraps removed from the home at least once a week?				If "No", Owner or tenant to correct within a reasonable period of time.
3.12	Are spaces that are not dwelling unit/rooming unit spaces free of trash, recyclables, and food scraps?				If "No", Owner to correct within a reasonable period of time.
3.13	Are dwelling unit/rooming unit spaces free of trash, recyclables, and food scraps?				If "No", tenant(s) must correct in a reasonable period of time.

Code Information		
Questions	Code Explanation	Code Reference
3.9	Outdoor trash and food scraps must be placed in durable, covered, and water-tight containers.	RHHC, §§ 5.5.1.1, 5.5.1.2
3.10	Recyclables must be placed in durable containers.	RHHC, §§ 5.5.1.1, 5.5.1.2
3.11	Trash, recyclables, and food scraps must be removed from the home at least once a week.	RHHC, §§ 5.5.2.1, 5.2.2.2
3.12	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
3.13	Occupants must keep dwelling units/rooming units from trash, recyclables, and food scraps.	RHHC, § 5.5.3.2

NOTES:

4. Pest & Bedbug Infestations		Answer			Violation
		Y	N	NA	
4.1	Home free of visual evidence of pests (cockroaches, ants, rats, mice, bats, etc.):				If "No", Owner to correct within a reasonable period of time.
	a. Infestation?				If "No", Owner to correct within a reasonable period of time.
	b. Fecal droppings (fecal pellets)?				If "No", Owner to correct within a reasonable period of time.
	c. Pest carcasses?				If "No", Owner to correct within a reasonable period of time.
	d. Chew (gnaw) marks?				If "No", Owner to correct within a reasonable period of time.
	If "No", (to any or all) have any measures been taken to stop pest infestation?				If "No", Owner to correct within a reasonable period of time.
4.2	Home free of visual evidence of bedbugs:				
	a. Infestation of bedbugs or bedbug nymphs?				If "No", Owner to correct within a reasonable period of time.
	b. Fecal droppings (small dark stains the size of an ink dot)?				If "No", Owner to correct within a reasonable period of time.
	c. Eggs (1mm across and pale yellow)?				If "No", Owner to correct within a reasonable period of time.
	d. Blood spots (rusty or reddish stains) on sheets or mattresses?				If "No", Owner to correct within a reasonable period of time.
	If "No" (to any or all), have any measures been taken to stop bedbug infestation?				If "No", Owner to correct within a reasonable period of time.

Code Information		
Questions	Code Explanation	Code Reference
4.1-4.2	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 maintain then dwelling unit/ rooming unit properly caused the infestation unless two or more dwelling units are infested.	RHHC, §§ 6.1, 6.2, 6.3

NOTES:

5. HEATING		Answer			Violation	EHO ISSUED?
		Y	N	NA		CHECK IF YES
5.1	Is heat provided when outside temperature is less than 55°F/13°C?				If “No”, consider issuing an Emergency Health Order (EHO) to protect tenants from potential serious health problems caused by cold temperatures, such as hypothermia.	<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 Emergency Health Order (EHO) to protect tenants from potential serious health problems caused by cold temperatures, such as hypothermia.	<input type="checkbox"/>
		Answer			Violation	DPS CONTACTED?
		Y	N	NA		CHECK IF YES
5.3	Are all fuel-fired heating facilities vented to the outside of the building?				If “No”, immediately contact your regional DPS office.	<input type="checkbox"/>
5.4	Does wood stove/pellet stove have the proper clearance to walls, ceiling, and furnishings in the room?				If “No”, immediately contact your regional DPS office.	<input type="checkbox"/>

Code Information		
Questions	Code Explanation	Code Reference
5.1	This heat must be maintained for all habitable rooms, kitchens, and bathrooms when temperature is below 55°F/13°C.	RHHC, § 7.1, 7.5
5.2	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.	RHHC, § 7.3
5.3	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
5.4	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

NOTES:

6. NATURAL & MECHANICAL VENTILATION		Answer			Violation
		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?				If "No", Owner to correct within a reasonable period of time.
6.2	Are screens present for all operable windows and for doors that are providing ventilation when a window is not available?				If "No", Owner to correct within a reasonable period of time.
6.3	Are all hallways and stairways in common spaces adequately ventilated?				If "No", Owner to correct within a reasonable period of time.
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)				If "No", Owner to correct within a reasonable period of time.
6.5	Are all clothes dryers vented to the exterior of the building?				If "No", Owner to correct within a reasonable period of time.

Code Information		
Questions	Code Explanation	Code Reference
6.1	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
6.2	Screens in good repair must be present for all windows and doors being used for ventilation.	RHHC, § 8.1.2
6.3	All hallways and stairways in common spaces must be adequately ventilated.	RHHC, § 8.1.3
6.4	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
6.5	Clothes dryers, if existent, must be vented to the exterior of the building.	NFPA 211: 10.7.3 RHHC, § 8.1.5

NOTES:

8. STRUCTURAL ELEMENTS		Answer			Violation	DPS CONTACTED? CHECK IF YES
		Y	N	NA		<input type="checkbox"/>
8.1	Is the home weather-tight and water-tight?				If "No", Owner to correct within a reasonable period of time.	
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", immediately contact your regional DPS office.	<input type="checkbox"/>
8.3	Is the home free of:				If "No", Owner to correct within a reasonable period of time.	
	a. Standing water?					
	b. Visual evidence of water intrusion such as damp building materials or water stains?					
	c. A musty smell?					
8.4	Is the home free of visual evidence of mold or mildew (associated with a musty smell, discoloration, and excess moisture)?				If "No", Owner to correct within a reasonable period of time.	
<i>Radon</i>		Y	N	NA	Comment	
8.5	Has the home been tested for radon within the last 5 years?				If "Yes", what were the results? If "No", recommend owner to test for radon. VDH provides a free testing kit. Owner may call 802-865-7742 for the test.	

Code Information		
Questions	Code Explanation	Code Reference
8.1	Home must be weather-tight and water-tight.	RHHC, § 10.1
8.2	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
8.3	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
8.4	Mold may be an indicator of standing water or excessive moisture.	RHHC, § 10.3
8.5	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.	NA

NOTES:

9. VERMONT LEAD LAW: PRE-1978 HOMES ONLY		Answer			Violation	VDH CONTACTED?
(Contact VDH Lead Poisoning Prevention Program for more info)		Y	N	NA		CHECK IF YES
9.1	Was this home built before 1978? If “Yes”, complete questions 9.2-9.12. If “No”, skip the 9.2-9.12.				NA	
9.2	Do any children under 6 years old reside at the home?				NA	
9.3	Has the landlord/owner submitted an Essential Maintenance Practices (EMP) compliance statement to VDH?				If “No”, 30 days to correct. Contact VDH.	<input type="checkbox"/>
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.	<input type="checkbox"/>
9.5	Have the tenants been given a signed EMP compliance statement by the building owner?				If “No”, 30 days to correct.	<input type="checkbox"/>
9.6	Are there posted notices in common spaces asking tenants to report chipped paint?				If “No”, 30 days to correct.	<input type="checkbox"/>
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.	<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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
9.10	Are window wells (troughs) free of debris (paint chips, dust)?				NA	
9.11	Is the home interior free from visual evidence of paint chips?				If “No”, 30 days for owner to correct.	<input type="checkbox"/>
9.12	Is the home exterior free from visual evidence of paint chips?				If “No”, 30 days for owner to correct.	<input type="checkbox"/>

Code Information		
Questions	Code Explanation	Code Reference
9.1	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.	NA
9.2	Children under 6 years old are especially sensitive to lead poisoning.	NA
9.3	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, § 1751(b)(5)(A)
9.4	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)
9.5	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)
9.6	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)
9.7-9.8	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)
9.9	All wooden windows installed before 1978 in all homes built before 1978 must	18 VSA Chapter 38, §

	have window well inserts or by another method approved by department.	1759(a)(1)
9.10	Cleaner is better, but this is being asked for informational purposes.	NA
9.11-9.12	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)

NOTES:

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

Facility/Site Location Name:	Physical Address (No P.O. Box):	Physical City:	State VT	Zip Code:
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General/Abatement Contractor Name:	Mailing Address:	Mailing City:	State	Zip Code:
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Office Telephone # or Cell phone #:	Fax #:	Email Address:
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Owner/Agent Name:	Mailing Address:	Mailing City:	State	Zip Code:
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Office Telephone # or Cell phone #:	Fax #:	Email Address:
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Inspector/Consultant Name:	Mailing Address:	Mailing City:	State	Zip Code:
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Office Telephone # or Cell phone #:	Fax #:	Email Address:
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Reason for Compliance Check: <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 _____	Number of Units Inspected:	Total Number of Units at Property:
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Type of Property: <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 _____	Inspection Type and Date Built: <input type="checkbox"/> Lead <input type="checkbox"/> _____ <input type="checkbox"/> Asbestos (year built)	Conducting Inspection: <input type="checkbox"/> Health Officer <input type="checkbox"/> Other <input type="checkbox"/> VDH Staff _____
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Vermont Essential Maintenance Practices

• 'Prevent Lead Poisoning' poster posted <input type="checkbox"/> Yes: <input type="checkbox"/> Common Area(s) <input type="checkbox"/> Each Apartment <input type="checkbox"/> No	• Window well inserts in all wooden windows <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): _____
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• Surfaces and fixtures free of deteriorated paint (Take photos and document facts on a separate page, if needed) <input type="checkbox"/> Yes, greater than 1 ft ² of deteriorated paint on an: _____ <input type="checkbox"/> No <input type="checkbox"/> Interior surface, Location(s): _____ <input type="checkbox"/> Exterior surface, Location(s): _____

• EPA 'Protect Your Family From Lead' pamphlet given to tenants <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

• Evidence of Prohibited Practices <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

• Tenant notification in lease <input type="checkbox"/> Yes <input type="checkbox"/> No	• Notification of renovation <input type="checkbox"/> Yes (see above for contractor information) <input type="checkbox"/> No	• EMP Name:	• EMP #:
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Overall Findings and Required Corrections (see photos and additional pages with findings and corrective actions)

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

Town Health Officer Animal Bite Report*

Town: _____ Health Officer: _____

Animal Involved: Dog Cat Other _____

Date of Bite: _____ Time of Bite: _____ a.m. p.m.

Animal Found: Yes No

Location of Bite on Victim's Body: _____

Provoked Bite: Yes No _____ Unknown

Name of Victim: _____ Telephone: _____

Address: _____

Doctor Contacted: _____ Telephone: _____

Address: _____

Owner of Animal: _____ Telephone: _____

Address: _____

Veterinarian: _____ Telephone: _____

Address: _____

Date of last Rabies Shot: _____ Rabies Tag #: _____

Action taken by Health Officer: _____

Comments: _____

* Keep a completed copy of this form in your town clerk's office for documentation purposes.
This form **does not** need to be sent to the state.

MUNICIPAL CONDEMNED TO BE DESTROYED ORDER

When a disaster or emergency has been declared by the Governor, a municipal building inspector, health officer, fire marshal, or zoning administrator may declare condemned to be destroyed a property that has been damaged in the disaster or emergency and is dangerous to life, health, or safety due to the disaster-related damage. The owner of property condemned under this subdivision may appeal the condemnation according to the condemnation appeals procedure of chapter 83 of this title, provided that any appeal to the Superior Court shall be to the Civil Division (Title 24, Chapter 061 §2291).

MAIL COPY TO: Homeowner, Town Clerk & Department of Housing and Community Development, 1 National Life Drive, Deane C. Davis Building, 6th Floor, Montpelier, VT 05620-0501

Municipality: _____

Inspector: Municipal Building Inspector

Physical Address: _____

Health Officer

Town and Zip Code: _____

Fire Marshal

Zoning Administrator

Physical Location:
(9-1-1 Address)

Street and Mailing Address

City and Zip Code

Owner Name

Address:

Name

Street and or PO Box

City and Zip Code

Structural	Electrical / Heating	General / Health
<input type="checkbox"/> The structure pose an immediate hazard to the public or public right of way. <input type="checkbox"/> The structure has moved off of its foundation. <input type="checkbox"/> Other _____ (Attach additional information if needed)	<input type="checkbox"/> Electrical wiring has been submerged <input type="checkbox"/> Furnace has been submerged <input type="checkbox"/> Other _____ (Attach additional information if needed)	<input type="checkbox"/> There is a fuel oil or other hazardous spill <input type="checkbox"/> There is significant mold <input type="checkbox"/> Other _____ (Attach additional information if needed)

Damage Information

Date Damaged Occurred (mm/dd/yyyy): _____ Date of Inspection (mm/dd/yyyy): _____

Cause of Damage: _____ Fire _____ Flood _____ Flood and Wind _____ Seismic _____ Wind _____ Other

Cause of Damage (if "Other" is selected): _____

Structure has been condemned to be destroyed

Inspector Name: _____

Inspector Signature: _____

