

Indoor Air Quality Audit Checklist

General Information

Facility Name	
Location	
Date	
Auditor	

Ventilation Systems

Item	Yes	No	Comments
HVAC systems working properly	<input type="checkbox"/>	<input type="checkbox"/>	
Air filters clean and regularly replaced	<input type="checkbox"/>	<input type="checkbox"/>	
Air supply vents unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	

Sources of Contaminants

Item	Yes	No	Comments
No visible mold or mildew	<input type="checkbox"/>	<input type="checkbox"/>	
No strong odors or chemical smells	<input type="checkbox"/>	<input type="checkbox"/>	
No evidence of pests (rodents/insects)	<input type="checkbox"/>	<input type="checkbox"/>	

Humidity & Moisture

Item	Yes	No	Comments
Indoor humidity levels are within recommended range	<input type="checkbox"/>	<input type="checkbox"/>	
No signs of water leaks or damage	<input type="checkbox"/>	<input type="checkbox"/>	

Occupant Feedback

Area	Comments/Concerns

Action Items / Notes

Item/Issue	Recommended Action	Responsible	Due Date