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Indoor Air Quality Inspection Form

Date _____ Property Address _____

City _____ County _____ State _____ Zip _____

Property is zoned Residential Commercial Agricultural Other

Property is currently Vacant Occupied

Report Prepared For _____

Environmental Inspector _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

HVAC INSPECTION

Are air conditioner supply vents dripping water or sweating? yes no

Is the filter dirty or clogged? yes no

Is the side of the air conditioner sweating? yes no

Is there wetness around the insulated piping? yes no

Is there wetness around the drain pipe connections or elsewhere on the drain pipe located in the attic area? yes no

Is the outside portion of the drain pipe partially clogged with any growth? yes no

Does the drain pipe have any black, green, or white growth? yes no

Has the air conditioning unit been run in the last 30 days? yes no

Has the heating unit been run in the last 30 days? yes no

Explain: _____

Air Handling Unit

Unit Identification _____ Area Served _____

Outdoor air intake location _____ Nearby contaminant sources _____

Bird screen in place and unobstructed yes no

Design total cfm _____ outdoor air (O.A.)cfm _____ date last tested and balanced _____

Mechanical Room

Clean and dry? yes no

Stored refuse or chemicals? yes no

Describe items in need of attention: _____

ROOF INSPECTION

Specify any signs of roof damage or repair. _____

Date of known roof repair or replacement _____

Describe visual water damage either from roof leak, plumbing or other: _____

Evidence of mold or mildew on Walls ceiling attic under carpet wall paper basement
 crawl space around windows other.

Describe visual mold or mildew _____

CHEMICAL INVENTORY

The inventory should include chemicals stored or used in the building for cleaning, maintenance, operations, and pest control. If you have an MSDS (Material Safety Data Sheet) for the chemical, put a check mark in the right-hand column. If not, ask the chemical supplier to provide the MSDS, if one is available.

Date	Chemical/Brand Name	Use	Storage Location(s)	MSDS on file?
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WEATHER HISTORY AND CONDITIONS

Date and Time Assessment _____

Present Temperature _____

Brief description of weather conditions over past 30 days: _____

Has there been any high humidity in the past few days? yes no

Any unusual weather pattern or condition? yes no

Explain: _____

Inspector _____ Date _____ Time _____