



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.

- | | | | | | |
|--|---------------------------------------|--|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> Art Room | <input type="radio"/> Cafeteria | <input type="radio"/> Crawlspace | <input type="radio"/> IT Room | <input type="radio"/> Mechanical Room | <input type="radio"/> Storage Area |
| <input type="radio"/> Attic | <input type="radio"/> Classroom | <input type="radio"/> Custodial Closet | <input type="radio"/> Kitchen | <input type="radio"/> Nurse/Medical | <input type="radio"/> Other: _____ |
| <input type="radio"/> Auditorium/Stage | <input type="radio"/> Computer Room | <input type="radio"/> Entrance/Atrium | <input type="radio"/> Library | <input type="radio"/> Office Area | _____ |
| <input type="radio"/> Bathroom | <input type="radio"/> Conference Room | <input type="radio"/> Gym | <input type="radio"/> Locker Room | <input type="radio"/> Pipe Chase | _____ |
| <input type="radio"/> Boiler Room | <input type="radio"/> Copy Room | <input type="radio"/> Hallway | <input type="radio"/> Lounge | <input type="radio"/> 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 ① ② ③.	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"/>	Check if component is in the room/area.	<input checked="" type="checkbox"/>	See scoring below	<input checked="" type="checkbox"/>	See scoring below	<input checked="" type="checkbox"/>	See scoring below	<input checked="" type="checkbox"/>	Fill in the bubbles for the type of material that is affected.	Fill in the bubbles for additional detail. Describe if "Other"
<input checked="" type="checkbox"/>	Ceiling		① ② ③		① ② ③		① ② ③		<input type="radio"/> Ceiling tile <input type="radio"/> Plaster <input type="radio"/> Concrete <input type="radio"/> Sheet rock <input type="radio"/> Metal <input type="radio"/> Wood	<input type="radio"/> Peeling paint <input type="radio"/> Rust Other: _____
<input checked="" type="checkbox"/>	Walls		① ② ③		① ② ③		① ② ③		<input type="radio"/> Sheet rock <input type="radio"/> Plaster <input type="radio"/> Concrete <input type="radio"/> Block <input type="radio"/> Brick <input type="radio"/> Tile <input type="radio"/> Wood	<input type="radio"/> Peeling paint <input type="radio"/> Efflorescence Other: _____
<input checked="" type="checkbox"/>	Floor		① ② ③		① ② ③		① ② ③		<input type="radio"/> Wood <input type="radio"/> Carpet <input type="radio"/> Vinyl <input type="radio"/> Ceramic <input type="radio"/> Concrete	<input type="radio"/> Buckling Other: _____
	Windows		① ② ③		① ② ③		① ② ③		<input type="radio"/> Exterior <input type="radio"/> Interior <input type="radio"/> Skylight	<input type="radio"/> Peeling paint <input type="radio"/> Condensation Other: _____
	Furnishings		① ② ③		① ② ③		① ② ③		<input type="radio"/> Furniture <input type="radio"/> Mechanical <input type="radio"/> Sink <input type="radio"/> Toilet <input type="radio"/> Copier	<input type="radio"/> Peeling paint <input type="radio"/> Rust Other: _____
	HVAC systems		① ② ③		① ② ③		① ② ③		<input type="radio"/> Radiator <input type="radio"/> Forced-air <input type="radio"/> Fan <input type="radio"/> Unit ventilator <input type="radio"/> Window unit	<input type="radio"/> Peeling paint <input type="radio"/> Rust Other: _____
	Supplies & Materials		① ② ③		① ② ③		① ② ③		<input type="radio"/> Books <input type="radio"/> Boxes <input type="radio"/> Equipment	<input type="radio"/> Wrinkled pages <input type="radio"/> Crumpled boxes Other: _____
	Pipes		① ② ③		① ② ③		① ② ③		<input type="radio"/> Plumbing <input type="radio"/> Gas	<input type="radio"/> Peeling paint <input type="radio"/> Rust Other: _____

General Notes

* Within 3 feet of exterior wall.

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