

NIOSH PILOT **Mold & Dampness Assessment Sheet - DRAFT**

Date: _____ **Observer:** _____ **Building:** _____ **Wing:** _____

Floor: _____ **Room Number:** _____ **Room Type:** *Check one of the following room types.*

- Classroom
 Office
 Hallway
 Conference room
 Bathroom
 Custodial closet
 Mechanical room
 Storage
 Library
 Cafeteria
 Gym
 Auditorium
 Kitchen
 Locker room
 Entrance area
OTHER _____

Circle the numbers for each column and row.

NA Mark "X"	★MOLD ODOR 0=NONE 1=MILD 2=MOD 3=HEAVY	DAMAGE or STAINS 0=NONE 1=<2ft ² 2=2-33ft ² 3=>33ft ²	MOLD AREA 0=NONE 1=<2ft ² 2=2-33ft ² 3=>33ft ²	MOLD DENSITY 0=NONE 1=MILD 2=MOD 3=HEAVY	WET or DAMP 0=NONE 1=<2ft ² 2=2-33ft ² 3=>33ft ²
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NOTES

	NA	★MOLD ODOR	DAMAGE or STAINS	MOLD AREA	MOLD DENSITY	WET or DAMP	NOTES
Ceiling		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Walls		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Windows		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Floors		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
HVAC units		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Pipes		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Furnishings		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Supplies & Materials		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Hallway		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Other		0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	

NOTES

★Be sure to smell mold odor when you first walk into a room. Make note for other odors.