Health & Safety Assessment Findings Iowa Weatherization Program

Client Name:		File Number:	
Address:		City, Zip:	
Phone Number:		Rent Own	
1. Moisture Areas			
Existing conditions (check all that apply) Damp atmosphere in house Client complaint of allergy-like Visible mold growth (if "Yes", go Evidence of water penetrating Evidence of conditions that m	to to #2) If the home (stains, moist areas) If the home (stains, moist areas) If the home deterioration that allows wate If pipes or toilet seats, missing caulk of the seats, poor condensation drainage)	r into the home <i>(roof, de</i> on sinks or tubs)	ecks, windows, concrete slabs, lack of vapor
2. Mold Areas			
Checklist Bath (location) Shower (location) Kitchen Laundry area Basement walls Crawlspace Exterior walls Attic/Ceilings Other (specify)	Existing Sq. Ft. of Mold Area	Cleanup to be Done by Client/Landlord	
Weatherization v	work cannot be done until the	mold in the areas chec	under the Existing Mold column. cked under the Cleanup column has
Any item checke the agency or w		but not requiring clien weatherization work a	t cleanup will either be cleaned by nd therefore, does not need to be
No visible evidence of existing	mold was found.		·
Additional Comments:			
By signing below, I acknowledge that I weatherization work being done. If any it cleaned up and then contact the age	mold has to be cleaned up b	efore weatherization w	
Client Signature:			Date:
Agency Representative:	Phoi	ne #:	Date: