

MOISTURE AND HOME ASSESSMENT

Client Name:

Agency:

Address:

Contact:

The purpose of the Indiana Weatherization Assistance Program is to increase the energy efficiency of homes occupied by low income households and to improve the health and safety of both the building and its occupants. This health assessment is part of the overall building analysis and documents any existing health or safety issues before weatherization can begin. Items noted on this form have been identified as potential concerns that must be resolved before or during weatherization.

MOISTURE		Date addressed:	NOTES:	
	Damp atmosphere in house			
	Client complaint of allergy-like symptoms			
	Visible mold-like growth (Fill out sq. ft below)			
	Evidence of water penetrating the home (stains, moist areas)			
	Evidence of conditions that might allow water in the home (poor grading, bad flashing, bad /missing gutters)			
	Construction defect/deterioration that allows water into the home (roof, decks, windows concrete slabs, lack of vapor barrier)			
	Plumbing defects (leaking drains, pipes or toilet seals, missing caulk on sinks or tubs)			
	HVAC problems (dirty, moist filters, poor condensation drainage)			
	Dryer vented indoors, inadequate ventilation for a kitchen, bath or other high moisture area			
	Any source of condensation			
MOLD-LIKE SUBSTANCE AREAS		RELATIVE HUMIDITY	Audit	Final
More than 10 sq. Ft. requires remediation before weatherization can continue.		All areas were available to be inspected.	Date of test:	
			Indoor Humidity %:	
Sq. FT			Crawlspace Humidity %:	
Primary Bath			Indoor Air Temperature:	
Second Bath			Outdoor Humidity %:	
Kitchen			Outdoor Temperature:	
Laundry Area				
Basement Walls			Note: Crawl space access and the ability to install a vapor barrier.	
Basement Shower Stall				
Crawlspace			Notes:	
Exterior Walls				
Attic / Ceilings				
(Other)				

HAZARDS			
* Written material(s) must be provided to client: Per WPN 22-7. Have client initial, or document with the deferral letter.		Initials	Date Addressed
Electric Hazards			
Combustion Gases			
Code Compliance			
Insect pests *			
VOCs*			
Animal feces/carcasses *			
Raw sewage*			
Possible Asbestos*			
Excessive clutter			
Other Hazards			
Notes:			

Deferral	The above conditions need to be addressed before weatherization can continue. Agency Representative: _____ Date: _____
Continue	The above conditions have been addressed with the date noted or there are no noted hazards and weatherization may continue: Agency Representative: _____ Date: _____

SIGN HERE

Client Signature: _____ Date: _____

Crew Lead	The current conditions of the home poses no hazards unless noted below. Crew Leader: _____ Date: _____
NOTE:	
QCI	I have noted the current moisture in the home, and any hazards I found at the final inspection. Quality Control Inspector: _____ Date: _____
NOTE:	