FILL OUT A COPY OF THIS FORM FOR EACH INDIVIDUAL ROOM IN THE HOME

Page _____ of _____

_____ _____

Address Apt #

_____ _____ Yes / No 1. none 2. mold 3. chemical 4. burning 5. gas 6. cigarettes

Initials Date Above ground Odors present (circle)

Room	Time In	Worst Condition	Total Square Feet Affected
	Time Out		

Room Codes:

1. Living room
2. Dining Room
3. Kitchen
4. Bathroom
5. 2nd Bathroom
6. Master bedroom
7. 2nd Bedroom
8. 3rd Bedroom
9. 4th Bedroom
10. Hallway
11. Basement
12. Asthmatic"s Bedroom

Use the chart to the left to rate the surfaces of the room for water/mold related damamge. Under condition, use the following scale of 0 to 4:

0.= No visible signs of water/mold damage, intact
1.= Visible water stains only
2.= Visible mold, with or without water stains
3.= Visible mold (with or without water stains) and some damage to the base material (pealing wallpaper, warped wood, etc.)
4.= Mold and water damage so extensive that it affects the structural integrity of the surface

In the second column, note the number of square feet of the surface affected by the condition coded in the first column. Also, please note the room that you are coding for in the first cell of the chart. Please use the room codes give above.

1. Type of floor(circle): 1. wall to wall carpet 2. area rugs 3. wooden flooring 4. ceramic tile 5. linolieum/VAT tile 6. concrete 7. earthen 8. other:_____
2. If carpet, how old is it? (circle): 0. unknown 1. <6 months 2. 6 to 12 months 3. more than 12 months
3. Number of Windows:_____ Number that can be opened: _____
4. Type of Windows (circle): 1. single pane 2. multiple pane
5. Number of Storm Windows:_____
6. Number of air Supply Vents:_____ Air flow is? 1. none 2. weak (passive) 3. strong (mechanical)
7. Number of air Exhaust Vents:_____ Air flow is? 1. none 2. weak (passive) 3. strong (mechanical)
8. Number of Heating Units:_____ Type(circle): 1. radiators 2. baseboard heaters 3. hot air vents 4. space heaters 5. fireplace/wood stove
9. Plumbing pipes are? (circle): 0. dry 1. moist 2. dripping
10. Heating pipes are? (circle): 0. dry 1. moist 2. dripping
11. Dust on surfaces? (circle): 0. none 1. slight 2. moderate 3. heavy
12. Are there any visible rodent droppings? Yes No
13. Visible insects/cockroaches? Yes No Number alive:_____ Number dead:_____

Comments_____

_____

_____

Site Number:_____