

# MOLD & INDOOR AIR QUALITY INSPECTION CHECKLIST

## GENERAL INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

### Visual Signs of Mold

- Yes  No — Visible mold growth or spores on surfaces
- Yes  No — Water stains or discoloration on walls/ceilings
- Yes  No — Peeling paint or wallpaper indicating moisture
- Yes  No — Condensation on windows or cold surfaces

### Moisture & Ventilation

- Yes  No — Relative humidity levels are within safe range
- Yes  No — Exhaust fans in bathrooms and kitchens work
- Yes  No — HVAC filters are clean and properly installed
- Yes  No — No standing water in basement or crawlspace

### Structural Integrity

- Yes  No — Roof and gutters are free from leaks or blockage
- Yes  No — Windows and doors are sealed against drafts

Yes  No — Plumbing pipes are free from active leaks

Yes  No — Attic and crawlspace vents are unobstructed

### Odor & Health Indicators

Yes  No — No persistent musty or earthy odors present

Yes  No — Carbon monoxide detectors are operational

Yes  No — No chemical or volatile organic compound smells

Yes  No — Air purifiers are functioning if applicable

### FINAL NOTES

Inspector Comments:

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Inspector Name: \_\_\_\_\_

Inspector Email: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

I confirm this inspection was completed accurately