Mold/Water Infiltration Survey Form

Appendix A Mold and Water-Impacted Building Materials Investigation Form

General Information

Date: _____

Address/Building #: _____

Location _____

Contact(s): _____

Phone Number: _____

Email: _____

To whom should information be sent to: _____

General Building History (conducted with building/area manager/supervisor)

Age of dwelling:
General condition of building:
Major renovations:
Change of building's use:
Type of HVAC (Heating, Ventilation, Air Conditioning) system?
Currently any de-humidification system in operation?
When did you first become aware of possible problems? (reports, or visualized)
Odors present inside building
If you detected odors, when did you first notice them?
Where are the odors strongest?
Odors present outside of building? (denote where if yes)
Was there any water incursion in the past at the property i.e. fire, flooding, or plumbing leaks?
Have you noticed any water leaking or damage to any building components?
Has there been any standing water or pooling water?
Has there been any mold survey or testing done in the past?
If you discovered visual mold growth, when did you first notice it?
Where did you view the suspected mold growth?
If there is a mold problem what has been done to correct it?
Other:
Other:
Other

Survey by: _____

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Interviews
Name/Supervisor: _____

Relationship to structure: ☐ employee ☐ tenant ☐ property owner ☐ visitor ☐ other
Number hours/day spent in work area: ☐ <1 ☐ 2 ☐ 4 ☐ 8 ☐ >8
Other work areas you frequent:
Time working in building (weeks, months, years):
Reasons for contacting EH&S (directly, or via supervisor):
Signs/symptoms (denote onset if yes):
Have you or any building occupant experienced any of the following: skin reactions, asthma, trouble breathing, allergies, headaches, nausea, or flu-like symptoms? (list others, also)
If you have experienced any of the above, when did they start?
If symptoms, constant, sporadic, or seasonal?
Have you noticed any particular odors (if so, when and where):
Have you seen a physician regarding any of above symptoms? If so, was there a specific diagnosis or recommendations?
Other:
Other:
Other:

Information to be given to Interviewee

No present standard for mold: ☐
Tentative follow-up timeframe (list/denote):
Other:
Any information/requests by employee:
Other:
Other:
Other:

Interviews
Name/Supervisor: _____

Survey by: _____

Mold/Water Infiltration Survey Form

Key:

Fl#=Floor Level (e.g., FL1 is 1st floor)	ST=Storage room/closet	R=Roof
A=Attic	LR=Living Room	CS=Crawl Space
O=Basement	FR=File Room	P=Plenum
BA=Bathroom	OA=Office Area	SD=Sewer Drain
BR=Bedroom	MR=Mechanical Room	
EN=Entry	CW=Chase way	
DR=Dining Room	D=Duct/Plenum	
K=Kitchen	AHU=Air Handling Unit	

Physical Survey

Room or Area or Level	Location (inside wall, outside wall, floor, ceiling, etc.)	Surface type (painted, plaster, drywall, wallpaper, wood, carpet, concrete, metal, ceramic, other	LF/ SF	Notes	Photo

Survey by: _____

Mold/Water Infiltration Survey Form

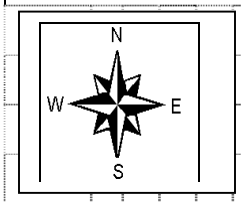
General Comments: _____

_____

_____

_____

Sketch



Survey by: _____