

Urban Mold and Moisture Project Visual Assessment and Testing (F11)

Header Information

- ❑ **Study ID:** 1= Asthma Study, 2= Composite Study
 - ❑ **Family/Building ID:** the household id number
 - ❑ **Phase:** visit number should be 10 for EV1, 20 for EV2
 - ❑ **Address:** complete street address
 - ❑ **Unit:** 0=single family building, DN=down, UP=up, FRONT= front, REAR=back, # __=unit number
 - ❑ **City:** city
 - ❑ **Resident:** last name of participant
 - ❑ **Sanitarian:** id number assigned to sanitarian (see codes)
 - ❑ **Date:** date form was filled out
 - ❑ **Location/Room:** 3 digit code identifying floor, room and bedroom
 - **Floor (1st digit):** 0=basement, 1=1st, 2=2nd, 3=3rd, 4=4th, 8=exterior, 9=other
 - **Room (2nd digit):** 1=basement, 2=kitchen, 3=bath, 4=attic, 5=TV/living room, 6=dining room, 7=bedroom, 8=exterior, 9=other
 - **Bedroom (3rd digit):** 0=proband (index child), 1=primary caregiver, 2=sibling #1, 3=sibling #2, 4=sibling #3
- Example: a first floor living room code = 150, a second floor caregiver's bedroom = 271
In addition, **FLOOR** must be checked on each page of the VAT where applicable

Overview

Areas Inspected (not including XRF inspection):

- Exterior
- Basement
- Kitchen
- TV/Living Room
- Bath
- Index Child's Bedroom
- Attic
- Other rooms with visible mold

If the index child sleeps in the basement or attic, fill out both the bedroom form and the basement or attic form for that same room.

General Format

- Floor covering and condition
- Level of floor contamination/clutter/cleanability
- HVAC Appliances
- Moisture
- Mold
- Roaches
- Rodents
- Pets
- Smoking
- Other

Testing

- Surface moisture
- Carbon monoxide
- Carbon dioxide
- Temperature
- Humidity
- Vacuum dust samples
- Air samples (VOC, filter, biosample)

Urban Mold and Moisture Project Visual Assessment and Testing

Study ID	Fam/Bldg ID	Phase

Room Code

Address	Unit	City	Resident	San ID	Date
					/ /

Exterior			Comments
1	Roof shingles and/or flashing not intact or not in good repair.	<input type="checkbox"/> Y <input type="checkbox"/> N	
2	Water staining on chimney or chimney flashing not intact.	<input type="checkbox"/> Y <input type="checkbox"/> N	
3	No visible roof vents.	<input type="checkbox"/> Y <input type="checkbox"/> N	
4	Gutters (or the absence of gutters) dump water onto siding or foundation at any point.	<input type="checkbox"/> Y <input type="checkbox"/> N	
5	Any downspouts (or the absence of downspouts) dump water onto siding or foundation at any point. (Note how many)	<input type="checkbox"/> Y <input type="checkbox"/> N	
6	Any downspouts connected to crocks. (Note how many)	<input type="checkbox"/> Y <input type="checkbox"/> N	
7	Rain water entry through broken windows or siding.	<input type="checkbox"/> Y <input type="checkbox"/> N	
8	Obvious cracks in at-grade walls.	<input type="checkbox"/> Y <input type="checkbox"/> N	
9	Driveway, other hard surfaces or yard pitch toward the foundation at any point.	<input type="checkbox"/> Y <input type="checkbox"/> N	
10	Trees within 6 feet of at-grade walls.	<input type="checkbox"/> Y <input type="checkbox"/> N	
11	Evidence of rodents (e.g. rodents, feces, burrowing holes).	<input type="checkbox"/> Y <input type="checkbox"/> N	
12	Debris present (e.g. garbage, standing water, junk cars, brush, car tires).	<input type="checkbox"/> Y <input type="checkbox"/> N	
13	Adverse impact from adjacent property (e.g. water run-off or rodent harborage). Note in comments.	<input type="checkbox"/> Y <input type="checkbox"/> N	
14	Other observations.		

Exterior -- Testing	Instrument Number	Reading	Comments
15	Time of day (24 hour clock)		
16	Temperature (Fahrenheit)		
17	Carbon dioxide (ppm)		
18	Humidity (%)		
19	Weather	<input type="checkbox"/> Damp/wet <input type="checkbox"/> Dry	

Urban Mold and Moisture Project
Additional Information for Selected Items

Exterior

1. Looking for chronic water leakage; pay special attention to valleys.
2. Sign of moisture entry into chimney that could result in interior moisture damage; flashing repair reduces chance of chronic leakage. Water staining can also come from heating system flue gasses (after condensing inside chimney, especially with high efficiency furnaces without a chimney liner. Note location of chimney for interior inspection.
3. Lack of attic vents could result in attic moisture. See notes re attic.
- 4.
- 5.
6. Though downspouts, by code, should be connected to storm drain system, old storm drains may leak badly resulting in basement moisture that calls for removal of downspouts to test the storm drain system.
7. Looking for chronic leakage.
8. Look for large cracks, holes, pitting, crumbling and missing mortar.
- 9.
10. Tree roots often enter foundation walls and do damage to the walls so that moisture can more easily enter.
11. May be more easily located from inside the basement.
12. Debris can be harborage for rodents and other pests.
13. Pay particular attention to the gutter/downspout system on a neighbor's house, as it can be a significant moisture source both above and beneath the ground.
14. Note any other conditions that allow water to get to any of the surfaces of the exterior envelope of the residence, e.g. porch leak to basement.

Exterior – Testing

- 15.
- 16.
- 17.
- 18.
- 19.

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Study ID	Fam/Bldg ID	Phase

Room Code

Address	Unit	City

Resident

San ID	Date
	/ /

Basement		Comments
1	Occupied (i.e. evidence that basement is used for more than laundry and storage, like recreation). <input type="checkbox"/> Y <input type="checkbox"/> N	
2	Bedroom (i.e. evidence that people sleep in basement). <input type="checkbox"/> Y <input type="checkbox"/> N	
3	Basement walls covered: <input type="checkbox"/> More than 1/2 <input type="checkbox"/> Less than 1/2 <input type="checkbox"/> None	
4	If walls covered, check type(s). (N/A=no wall covering) <input type="checkbox"/> Dry wall <input type="checkbox"/> Paneling <input type="checkbox"/> Other <input type="checkbox"/> N/A	
5	Basement foundation composition: <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Clay tile <input type="checkbox"/> Concrete block <input type="checkbox"/> Other	
6	Basement foundation type: <input type="checkbox"/> Slab <input type="checkbox"/> Full <input type="checkbox"/> Crawl space <input type="checkbox"/> Combination (note in comments)	
7	For slab foundations, ducts run under the slab. (N/A=not a slab foundation) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
8	For slab foundations with ducts under the slab, water is in the duct registers. (N/A=no ducts under slab) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
9	Any carpets, rugs, or other floor covering larger than 3'x5' on the floor. Note type of floor covering in comments. <input type="checkbox"/> Y <input type="checkbox"/> N	
10	Any dirt floors. <input type="checkbox"/> Y <input type="checkbox"/> N	
11	Crawl space(s) has dirt floor. (N/A=no crawl space or no accessible crawl space) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Basement -- HVAC Appliances		Describe Condition
12	Type of furnace <input type="checkbox"/> Air <input type="checkbox"/> Water/steam	
13	Air cleaner <input type="checkbox"/> Y <input type="checkbox"/> N	
14	Air conditioner <input type="checkbox"/> Y <input type="checkbox"/> N	
15	Humidifier <input type="checkbox"/> Y <input type="checkbox"/> N	
16	Dehumidifier <input type="checkbox"/> Y <input type="checkbox"/> N	
17	Unvented space heater (non-electric only) <input type="checkbox"/> Y <input type="checkbox"/> N	

Basement -- Furnace		Describe Condition
18	Deterioration of base of furnace. <input type="checkbox"/> Y <input type="checkbox"/> N	
19	Loose/missing furnace panel. <input type="checkbox"/> Y <input type="checkbox"/> N	
20	Furnace filter missing or not functional. (N/A=furnace filter not accessible) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
21	If filter is present, note type: <input type="checkbox"/> Standard <input type="checkbox"/> Pleated/Other <input type="checkbox"/> N/A	

Additional Information for Selected Items

Basement - General

1. Basement may be "occupied" even if it is not finished, if there is evidence of other activity.
2. There doesn't necessarily have to be bedroom furniture present. Look for pull-out bed or couch or mattress on the floor that looks like it is used for sleeping.
3. Wall coverings/coatings may host molds; the larger the area the greater the risk.
4. Different types of mold may grow on different materials (e.g., stachybotrys molds grow on cellulose products like drywall, wood, etc.)
5. Water travels through each type in a different manner and therefore may require different treatments.
6. Different moisture transport conditions exist with each type of foundation.
7. Old sub-slab heating ducts are prone to deterioration and leakage.
8. If water is in a sub-slab duct, the heating system becomes a humidification system and can contribute too much moisture to the interior. Molds can also grow in the ductwork.
9. Carpets and rugs on a basement floor commonly stay damp and support mold growth.
10. Dirt floors in basements permit much moisture vapor to escape.
11. Dirt floors in crawlspaces permit much moisture vapor to escape

Basement – HVAC Appliances

12. Air movement in the home is different for each heating type.
13. Note type and if it appears to be functioning and maintained.
14. Note size and if it appears to be used and if it has been maintained. An air conditioner can effectively reduce moisture levels if it is properly sized
15. Note if it appears to be used and if it is being maintained.
16. Note if there is a pan to hold the water and whether it has mold growth in it.
17. Can be a significant source of water vapor and CO.

Basement - Furnace

18. May indicate a moisture problem (wicking moisture, leaking humidifier, etc).
19. Can be a fire hazard and could permit backdrafting of the furnace what could bring both moisture and CO into the living space.
20. Some filters are enclosed inside the furnace and may not be accessible. Note and don't remove furnace panel.
- 21.

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Study ID	Fam/Bldg ID	Phase

Room Code

Basement -- Furnace continued			Comments
22	Visible soot at makeup air entry points.	<input type="checkbox"/> Y <input type="checkbox"/> N	
23	A "Cleveland Drop" open return air duct(s).	<input type="checkbox"/> Y <input type="checkbox"/> N	
24	No dedicated cold air return system.	<input type="checkbox"/> Y <input type="checkbox"/> N	
25	Disconnected supply and/or return ducts in the heating system.	<input type="checkbox"/> Y <input type="checkbox"/> N	
26	Suspected asbestos containing material on heating system.	<input type="checkbox"/> Y <input type="checkbox"/> N	
27	Gas odor.	<input type="checkbox"/> Y <input type="checkbox"/> N	
28	Chimney flues not fully sealed.	<input type="checkbox"/> Y <input type="checkbox"/> N	
29	Rust and/or water streaking on flue/chimney.	<input type="checkbox"/> Y <input type="checkbox"/> N	
30	Chimney clean-out is blocked with debris above flue.* (N/A=not accessible or door not openable)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Basement -- Moisture			Comments
31	Visible wall dampness, efflorescence, peeling paint and/or staining.	<input type="checkbox"/> Y <input type="checkbox"/> N	
32	Visible floor dampness.	<input type="checkbox"/> Y <input type="checkbox"/> N	
33	Standing water on floor.	<input type="checkbox"/> Y <input type="checkbox"/> N	
34	Signs of previous flooding.	<input type="checkbox"/> Y <input type="checkbox"/> N	
35	Floor drain has standing water above drain.	<input type="checkbox"/> Y <input type="checkbox"/> N	
36	Plumbing leaks including both supply and waste (not into drain). (Make sure to look in crawl space.)	<input type="checkbox"/> Y <input type="checkbox"/> N	
37	Toilet bowl or floor trap dried-out. (N/A=no toilet bowl or floor trap)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
38	Clothes dried on line in basement.	<input type="checkbox"/> Y <input type="checkbox"/> N	
39	Clothes dryer not vented effectively to exterior. Check if vent is connected to dryer. (N/A=no dryer)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
40	Functioning shower. Note if vented.	<input type="checkbox"/> Y <input type="checkbox"/> N	
41	No operational ventilation fan present.	<input type="checkbox"/> Y <input type="checkbox"/> N	
42	Operational room circulation fan present.	<input type="checkbox"/> Y <input type="checkbox"/> N	

*If door breaks off, seal opening with plastic and tape.

22. Indicates there has been some backdrafting of the furnace which means CO and moisture from combustion by-products are coming back into the living space.
23. The "Cleveland Drop" is a cold return system that is not connected directly to the furnace, which means that mold spores in a damp basement can be collected by the furnace and distributed throughout the remainder of the living spaces.
24. In older houses, there may be no cold air return system other than the stairwell.
- 25.
26. Note material such as duct or hot water pipe insulation and duct joint tape which might be asbestos containing material.
27. While some minor gas odor near appliance connections is not uncommon, any gas odor should be noted and a pervasive gas odor in a living space at large could require evacuation until the cause is determined. There are the dual concerns of explosion and asphyxiation.
28. Look for holes and cracks.
29. Rust or water streaking on the flue pipe into the chimney usually indicates moisture from flue gases condensing in the chimney and running back into the flue pipe; this could indicate that the flue is the wrong size for the furnace and could result in chimney failure that could produce a blockage of the chimney forcing flue gases to backdraft into the living space.
30. Debris building up in a chimney can reach the point where it blocks the flue pipe into the chimney causing backdrafting. Caution should be used when opening these doors as they are often rusty and can break off. Don't open if not easily openable.

Basement - Moisture

31. Moisture getting into a basement wall, especially from the surface outside, will often appear as dampness and/or a white powdery substance that is called efflorescence which is salt that came through the wall as a saline solution and dried on the interior.
32. Moisture can wick up through concrete floors from water that accumulates under the floor.
33. Note if any objects sitting in the water (e.g. boxes, wood).
34. Look for "ring around the tub" deposits on the walls.
- 35.
- 36.
37. Old toilets in basements and extra floor drains that are not used often can dry out.
38. Contributes a great deal of moisture vapor to the air.
39. Use smooth metal duct and not plastic. Make sure that the duct is actually connected to the dryer.
- 40.
41. A vent fan in a basement where a shower is present is a good idea, but it is important that the fan not be oversized so it backdrafts the furnace or hot water tank when in operation.
42. A circulating fan in a basement is a mixed blessing; by mixing dryer and wetter air it can reduce the moisture levels below the dew point, but it can also circulate mold spores.

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Study ID	Fam/Bldg ID	Phase

Room Code

Basement -- Mold		Comments
43	Wood, paper or clothing on the floor or against wall. <input type="checkbox"/> Y <input type="checkbox"/> N	
44	Visible mold on any surfaces (including boxes, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
45	Total visible mold on any surfaces. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	
46	Visible mold on cellulose material (paper, cardboard, wood, carpet, carpet backing). (N/A=no mold in previous question) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
47	Visible mold on cellulose material. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	

Basement -- Roaches		Comments
48	Evidence of roaches (odor, stains, droppings, live or dead roaches observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
49	Considerable long-term clutter (e.g. boxes, piles of clothing, newspapers, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
50	Food and food waste on surfaces and/or open containers. <input type="checkbox"/> Y <input type="checkbox"/> N	

Basement -- Miscellaneous		Comments
51	Evidence of rodents (odor, droppings, live or dead rodents observed, burrowing holes). <input type="checkbox"/> Y <input type="checkbox"/> N	
52	Evidence of pets with fur or feathers. Note type of pet in comments. <input type="checkbox"/> Y <input type="checkbox"/> N	
53	Evidence of smoking. <input type="checkbox"/> Y <input type="checkbox"/> N	
54	Soot on walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
55	Other observations.	

Basement -- Testing	Instrument Number	Reading	Comments
56	Surface moisture (%) Main wood beam in middle of room or other available wood structural element		
57	Carbon monoxide (ppm)		
58	Carbon dioxide (ppm)		
59	Temperature (Fahrenheit)		
60	Humidity (%)		

Basement - Mold

- 43. These can be host material for mold growth.
- 44. Look under boxes, etc.
- 45. All visible mold
- 46.
- 47. Only mold on cellulose surfaces.

Basement – Roaches

- 47.
- 48.
- 49.

Basement – Miscellaneous

- 50. Look for holes near windows.
- 51.
- 52.
- 53.
- 54.
- 55. Note if wood framing is used as cold air return duct.

Basement – Testing

- 56.
- 57.
- 58.
- 59.
- 60.

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Study ID	Fam/Bldg ID	Phase						Room Code
Address		Unit	City	Resident		San ID	Date	
							/ /	

Kitchen		Comments	Floor
1	Floor covering <input type="checkbox"/> Carpet/rug(s) covering at least 50% of floor <input type="checkbox"/> Hard surface		<input type="checkbox"/> BA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2	Floor surface not cleanable due to deterioration or damage. <input type="checkbox"/> Y <input type="checkbox"/> N		
3	Level of surface dirt on floor surface: <input type="checkbox"/> Heavily soiled <input type="checkbox"/> Moderately soiled <input type="checkbox"/> Not soiled		
4	Level of food debris on floor surface: <input type="checkbox"/> Much food debris <input type="checkbox"/> Some food debris <input type="checkbox"/> None		
5	Stove type <input type="checkbox"/> Gas <input type="checkbox"/> Electric		
6	Stove hood not exhausted to exterior. <input type="checkbox"/> Y <input type="checkbox"/> N		
7	Unvented space heater (non-electric only) <input type="checkbox"/> Y <input type="checkbox"/> N		

Kitchen -- Moisture		Comments
8	Water damage on walls or ceilings. <input type="checkbox"/> Y <input type="checkbox"/> N	
9	Condensation on windows or walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
10	Non-functioning sink counter backsplash. <input type="checkbox"/> Y <input type="checkbox"/> N	
11	Plumbing leaks (not into drain). Check above stained ceiling tile. <input type="checkbox"/> Y <input type="checkbox"/> N	
12	No operational ventilation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N	
13	Ventilation fan in previous question vents to the interior. (N/A=no fan) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
14	Operational room circulation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N	

Kitchen -- Mold		Comments
15	Visible mold on any surfaces (including boxes, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
16	Total visible mold on any surfaces. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	
17	Visible mold on cellulose material (paper, cardboard, wood, carpet, carpet backing). (N/A=no mold in previous question) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
18	Visible mold on cellulose material. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	

Additional Information for Selected Items

Kitchen - General

1. Note use of area rugs.
2. A hard surface floor is not cleanable if it is pitted or rough, has missing or uneven tiles or floor boards; a rug or carpet is not cleanable if it is torn or matted.
- 3.
- 4.
5. If no stove, leave blank and note in comments.
6. Check to make sure it does not vent to an interior space.
- 7.

Kitchen – Moisture

8. Check above drop ceilings.
- 9.
10. Missing, damaged or poorly caulked backsplash allows water to get behind counter top.
- 11.
- 12.
- 13.
- 14.

Kitchen - Mold

- 15.
16. All visible mold.
- 17.
18. Mold on cellulose surfaces only.

**Urban Mold and Moisture Project
Visual Assessment and Testing**

Study ID	Fam/Bldg ID	Phase

Room Code

Kitchen -- Roaches		Comments
19	Evidence of roaches (odor, stains, droppings, live or dead roaches observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
20	Considerable long-term clutter (e.g. boxes, piles of clothing, newspapers, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
21	Food and food waste on countertops and/or numerous open containers. <input type="checkbox"/> Y <input type="checkbox"/> N	
22	Substantial grease buildup on stove (more than from recent cooking). <input type="checkbox"/> Y <input type="checkbox"/> N	

Kitchen -- Miscellaneous		Comments
23	Evidence of rodents (odor, droppings, live or dead rodents observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
24	Evidence of pets with fur or feathers. Note type of pet in comments. <input type="checkbox"/> Y <input type="checkbox"/> N	
25	Evidence of smoking. <input type="checkbox"/> Y <input type="checkbox"/> N	
26	Evidence of spray pesticide use (e.g. cans under sink). This does not include traps, baits or gels. <input type="checkbox"/> Y <input type="checkbox"/> N	
27	Soot on walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
28	Other observations.	

Kitchen -- Testing		Instrument Number	Reading	Comments
29	Carbon monoxide (ppm)			
30	Carbon dioxide (ppm)			
31	Temperature (Fahrenheit)			
32	Humidity (%)			

Kitchen – Roaches

- 19.
- 20. Long-term clutter provides harborage for roaches.
- 21.
- 22.

Kitchen – Miscellaneous

- 23.
- 24.
- 25.
- 26.
- 27.
- 28.

Kitchen - Testing

- 29.
- 30.
- 31.
- 32.

**Urban Mold and Moisture Project
Visual Assessment and Testing**

Study ID	Fam/Bldg ID	Phase

Room Code

Address	Unit	City	Resident	San ID	Date
					/ /

TV/Living Room		Comments	Floor <input type="checkbox"/> BA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1	Floor covering <input type="checkbox"/> Carpet/rug(s) covering at least 50% of floor <input type="checkbox"/> Hard surface		
2	Floor surface not cleanable due to deterioration or damage. <input type="checkbox"/> Y <input type="checkbox"/> N		
3	Level of surface dirt on floor surface: <input type="checkbox"/> Heavily soiled <input type="checkbox"/> Moderately soiled <input type="checkbox"/> Not soiled		
4	Level of food debris on floor surface: <input type="checkbox"/> Much food debris <input type="checkbox"/> Some food debris <input type="checkbox"/> None		

TV/Living Room -- HVAC Appliances		Comments
5	Air cleaner <input type="checkbox"/> Y <input type="checkbox"/> N	
6	Air conditioner <input type="checkbox"/> Y <input type="checkbox"/> N	
7	Humidifier <input type="checkbox"/> Y <input type="checkbox"/> N	
8	Dehumidifier <input type="checkbox"/> Y <input type="checkbox"/> N	
9	Unvented space heater (non-electric only) <input type="checkbox"/> Y <input type="checkbox"/> N	

TV/Living Room -- Moisture		Comments
10	Water damage on walls or ceilings. <input type="checkbox"/> Y <input type="checkbox"/> N	
11	Plumbing leaks (not into drain). Check above stained ceiling tile. <input type="checkbox"/> Y <input type="checkbox"/> N	
12	Condensation on windows or walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
13	No operational ventilation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N	
14	Operational room circulation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N	

TV/Living Room -- Mold		Comments
15	Visible mold on any surfaces (including boxes, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
16	Total visible mold on any surfaces. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	
17	Visible mold on cellulose material (paper, cardboard, wood, carpet, carpet backing). (N/A=no mold in previous question) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
18	Visible mold on cellulose material. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	

Additional Information for Selected Items

TV/Living Room - General

1. Note use of area rugs.
2. A hard surface floor is not cleanable if it is pitted or rough, has missing or uneven tiles or floor boards; a rug or carpet is not cleanable if it is torn or matted.
- 3.
- 4.

TV/Living Room – HVAC Appliances

- 5.
- 6.
- 7.
- 8.
- 9.

TV/Living Room – Moisture

- 10.
11. Check above drop ceilings.
- 12.
- 13.
- 14.

TV/Living Room - Mold

- 15.
- 16.
- 17.
- 18.

**Urban Mold and Moisture Project
Visual Assessment and Testing**

Study ID	Fam/Bldg ID	Phase

Room Code

TV/Living Room -- Roaches		Comments
19	Evidence of roaches (odor, stains, droppings, live or dead roaches observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
20	Considerable long-term clutter (e.g. boxes, piles of clothing, newspapers, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
21	Food and food waste on surfaces and/or open containers. <input type="checkbox"/> Y <input type="checkbox"/> N	

TV/Living Room -- Miscellaneous		Comments
22	Evidence of rodents (odor, droppings, live or dead rodents observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
23	Evidence of pets with fur or feathers. Note type of pet in comments. <input type="checkbox"/> Y <input type="checkbox"/> N	
24	Evidence of smoking. <input type="checkbox"/> Y <input type="checkbox"/> N	
25	Soot on walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
26	Other observations.	

TV/Living Room -- Testing	Instrument Number	Reading	Comments
27	Carbon monoxide (ppm)		
28	Carbon dioxide (ppm)		
29	Temperature (Fahrenheit)		
30	Humidity (%)		

TV/Living Room – Roaches

- 19.
- 20.
- 21.

TV/Living Room – Miscellaneous

- 22.
- 23.
- 24.
- 25.
- 26.

TV/Living Room - Testing

- 27.
- 28.
- 29.
- 30.

Urban Mold and Moisture Project Visual Assessment and Testing

Study ID	Fam/Bldg ID	Phase

Room Code		

Address	Unit	City	Resident	San ID	Date

Bathroom		Comments	Floor <input type="checkbox"/> BA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1	Floor covering <input type="checkbox"/> Carpet/rug(s) covering at least 50% of floor <input type="checkbox"/> Hard surface		
2	Floor surface not cleanable due to deterioration or damage. <input type="checkbox"/> Y <input type="checkbox"/> N		
3	Level of surface dirt on floor surface: <input type="checkbox"/> Heavily soiled <input type="checkbox"/> Moderately soiled <input type="checkbox"/> Not soiled		
4	Level of food debris on floor surface: <input type="checkbox"/> Much food debris <input type="checkbox"/> Some food debris <input type="checkbox"/> None		
5	Unvented space heater (non-electric only) <input type="checkbox"/> Y <input type="checkbox"/> N		

Bathroom -- Moisture		Comments	Floor <input type="checkbox"/> BA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6	Plumbing leaks (not into drain). <input type="checkbox"/> Y <input type="checkbox"/> N		
7	Water damage on walls or ceilings. <input type="checkbox"/> Y <input type="checkbox"/> N		
8	Condensation on windows and walls. <input type="checkbox"/> Y <input type="checkbox"/> N		
9	Water access (inadequate caulking, missing tiles) around tub, shower or sink. <input type="checkbox"/> Y <input type="checkbox"/> N		
10	No operational ventilation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N		
11	Ventilation fan in previous question vents to the interior. (N/A=no fan) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
12	Operational room circulation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N		

Bathroom -- Mold		Comments	Floor <input type="checkbox"/> BA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
13	Visible mold on any surfaces (including boxes, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N		
14	Total visible mold on any surfaces. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A		
15	Visible mold on cellulose material (paper, cardboard, wood, carpet, carpet backing). (N/A=no mold in previous question) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
16	Visible mold on cellulose material. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A		

Additional Information for Selected Items

Bathroom - General

1. Note use of area rugs.
2. A hard surface floor is not cleanable if it is pitted or rough, has missing or uneven tiles or floor boards; a rug or carpet is not cleanable if it is torn or matted.
- 3.
4. Check to make sure it does not vent to an interior space.
- 5.

Bathroom – Moisture

6. Check above drop ceilings.
- 7.
8. Missing, damaged or poorly caulked backsplash allows water to get behind counter top.
- 9.
- 10.
- 11.
- 12.

Bathroom - Mold

- 13.
14. All visible mold.
- 15.
16. Mold on cellulose surfaces only.

**Urban Mold and Moisture Project
Visual Assessment and Testing**

Study ID	Fam/Bldg ID	Phase

Room Code

Bathroom -- Roaches		Comments
17	Evidence of roaches (odor, stains, droppings, live or dead roaches observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
18	Considerable long-term clutter (e.g. boxes, piles of clothing, newspapers, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
19	Food and food waste on surfaces and/or open containers. <input type="checkbox"/> Y <input type="checkbox"/> N	

Bathroom -- Miscellaneous		Comments
20	Evidence of rodents (odor, droppings, live or dead rodents observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
21	Evidence of pets with fur or feathers. Note type of pet in comments. <input type="checkbox"/> Y <input type="checkbox"/> N	
22	Evidence of smoking. <input type="checkbox"/> Y <input type="checkbox"/> N	
23	Soot on walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
24	Other observations.	

Bathroom – Roaches

- 17.
- 18. Long-term clutter provides harborage for roaches.
- 19.

Bathroom – Miscellaneous

- 20.
- 21.
- 22.
- 23.
- 24.

**Urban Mold and Moisture Project
Visual Assessment and Testing**

Study ID	Fam/Bldg ID	Phase

Room Code

Address	Unit	City	Resident	San ID	Date
					/ /

Index Child's Bedroom		Comments	Floor <input type="checkbox"/> BA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1	Floor covering <input type="checkbox"/> Carpet/rug(s) covering at least 50% of floor <input type="checkbox"/> Hard surface		
2	Floor surface not cleanable due to deterioration or damage. <input type="checkbox"/> Y <input type="checkbox"/> N		
3	Level of surface dirt on floor surface: <input type="checkbox"/> Heavily soiled <input type="checkbox"/> Moderately soiled <input type="checkbox"/> Not soiled		
4	Level of food debris on floor surface: <input type="checkbox"/> Much food debris <input type="checkbox"/> Some food debris <input type="checkbox"/> None		

Index Child's Bedroom -- HVAC Appliances		Comments
5	Air cleaner <input type="checkbox"/> Y <input type="checkbox"/> N	
6	Air conditioner <input type="checkbox"/> Y <input type="checkbox"/> N	
7	Humidifier <input type="checkbox"/> Y <input type="checkbox"/> N	
8	Dehumidifier <input type="checkbox"/> Y <input type="checkbox"/> N	
9	Unvented space heater (non-electric only) <input type="checkbox"/> Y <input type="checkbox"/> N	

Index Child's Bedroom -- Moisture		Comments
10	Plumbing leaks (not into drain). Check above stained ceiling tile. <input type="checkbox"/> Y <input type="checkbox"/> N	
11	Water damage on walls or ceilings. <input type="checkbox"/> Y <input type="checkbox"/> N	
12	Condensation on windows or walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
13	No ventilation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N	
14	Operational room circulation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N	

Index Child's Bedroom -- Mold		Comments
15	Visible mold on any surfaces (including boxes, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
16	Total visible mold on any surfaces. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	
17	Visible mold on cellulose material (paper, cardboard, wood, carpet, carpet backing). (N/A=no mold in previous question) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
18	Visible mold on cellulose material. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	

Additional Information for Selected Items

Index Child's Bedroom - General

1. Note use of area rugs.
2. A hard surface floor is not cleanable if it is pitted or rough, has missing or uneven tiles or floor boards; a rug or carpet is not cleanable if it is torn or matted.
- 3.
- 4.

Index Child's Bedroom – HVAC Appliances

- 5.
- 6.
- 7.
- 8.
- 9.

Index Child's Bedroom – Moisture

10. Check above drop ceilings.
- 11.
- 12.
- 13.
- 14.

Index Child's Bedroom - Mold

- 15.
- 16.
- 17.
- 18.

**Urban Mold and Moisture Project
Visual Assessment and Testing**

Study ID	Fam/Bldg ID	Phase

Room Code

Index Child's Bedroom -- Roaches		Comments
19	Evidence of roaches (odor, stains, droppings, live or dead roaches observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
20	Considerable long-term clutter (e.g. boxes, piles of clothing, newspapers, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
21	Food and food waste on surfaces and/or open containers. <input type="checkbox"/> Y <input type="checkbox"/> N	

Index Child's Bedroom -- Miscellaneous		Comments
22	Evidence of rodents (odor, droppings, live or dead rodents observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
23	Evidence of pets with fur or feathers. Note type of pet in comments. <input type="checkbox"/> Y <input type="checkbox"/> N	
24	Evidence of smoking. <input type="checkbox"/> Y <input type="checkbox"/> N	
25	Soot on walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
26	Other observations.	

Index Child's Bedroom -- Testing	Instrument Number	Reading	Comments
27	Carbon monoxide (ppm)		
28	Carbon dioxide (ppm)		
29	Temperature (Fahrenheit)		
30	Humidity (%)		

Index Child's Bedroom – Roaches

- 19.
- 20.
- 21.

Index Child's Bedroom – Miscellaneous

- 22
- 23.
- 24.
- 25.
- 26.

Index Child's Bedroom - Testing

- 27.
- 28.
- 29.
- 30.

Urban Mold and Moisture Project Visual Assessment and Testing

Study ID	Fam/Bldg ID	Phase

Room Code

Address	Unit	City	Resident	San ID	Date
					/ /

Attic			Comments
1	Finished	<input type="checkbox"/> Y <input type="checkbox"/> N	
2	Heated	<input type="checkbox"/> Y <input type="checkbox"/> N	
3	Occupied (i.e. evidence that attic is used for more than storage, like recreation).	<input type="checkbox"/> Y <input type="checkbox"/> N	
4	Bedroom	<input type="checkbox"/> Y <input type="checkbox"/> N	
5	Floor covering <input type="checkbox"/> Carpet/rug(s) covering at least 50% of floor <input type="checkbox"/> Hard surface	<input type="checkbox"/> Y <input type="checkbox"/> N	
6	Unvented space heater (non-electric only)	<input type="checkbox"/> Y <input type="checkbox"/> N	

Attic -- Moisture			Comments
7	Roof leaks	<input type="checkbox"/> Y <input type="checkbox"/> N	
8	Plumbing leaks (not into drain).	<input type="checkbox"/> Y <input type="checkbox"/> N	
9	Water damage on walls or ceilings.	<input type="checkbox"/> Y <input type="checkbox"/> N	
10	Condensation on windows or walls.	<input type="checkbox"/> Y <input type="checkbox"/> N	
11	Attic not vented.	<input type="checkbox"/> Y <input type="checkbox"/> N	
12	If vented, select type: (N/A=not vented) <input type="checkbox"/> Powered <input type="checkbox"/> Passive <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	
13	If vented, select type: (N/A=not vented) <input type="checkbox"/> Roof <input type="checkbox"/> Soffit <input type="checkbox"/> Gable <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	
14	Downstairs bathroom or kitchen fan vents into attic.	<input type="checkbox"/> Y <input type="checkbox"/> N	
15	No ventilation fan present.	<input type="checkbox"/> Y <input type="checkbox"/> N	
16	Operational room circulation fan present.	<input type="checkbox"/> Y <input type="checkbox"/> N	

Additional Information for Selected Items

Attic - General

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Attic - Moisture

- 7.
- 8.
- 9.
- 10.
- 11.
12. If the ceiling between the attic and living space has many openings into the attic, the venting can pull moist air from the interior into the attic. Note how effective the seal between the attic and the living space.
13. Note the size of the vents and if the vents are open.
- 14.
- 15.
- 16.

**Urban Mold and Moisture Project
Visual Assessment and Testing**

Study ID	Fam/Bldg ID	Phase

Room Code

Attic -- Mold		Comments
17	Visible mold on any surfaces (including boxes, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
18	Total visible mold on any surfaces. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	
19	Visible mold on cellulose material (paper, cardboard, wood, carpet, carpet backing). (N/A=no mold in previous question) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
20	Visible mold on cellulose material. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	

Attic -- Roaches		Comments
21	Evidence of roaches (odor, stains, droppings, live or dead roaches observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
22	Considerable long-term clutter (e.g. boxes, piles of clothing, newspapers, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
23	Food and food waste on surfaces and/or open containers. <input type="checkbox"/> Y <input type="checkbox"/> N	

Attic -- Miscellaneous		Comments
24	Evidence of rodents (odor, droppings, live or dead rodents observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
25	Evidence of birds (odor, droppings, live or dead birds observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
26	Soot on walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
27	Other observations.	

Attic – Mold

- 17.
- 18.
- 19.
- 20.

Attic – Roaches

- 21.
- 22.
- 23.

Attic - Miscellaneous

- 24.
- 25.
- 26.
- 27.

**Urban Mold and Moisture Project
Visual Assessment and Testing**

Study ID	Fam/Bldg ID	Phase

Room Code

Address	Unit	City	Resident	San ID	Date
					/ /

Other Room		Comments	Floor <input type="checkbox"/> BA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1	Floor covering <input type="checkbox"/> Carpet/rug(s) covering at least 50% of floor <input type="checkbox"/> Hard surface		
2	Floor surface not cleanable due to deterioration or damage. <input type="checkbox"/> Y <input type="checkbox"/> N		
3	Level of surface dirt on floor surface: <input type="checkbox"/> Heavily soiled <input type="checkbox"/> Moderately soiled <input type="checkbox"/> Not soiled		
4	Level of food debris on floor surface: <input type="checkbox"/> Much food debris <input type="checkbox"/> Some food debris <input type="checkbox"/> None		

Other Room -- HVAC Appliances		Comments
5	Air cleaner <input type="checkbox"/> Y <input type="checkbox"/> N	
6	Air conditioner <input type="checkbox"/> Y <input type="checkbox"/> N	
7	Humidifier <input type="checkbox"/> Y <input type="checkbox"/> N	
8	Dehumidifier <input type="checkbox"/> Y <input type="checkbox"/> N	
9	Unvented space heater (non-electric only) <input type="checkbox"/> Y <input type="checkbox"/> N	

Other Room -- Moisture		Comments
10	Water damage on walls or ceilings. <input type="checkbox"/> Y <input type="checkbox"/> N	
11	Plumbing leaks (not into drain). Check above stained ceiling tile. <input type="checkbox"/> Y <input type="checkbox"/> N	
12	Condensation on windows or walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
13	No operational ventilation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N	
14	Operational room circulation fan present. <input type="checkbox"/> Y <input type="checkbox"/> N	

Other Room -- Mold		Comments
15	Visible mold on any surfaces (including boxes, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
16	Total visible mold on any surfaces. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	
17	Visible mold on cellulose material (paper, cardboard, wood, carpet, carpet backing). (N/A=no mold in previous question) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
18	Visible mold on cellulose material. Note actual sq. ft. in comments. (N/A=no mold) <input type="checkbox"/> < 4 sq. ft. <input type="checkbox"/> 4 - 16 sq. ft. <input type="checkbox"/> 16 - 32 sq. ft. <input type="checkbox"/> > 32 sq. ft. <input type="checkbox"/> N/A	

**Urban Mold and Moisture Project
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Room Code

Other Room -- Roaches		Comments
19	Evidence of roaches (odor, stains, droppings, live or dead roaches observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
20	Considerable long-term clutter (e.g. boxes, piles of clothing, newspapers, etc.). <input type="checkbox"/> Y <input type="checkbox"/> N	
21	Food and food waste on surfaces and/or open containers. <input type="checkbox"/> Y <input type="checkbox"/> N	

Other Room -- Miscellaneous		Comments
22	Evidence of rodents (odor, droppings, live or dead rodents observed). <input type="checkbox"/> Y <input type="checkbox"/> N	
23	Evidence of pets with fur or feathers. Note type of pet in comments. <input type="checkbox"/> Y <input type="checkbox"/> N	
24	Evidence of smoking. <input type="checkbox"/> Y <input type="checkbox"/> N	
25	Soot on walls. <input type="checkbox"/> Y <input type="checkbox"/> N	
26	Other observations.	

Other Room -- Testing	Instrument Number	Reading	Comments
27	Carbon monoxide (ppm)		
28	Carbon dioxide (ppm)		
29	Temperature (Fahrenheit)		
30	Humidity (%)		

Urban Mold and Moisture Project Visual Assessment and Testing

Study ID	Fam/Bldg ID	Phase							Room Code
Address		Unit	City		Resident		San ID	Date	
								/ /	

Room Sketch	Comments
Sketch Type <input type="checkbox"/> Plot plan <input type="checkbox"/> Floor plan <input type="checkbox"/> Kitchen <input type="checkbox"/> TV/LR <input type="checkbox"/> Child's Bedroom	
Floor <input type="checkbox"/> Exterior <input type="checkbox"/> Basement <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Other	
Room Location <input type="checkbox"/> front of house <input type="checkbox"/> middle of house <input type="checkbox"/> rear of house <input type="checkbox"/> N/A	

indicate sampling locations

On plot plan, indicate
North with an arrow.

C

B

D

A

street side

Additional Information for Selected Items

Room Sketch

- ❑ Make the following sketches: plot plan, floor plan for each floor, kitchen, TV/LR, Index Child's BR, other rooms where samples are taken.
- ❑ Plot Plan: in upper right hand corner of sketch, indicate north with an arrow.
- ❑ Show windows and entryways.
- ❑ Rooms: indicate the location in the room where each sample is taken with a letter for sample type: V=vacuum, S=slide, B=bulk, M=moisture meter reading, H=HOBO (temperature/humidity data logger) and the sample number.
- ❑ When making sketch note A=address (street) side of the house and should always be drawn at the bottom of the page. B,C,D follow clockwise from A.

Photos