Building Type: SFD Multi-Family Condo Floor: Occupant Name: Occupant Phone Number: Email: Room Type: Fill in the bubble for the type of room you are assessing. Bathroom Hallway Storage/Closet Area Garage Garage Bedroom Garage Garage	Date:		Inspector:			Address:		
Room Type: Fill in the bubble for the type of room you are assessing. Bathroom	Building '	Type: SFD□	Multi-Fam	ily□ Coı	ndo□	Floo	r:	
Bathroom	Occupant Name:		Occupant Phone Number:		Email:			
□ Entrance Area □ Kitchen □ Garage □ Office □ Stairwell □ Bedroom □ Family/Living Room □ Dining Area □ Other: Was the "Mold & Moisture in my Home" Document Provided to Occupant? Yes □ No □ MOLD ODOR: Be sure to smell for mold odor when you first walk into the room/area. Fill in the appropriate bubble/s. □ NONE □ MILD □ ② MODERATE □ STRONG Source of MOLD ODOR? □ O Source Unknown m/Area Mold? Damage/Stains Visible Mold Wet or Damp Notes ling □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Room Ty	y pe : Fill in the	bubble for the type	of room you are	assessing.			
Office Stairwell Bedroom Other:	□ В	Bathroom		□ Hallway			Storage/Closet Area	
□ Family/Living Room □ Dining Area □ Other: Was the "Mold & Moisture in my Home" Document Provided to Occupant? Yes □ No □ MOLD ODOR: Be sure to smell for mold odor when you first walk into the room/area. Fill in the appropriate bubble/s. □ NONE □ MILD □ MODERATE □ STRONG Source of MOLD ODOR? □ O Source Unknown m/Area Mold? Damage/Stains Visible Mold Wet or Damp Notes ling □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	\Box E	Entrance Area		□ Kitchen			Garage	
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