

[_____]

Date: _____ Inspector: _____ Address: _____

Building Type: SFD Multi-Family Condo Floor: _____

Occupant Name: _____ Occupant Phone Number: _____ Email: _____

Room Type: Fill in the bubble for the type of room you are assessing.

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Storage/Closet Area |
| <input type="checkbox"/> Entrance Area | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Office | <input type="checkbox"/> Stairwell | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Family/Living Room | <input type="checkbox"/> Dining Area | <input type="checkbox"/> Other: _____ |

Was the “Mold & Moisture in my Home” Document Provided to Occupant? Yes No

MOLD ODOR: Be sure to smell for mold odor when you first walk into the room/area. *Fill in the appropriate bubble/s.*

① NONE ① MILD ② MODERATE ③ STRONG Source of MOLD ODOR? _____ ○ Source Unknown

Room/Area	Mold?	Damage/Stains	Visible Mold	Wet or Damp	Notes
Ceiling		① ① ② ③	① ① ② ③	① ① ② ③	
Walls		① ① ② ③	① ① ② ③	① ① ② ③	
Floor		① ① ② ③	① ① ② ③	① ① ② ③	
Windows		① ① ② ③	① ① ② ③	① ① ② ③	
Furnishings		① ① ② ③	① ① ② ③	① ① ② ③	
Other _____		① ① ② ③	① ① ② ③	① ① ② ③	

Scores: ①=None/De Minimis ①=Less than 10 square feet ②=Between 10 and 100 square feet ③=Greater than 100 square feet