



Client Name _____

Appt. Date _____

Outside Inspection:

Roof _____

Gutters _____

Siding _____

Foundation _____

Windows _____

Doors _____

Drainage / Landscaping _____

Visible Water Intrusion _____

Visible Damage _____

Visible Pest / Insect Activity _____

Garage _____

Visible Mold _____

Visible Water Intrusion _____

Visible Damage _____

Visible Pest / Insect Activity _____

Insulation _____

Ventilation _____

Intrusion _____

General Condition / Comments _____

Inside House:

Sq. Ft. of living space _____ Year Built _____ Years lived in _____ Bedrooms _____

How many occupants? Adult's _____ Ages _____ Children _____ Ages _____

Pet's _____ Type(s) _____

Does anyone smoke? Who / Where _____

Anyone chemically or environmentally sensitive? Who / What _____

Family Health Issues, Who and How Long?:

Asthma _____ Coughing _____

Headaches _____ Allergies _____

Itchy watery eyes _____ Nausea / Intestinal Issues _____

Recurring flu or cold symptoms _____ Sinusitis _____

Fatigue _____ Dizziness _____

Sleep Disorder _____ Skin Issues _____

Other(s) _____

Feel different outdoors vs. indoors? _____ Who / Where _____

Do you use bottled water or water filtration? _____ Type(s) _____

Do you use an air filtration system? _____ Type(s) _____

Anyone on Medication(s) _____

Do you use bottled water or water filtration? _____ Type(s) _____

Do you use an air filtration system? _____ Type(s) _____

Locations _____

Do you use any Dehumidification? _____ Type (s) _____

Locations _____

VOC reduction devices? _____ Type _____

Locations _____

Fresh Air Intake? _____ Type _____

Locations _____

Stove exhaust to outdoors? _____ Wood burning devices? _____ Gas Stove? _____

Burn candles or incense? _____ Gas Appliances? _____ Air Fresheners? _____

Is dust a problem? _____

Recent Home Improvements _____

Recent Cleaning Services _____

HVAC:

How many HVAC systems? _____ Thermostats? _____ Zoned Thermostats? _____

Unit Location _____ Age _____ Tonnage _____

Type _____ Filter _____ Ret. Plenum Mat. _____ Supply Plenum Mat. _____

Plenum Insulation; Return _____ Supply _____ Condition _____

Duct Type; Return _____ Supply _____ Duct Insulation? _____

Duct Condition _____

Unit Location _____ Age _____ Tonnage _____

Type _____ Filter _____ Ret. Plenum Mat. _____ Supply Plenum Mat. _____

Plenum Insulation; Return _____ Supply _____ Condition _____

Duct Type; Return _____ Supply _____ Duct Insulation _____

Duct Condition _____

Unit Location _____ Age _____ Tonnage _____
Type _____ Filter _____ Ret. Plenum Mat. _____ Supply Plenum Mat. _____
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Unit Location _____ Age _____ Tonnage _____
Type _____ Filter _____ Ret. Plenum Mat. _____ Supply Plenum Mat. _____
Plenum Insulation; Return _____ Supply _____ Condition _____
Duct Type; Return _____ Supply _____ Duct Insulation _____
Duct Condition _____

How Many Bathrooms? _____ Exhaust Fan? Bth 1 _____ Bth 2 _____ Bth 3 _____ Bth 4 _____

Dollar Bill Test Pass? Bth 1 _____ Bth 2 _____ Bth 3 _____ Bth 4 _____

Basement _____

Visible Mold _____

Visible Water Intrusion _____

Visible Damage _____

Visible Pest / Insect Activity _____

Insulation _____

Vapor Barrier _____

Ventilation _____

Intrusion _____

General Condition / Comments _____

Crawl Space _____

Visible Mold _____

Visible Water Intrusion _____

Visible Damage _____

Visible Pest / Insect Activity _____

Insulation _____

Vapor Barrier _____

Ventilation _____

Intrusion _____

General Condition / Comments _____

Attic _____

Attic Access Pull Down Stairs _____

Visible Mold _____

Visible Water Intrusion _____

Visible Damage _____

Visible Pest / Insect Activity _____

Insulation _____

Vapor Barrier _____

Ventilation _____

Intrusion _____

General Condition / Comments _____

Water:

Water Heater _____

Water Filtration _____

Laundry Room / Area _____

Dryer Vent _____

Plumbing _____

Water Main _____

Safety:

Smoke Detectors _____

CO Detector's _____

Fire Extinguisher(s) _____

Other _____

Monitor # _____ Monitor location _____ plugged in Phone Line _____

Monitor # _____ Monitor location _____ plugged in Phone Line _____

Monitor # _____ Monitor location _____ plugged in Phone Line _____

Monitor # _____ Monitor location _____ plugged in Phone Line _____