ENERGY OFFICE
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State of Nebraska Weatherization Assistance Program

Mold Assessment and Release Form

FORM
WX5

Agency

☐BVCAP ☐CAPLSC ☐CAPMN ☐CAPWN ☐CNCS ☐NENCAP ☐NWCAP ☐SENCA ☐WxT

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	☐ visibly present	☐ not visibly present
Bathroom Areas	☐ visibly present	☐ not visibly present
Laundry Areas	☐ visibly present	☐ not visibly present
Combustion Areas	☐ visibly present	☐ not visibly present
Crawl Space Areas	☐ visibly present	☐ not visibly present
Attic Areas	☐ visibly present	☐ not visibly present
Basement Areas	☐ visibly present	☐ not visibly present
Other Areas	☐ visibly present	☐ 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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