

## MOISTURE AND HOME ASSESSMENT

Client Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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

The purpose of the Indiana Weatherization Assistance Program is to increase the energy efficiency of dwellings occupied by low-income persons and improve the health and safety of the building and its occupants. This health assessment is part of an overall building analyses and documents existing health issues before weatherization can be performed. Items noted on this form have been identified as potential issues in your home that must be addressed by the property owner before work can begin on the dwelling

MOISTURE		Date addressed:	NOTES:
<input type="checkbox"/>	Damp atmosphere in house		
<input type="checkbox"/>	Client complaint of allergy-like symptoms		
<input type="checkbox"/>	Visible mold-like growth (Fill out sq. ft below)		
<input type="checkbox"/>	Evidence of water penetrating the home (stains, moist areas)		
<input type="checkbox"/>	Evidence of conditions that might allow water in the home (poor grading, bad flashing, bad /missing gutters)		
<input type="checkbox"/>	Actual construction defect/deterioration that allows water into the home (roof, decks, windows concrete slabs, lack of vapor barrier)		
<input type="checkbox"/>	Plumbing defects (leaking drains, pipes or toilet seals, missing caulk on sinks or tubs)		
<input type="checkbox"/>	HVAC problems (dirty, moist filters, poor condensation drainage)		
<input type="checkbox"/>	Dryer vented indoors, inadequate ventilation for a kitchen, bath or other high moisture area		
<input type="checkbox"/>	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			Indoor Air Temperature:		
Primary Bath			Outdoor Humidity %:		
Second Bath			Outdoor Temperature:		
Kitchen			Notes:		
Laundry Area					
Basement Walls					
Basement Shower Stall					
Crawlspace					
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			
Structural*			
Insect pests *			
VOCs*			
Animal feces/carcasses *			
Raw sewage*			
Possible Asbestos*			
Unvented Space heater			
Excessive clutter			
Other Hazards			

Some weatherization materials and activities have the potential to create or exacerbate clients' health problems. Especially pulmonary issues. Possible irritants include dust, VOCs from foam and allergies or sensitivities to installed measures.

Per WPN 22-7 When a person's health may be at risk and/or WAP work activities could constitute an H&S hazard, the occupant will be required to take appropriate action based on severity of risk. Failure or the inability to take appropriate actions must result in deferral.

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

SIGN HERE

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BT	<p>The current conditions of the home pose no hazards unless noted below.</p> <p>Certified Building Technician: _____ Date: _____</p>
NOTES	

QCI	<p>I have noted the current moisture in the home, and any hazards I found at the final inspection.</p> <p>Quality Control Inspector: _____ Date: _____</p>
NOTES	