



# Mold Assessment and Release Form

Agency: BVCAP    CAPLSC    CAPMN    CNCAP    NENCAP    NWCAP    SENCA

Client Name: \_\_\_\_\_ Job Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## MOLD HEALTH AND SAFETY ASSESSMENT

Mold can be a problem in any dwelling, especially in those where an excessive amount of moisture and humidity are present. Dwellings containing several people, pets, plants or fish aquariums tend to have higher moisture and humidity issues where conditions may exist for mold to grow.

The Weatherization Program's Health & Safety assessment of your home includes a visual check for mold. This is not a mold inspection, the person making the assessment is not a mold inspector, the testing of specific molds is beyond the scope of the program and the Weatherization program is not liable for mold that was found during the inspection.

During the assessment the inspector indicated mold growing in the following areas of your home:

DWELLING AREAS	MOLD IS:	
Living/Bedroom	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Bathroom Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Laundry Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Combustion Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Crawl Space Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Attic Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Basement Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Other Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present

Specific Area Description: \_\_\_\_\_

Moldy or musty odors are also an indicator of hidden mold growth:

Moldy or musty odors are:     Present     Not present

## SIGNATURES

### Agency Employee's Signature

**Sign Here** \_\_\_\_\_ Agency Employee's Signature    \_\_\_\_\_ Date

### The client must sign one of the following disclaimers:

**Mold/Moisture Disclaimer:** By signing below I acknowledge that I have received information concerning moisture and mold conditions in my home prior to any Weatherization work being completed and I will take steps to reduce excessive moisture. I agree to hold the Weatherization program harmless for any future moisture or mold problems that are not associated with the Weatherization work.

**Sign Here** \_\_\_\_\_ Client Signature    \_\_\_\_\_ Date

**Deferral Disclaimer:** By signing below I acknowledge that I have been notified there is existing mold in the home prior to any Weatherization work being completed. I have further been advised that remediating mold is outside of the scope of the Weatherization program and that the work must be deferred until the mold and/or moisture problem is remedied.

**Sign Here** \_\_\_\_\_ Client Signature    \_\_\_\_\_ Date

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