

# School Mold Assessment Reporting Tool

## School Buildings Form

Use one form per area being assessed

School/Site: \_\_\_\_\_ Building: \_\_\_\_\_ Date: \_\_\_\_\_

Assessed By: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

**Room/Area Type: Fill in the bubble for the type of room/area you are assessing.**

- |   |  |   |  |                                      |  |                                       |
|---|--|---|--|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Art Room         | <input type="checkbox"/> Boiler Room   | <input type="checkbox"/> Conference Room  | <input type="checkbox"/> Entrance/Atrium | <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Mechanical Room | <input type="checkbox"/> Stairwell    |
| <input type="checkbox"/> Attic            | <input type="checkbox"/> Cafeteria     | <input type="checkbox"/> Copy Room        | <input type="checkbox"/> Gym             | <input type="checkbox"/> Library     | <input type="checkbox"/> Nurse/Medical   | <input type="checkbox"/> Storage Area |
| <input type="checkbox"/> Auditorium/Stage | <input type="checkbox"/> Classroom     | <input type="checkbox"/> Crawlspace       | <input type="checkbox"/> Hallway         | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Office          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bathroom         | <input type="checkbox"/> Computer Room | <input type="checkbox"/> Custodial Closet | <input type="checkbox"/> IT Room         | <input type="checkbox"/> Lounge      | <input type="checkbox"/> Pipe Chase      | _____                                 |

**Mold Odor: Fill in the bubble for mold odor. Be sure to smell for mold odor when you first walk into the room/area.**

none   
  slight   
  moderate   
  strong   
 Mold or dampness source identified: \_\_\_\_\_

**Assessment: For scoring descriptions, see the bottom of the page.**

Present?	Component	Damage or Stains	<3 ft from exterior wall?	Visible Mold	<3 ft from exterior wall?	Wet or Damp	<3 ft from exterior wall?	Component Notes Check the types of material affected	Assessment Notes
<input checked="" type="checkbox"/>	Ceiling							Ceiling Tile    Plaster    Metal Concrete    Sheetrock    Wood	
<input checked="" type="checkbox"/>	Walls							Plaster    Brick    Block    Wood Tile    Sheetrock    Concrete	
<input checked="" type="checkbox"/>	Floor							Wood    Carpet    Vinyl Ceramic    Concrete	
	Windows							Exterior    Interior Skylight	
	Furnishings							Furniture    Mechanical    Sink Toilet    Closet/Locker	
	HVAC Systems							Radiator    Forced-air    Fan Unit ventilator    Window unit	
	Supplies/Materials							Books    Boxes    Equipment	
	Pipes							Plumbing    Gas	

Notes/Plan: \_\_\_\_\_

**Scoring:**    Slight: < or = the size of a sheet of paper    Moderate: > than a sheet of paper but < a standard door    Severe: > than a standard door