

Indoor Air Quality Inspection Checklist

Inspection Details

Date:

Inspector Name:

Location/Area:

Checklist

Item	Yes	No	N/A	Comments
Ventilation systems operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Heating/cooling units are clean and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
No visible mold or water damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Humidity within acceptable range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
No chemical odors present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Air filters are clean and replaced as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
No evidence of pests or animals indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Observations

Recommended Actions

