



MOLD AWARENESS INSPECTION

INSPECTION DATA

Job Name _____ Job Number _____

Client

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Inspection Location

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Is this a private residence, rental, or commercial building? _____

If commercial, what is the building used for? _____

Landlord name _____

Address _____ Phone _____

SITE INFO

What is the primary use of the building? _____

How often is the building occupied? _____

How old is the building? _____

Is the building sitting high or low pertaining to drainage? _____

Is there a slope towards or away from the building? _____

Is the building on a raised or slab foundation? _____

How many stories are in the building? _____

What is the shade level around the building? _____

Is there a lot of organic debris around the building? _____

Are there bushes/trees next to the building? _____

What is the exterior of the building composed of? _____

What is the roof composed of? _____

OCCUPANT HEALTH INFO

Have any of the occupants experienced any adverse health effects such as: Headaches, runny nose, irritation in the eyes, nose or throat, trouble breathing, coughing, sinus congestion, fatigue, dizziness, nausea, sneezing, irritation? _____

What symptoms and by whom? _____
How often? _____
Currently? _____
When did symptoms arise? _____
Are other previously diagnosed conditions such as bronchitis, asthma, or allergies? _____
Any children? _____
How Old? _____
Comments: _____

INVESTIGATION

Why did the client request the investigation/sampling?

Areas of concern to occupant/client. _____
When was the concern first noticed? _____
Was it wet or dry, hot or cold? _____
Are there signs of water damage anywhere? _____
Where? _____
Are occupants or client aware of any water damage in the past? _____
Describe: _____
Any previous testing/sampling done? _____
By whom? _____
Results _____
Was the problem fixed? _____

INSPECTION

Date and time of investigation/sampling _____
Weather day of sampling _____
Weather day prior _____
Temperature outdoors _____
Temperature indoors _____
Relative humidity outdoors _____
Relative humidity indoors _____
Is there visible mold? _____
Where? _____
Characteristics (area covered, texture, color)

