

School Mold Assessment Reporting Tool - Classroom Evaluation

School: _____ Classroom: _____

Teacher: _____ Date: _____

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

Mild

Moderate

Strong Additional information (odor characteristics or potential source):

Describe any health complaints related to indoor air quality:

Room 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 Spots	<3 ft from exterior wall?	Assessment Notes Describe damaged areas. Is the damage new? Has damage spread since the last assessment?
✓	Ceiling							
✓	Walls							
✓	Floor							
	Windows							
	Furnishings							
	Supplies/ Materials							

Additional Notes:

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