

INDOOR AIR QUALITY – RESIDENTIAL CHECKLIST

Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ PH# \_\_\_\_\_

C# \_\_\_\_\_ Email \_\_\_\_\_

Property type: (single family, multi-family, commercial, offices) Do you rent this property? Y/N \_\_\_\_\_

Describe building site (level, hillside, wooded) \_\_\_\_\_

Type of Foundation (slab, crawlspace, basement) \_\_\_\_\_

Type of Construction (framed, block, log, straw bale) \_\_\_\_\_ Year built \_\_\_\_\_

Type of Roof (shingle, metal, wood, membrane) \_\_\_\_\_ Flat roof ? Y /N \_\_\_\_\_

Occupancy (full time, seasonal, short term rental) \_\_\_\_\_

Is the property left unoccupied at times? Y/N \_\_\_\_\_ How long / often ? \_\_\_\_\_

Any history of room additions / structural changes / major repairs? Y / N \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

Any history of water events, Roof leaks, plumbing leaks, back up of drains, poor drainage / landscaping Y/N \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Any visible mold / staining noted - where \_\_\_\_\_

Any musty/damp/foul odors noted - where \_\_\_\_\_

Any indoor pets: List \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Primary floor coverings (carpet, wood, tile, vinyl) \_\_\_\_\_

What type of heat (forced air, radiant, baseboard) \_\_\_\_\_ A/C? Y / N \_\_\_\_\_

Are there any occupant health issues? Y/N \_\_\_\_\_ If yes, please discuss \_\_\_\_\_

Are there any **disputes** between parties? Y/N \_\_\_\_\_ If yes, please explain \_\_\_\_\_

What is the primary reason the requested assessment? .. X to all that apply.

\_\_\_ Personal assurances \_\_\_ 2<sup>nd</sup> Opinion \_\_\_ Real Estate transaction

\_\_\_ MD/Rx related \_\_\_ Tenant / Landlord / HOA Dispute

\_\_\_ Public health/Work place safety \_\_\_ Legal support

