

- | | |
|---------------------------------|----------------------------------|
| <input type="radio"/> Full | <input type="radio"/> New |
| <input type="radio"/> Complaint | <input type="radio"/> Continuing |
| <input type="radio"/> QC | |

NIOSH Dampness and Mold Assessment Form for Schools

Use one form per room.

Date: _____ **Observer:** _____ **District:** _____ **School:** _____

School Type: _____ **Building Type:** _____ **Wing:** _____ **Floor:** _____

Room Type: Fill in the bubble for the type of room that you are assessing.

- | | | | | | |
|---|-------------------------------------|--|-----------------------------------|---------------------------------------|---|
| <input type="radio"/> Auditorium | <input type="radio"/> Boiler Room | <input type="radio"/> Conference Room | <input type="radio"/> Hallway | <input type="radio"/> Lounge | <input type="radio"/> Pipe Chase/Shaft |
| <input type="radio"/> Bathroom (Male) | <input type="radio"/> Cafeteria | <input type="radio"/> Custodial Closet | <input type="radio"/> Kitchen | <input type="radio"/> Mechanical Room | <input type="radio"/> Stairwell |
| <input type="radio"/> Bathroom (Female) | <input type="radio"/> Classroom | <input type="radio"/> Entrance Area | <input type="radio"/> Library | <input type="radio"/> Music Room | <input type="radio"/> Storage/Closet Area |
| <input type="radio"/> Bathroom (Unisex) | <input type="radio"/> Computer Room | <input type="radio"/> Gym | <input type="radio"/> Locker Room | <input type="radio"/> Office | <input type="radio"/> Other _____ |

Room Number: _____

If there is no room number, enter the number or name (e.g., Library) of the nearest room using the following choices:

Across from _____ Next to _____ Inside of _____ Near _____

MOLD ODOR: *Be sure to smell for mold odor when you first walk into the room/area. Fill in the appropriate bubble/s.*

- NONE MILD MODERATE STRONG Source of MOLD ODOR? _____ Source Unknown

↓ Check (✓) if component is in the room/area.	Component	Check (✓) if nothing found.	DAMAGE or STAINS				VISIBLE MOLD				WET or DAMP				Row Totals	Notes
			0	1	2	3	0	1	2	3	0	1	2	3		
✓	Ceiling		0	1	2	3	0	1	2	3	0	1	2	3		Ceiling Tile - Plaster - Concrete - SheetRock
✓	Walls		0	1	2	3	0	1	2	3	0	1	2	3		Plaster - Concrete - SheetRock - Brick - Block
✓	Floor		0	1	2	3	0	1	2	3	0	1	2	3		Carpet - Wood - Ceramic - Vinyl - Concrete
	Windows		0	1	2	3	0	1	2	3	0	1	2	3		
	Furnishings		0	1	2	3	0	1	2	3	0	1	2	3		
	HVAC systems		0	1	2	3	0	1	2	3	0	1	2	3		
	Supplies & Materials		0	1	2	3	0	1	2	3	0	1	2	3		
	Pipes		0	1	2	3	0	1	2	3	0	1	2	3		
	Other _____		0	1	2	3	0	1	2	3	0	1	2	3		
	Column Totals															
	Column Averages															

Scores: 0=None 1=The size of this form or smaller. 2=Between the size of this form and the size of a standard interior door. 3=Equal to or larger than the size of an interior door.