

**Project Name:**



**DATE OF INSPECTION:**

**Certified Environmental, Inc.  
Mold Inspection Form**

**Project Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **POC:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

1. Description of Structure Being Inspected (e.g. Home, Office Building, School, etc.): \_\_\_\_\_
2. Suspect Cause of the Mold / IAQ Problem: \_\_\_\_\_
3. If Mold / IAQ Problem is Due to a Water Leak, Has it Been Corrected: Yes or No If Yes, Describe How Corrected: \_\_\_\_\_
4. Initial Date of Water Leak / Signs of Water Damage: \_\_\_\_\_ 5. Date Corrected: \_\_\_\_\_
6. Approximate Age of Structure Being Inspected: \_\_\_\_\_ Yrs 7. Total Square Footage of Inspection Area: \_\_\_\_\_ SF
8. Total Number of Floors in Structure: \_\_\_\_\_ Floors 9. Built on Concrete Slab or Basement: \_\_\_\_\_
10. Are occupants currently experiencing any adverse health symptoms: Yes or No If Yes, Circle all that Apply:  
Coughing Sneezing Water Eyes Runny Nose Nose Bleeds  
Nausea Sore Joints/Muscles Loss of Appetite Headaches Memory Loss Fever

- Other health symptoms not listed above: \_\_\_\_\_
- 11a. Describe Visible Signs and Locations of Mold Contamination: Corresponding Sample(s) ID No: \_\_\_\_\_  
a. Location: \_\_\_\_\_ b. Color: \_\_\_\_\_ c. Size of Contamination: \_\_\_\_\_ SF
  - 11b. Describe Visible Signs and Locations of Mold Contamination: Corresponding Sample(s) ID No: \_\_\_\_\_  
a. Location: \_\_\_\_\_ b. Color: \_\_\_\_\_ c. Size of Contamination: \_\_\_\_\_ SF
  - 11c. Describe Visible Signs and Locations of Mold Contamination: Corresponding Sample(s) ID No: \_\_\_\_\_  
a. Location: \_\_\_\_\_ b. Color: \_\_\_\_\_ c. Size of Contamination: \_\_\_\_\_ SF
  - 11d. Describe Visible Signs and Locations of Mold Contamination: Corresponding Sample(s) ID No: \_\_\_\_\_  
a. Location: \_\_\_\_\_ b. Color: \_\_\_\_\_ c. Size of Contamination: \_\_\_\_\_ SF
  12. Other Comments / Concerns Not Identified Above: \_\_\_\_\_

**Map of Floor / Room (Include SF)**

**Form Completed by:** \_\_\_\_\_ / \_\_\_\_\_  
Print or Type Name Signature