



# HOME IAQ INSPECTION

Customer Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Air monitor report attached?  YES  NO

Outdoor Temp: \_\_\_\_\_ Indoor Temp: \_\_\_\_\_ Indoor Humidity: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Number of occupants: \_\_\_\_\_ Adults / Children \_\_\_/\_\_\_

Hobbies using VOCs  YES  NO

Cleaning supplies or other VOCs stored in the space?  YES  NO

Carbon monoxide detectors installed?  YES  NO

Any visible signs of moisture around windows?  YES  NO

Any visible signs of moisture around registers or grilles?  YES  NO

Any specific areas that are less comfortable?  YES  NO

Any unusual odors observed?  YES  NO

Anyone with asthma, allergies or immunocompromised?  YES  NO

Any comfort complaints? Dry skin, bloody noses, static  YES  NO

Pets  YES  NO Smoking  YES  NO

### ADDITIONAL NOTES:

## MAIN LIVING SPACE

Kitchen exhaust fans vented to the outside?  YES  NO

Fireplace  Gas  Wood  None

Bath exhaust fans vented outside?  YES  NO

Flooring  Carpet  Wood  Tile

Indoor plants?  YES  NO

Room air purifiers being used?  YES  NO

## BASEMENT OR CRAWLSPACE

Visible signs of moisture?  YES  NO

Source: \_\_\_\_\_

Open chemical storage?  YES  NO

Notes: \_\_\_\_\_

Tested for radon?  YES  NO

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

Visible signs of pests or rodents?  YES  NO

Signs: \_\_\_\_\_

## ATTIC

Visible signs of roof or plumbing leaks?  YES  NO

Notes: \_\_\_\_\_

Visible signs of pests or rodents?  YES  NO

Signs: \_\_\_\_\_

Condition of exhaust duct?  Good  Fair  Poor

Bath exhaust fans vented properly?  YES  NO

## MECHANICAL SYSTEM

Forced air system or Boiler (circle one)

Proper operation verified?  YES  NO

Ductless split systems?  YES  NO

Total Static pressure: \_\_\_\_\_

Date of last maintenance: \_\_\_\_\_

## AIR FILTRATION

Type: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Quantity: \_\_\_\_\_  
MERV Rating: \_\_\_\_\_ Last Service: \_\_\_\_\_ Is there room for a media air cleaner?  YES  NO  
HEPA installed?  YES  NO Maintenance Date: \_\_\_\_\_ Operating Properly?  YES  NO

## HUMIDITY CONTROL

Humidifier installed?  YES  NO Maintenance Date: \_\_\_\_\_ Operating Properly?  YES  NO  
Dehumidifier installed?  YES  NO Maintenance Date: \_\_\_\_\_ Operating Properly?  YES  NO

## AIR CONTROL

ERV or HRV installed?  YES  NO Maintenance Date: \_\_\_\_\_ Operating Properly?  YES  NO  
Air purifier installed?  YES  NO Maintenance Date: \_\_\_\_\_ Operating Properly?  YES  NO  
Germicidal UV Lamp installed?  YES  NO Maintenance Date: \_\_\_\_\_ Operating Properly?  YES  NO

## SOURCES OF INDOOR AIR POLLUTION



 Mold, mildew, odors & other microbial pathogens

 Cooking devices, cleaning products, fuel oil & smoke

 VOC's from perfumes, hairspray, nail polish, upholstery, furniture & carpet

 Animal hair, dust, dander, tobacco smoke, VOC's from paint, varnishes, upholstery, carpet & furniture

 VOC's from cleaning products, mold, mildew, & odors

 Incapable of removing pathogens, VOC's & odors, and circulates without ventilating rooms

 Particulates, pathogens, VOC's, odors and emissions

## REPORT SUMMARY

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## RECOMMENDATIONS

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