

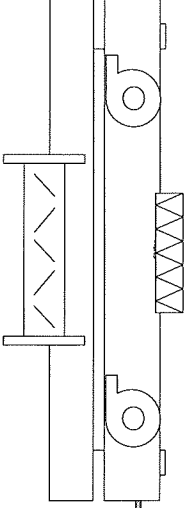
# Indoor Air Quality Investigation & Assessment Report

<b>Date &amp; Time Completed:</b>	
<b>Case #:</b>	
<b>Location:</b>	
<b>Environmental Hazard Reported:</b>	
<b><i>Person Conducting Investigation:</i></b>	

**X**

---

Keith Nelson  
Designated Persons Coordinator



**A. Building Automated System Data**

**Space Temp:**

**Humidity:**

**Supply Fan Status:**

**Fresh Air Damper Position:**

**Discharge Air Temp:**

**B. MMH800 Pin/Pad Moisture Meter**

**Location Measured:**

**Building Material Type:**

**Material Saturation %**

**Material Temperature:**

**Relative Area Humidity:**

**C. Extech CO Meter CO15**

**CO PPM:**

**D. Extech HD500 Psychrometer/IR Meter**

**IR Temp:**

**Wet Bulb Temp:**

**Dew Point:**

**IR Relative Humidity:**

**Room/Specification Data:**

**Room Type:**

**Room #**

**HVAC Type:**

**CFM:**

**Filter Rating:**

**Last Filter Change:**





# Dampness and Mold Assessment Tool

## School Buildings Form

Use one form per area being assessed.

District: \_\_\_\_\_ School/Site: \_\_\_\_\_ School Type: \_\_\_\_\_ Observer: \_\_\_\_\_  
 Date: \_\_\_\_\_ Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

### Room/Area Type: Fill in the bubble for the type of room/area you are assessing.

- Art Room
- Cafeteria
- Crawlspace
- IT Room
- Mechanical Room
- Storage Area
- Attic
- Classroom
- Custodial Closet
- Kitchen
- Nurse/Medical
- Auditorium/Stage
- Computer Room
- Entrance/Atrium
- Library
- Office Area
- Bathroom
- Conference Room
- Gym
- Locker Room
- Pipe Chase
- Boiler Room
- Copy Room
- Hallway
- Lounge
- Stairwell

### Mold Odor: Fill in the bubble for mold odor. Be sure to smell for mold odor when you first walk into the room/area.

- None
- Mild
- Moderate
- Strong
- Describe source of mold odor.
- Source Unknown

See scoring below for ①②③.	Check if nothing found	Damage or Stains	Check if near exterior wall*	Visible Mold	Check if near exterior wall*	Wet or Damp	Check if near exterior wall*	Component Notes	Assessment Notes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	See scoring below ① ② ③	<input checked="" type="checkbox"/>	See scoring below ① ② ③	<input checked="" type="checkbox"/>	See scoring below ① ② ③	<input checked="" type="checkbox"/>		Fill in the bubbles for additional detail. Describe if "Other"
<input checked="" type="checkbox"/>		① ② ③		① ② ③		① ② ③		<input type="checkbox"/> Ceiling tile <input type="checkbox"/> Plaster <input type="checkbox"/> Concrete <input type="checkbox"/> Sheet rock <input type="checkbox"/> Metal <input type="checkbox"/> Wood	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust Other:
<input checked="" type="checkbox"/>		① ② ③		① ② ③		① ② ③		<input type="checkbox"/> Sheet rock <input type="checkbox"/> Plaster <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Tile <input type="checkbox"/> Wood	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Efflorescence Other:
<input checked="" type="checkbox"/>		① ② ③		① ② ③		① ② ③		<input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic <input type="checkbox"/> Concrete	<input type="checkbox"/> Buckling <input type="checkbox"/> Other:
		① ② ③		① ② ③		① ② ③		<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input type="checkbox"/> Skylight	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Condensation Other:
		① ② ③		① ② ③		① ② ③		<input type="checkbox"/> Furniture <input type="checkbox"/> Mechanical <input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Copier	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust Other:
		① ② ③		① ② ③		① ② ③		<input type="checkbox"/> Radiator <input type="checkbox"/> Forced-air <input type="checkbox"/> Fan <input type="checkbox"/> Unit ventilator <input type="checkbox"/> Window unit	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust Other:
		① ② ③		① ② ③		① ② ③		<input type="checkbox"/> Books <input type="checkbox"/> Boxes <input type="checkbox"/> Equipment	<input type="checkbox"/> Wrinkled pages <input type="checkbox"/> Crumpled boxes Other:
		① ② ③		① ② ③		① ② ③		<input type="checkbox"/> Plumbing <input type="checkbox"/> Gas	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust Other:

### General Notes

\* Within 3 feet of exterior wall.

**Scoring:** ① = none    ① < or = the size of a sheet of paper    ② > than a sheet of paper to the size of a standard door    ③ > than the size of a standard door