

# Mold Contamination Inspection Checklist

Date:

Inspector Name:

Location / Address:

## General Inspection

Item	Check	Notes
Visible mold present	<input type="checkbox"/>	<input type="text"/>
Musty odors detected	<input type="checkbox"/>	<input type="text"/>
Damaged or stained walls/ceilings	<input type="checkbox"/>	<input type="text"/>
Leaking pipes/plumbing	<input type="checkbox"/>	<input type="text"/>
Excess moisture or humidity	<input type="checkbox"/>	<input type="text"/>
Poor ventilation	<input type="checkbox"/>	<input type="text"/>

## Affected Areas

Area	Mold Observed	Notes
Basement/Crawlspace	<input type="checkbox"/>	<input type="text"/>
Kitchen	<input type="checkbox"/>	<input type="text"/>

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Bathroom(s)

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Attic

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HVAC/ductwork

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Other (specify):

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### Additional Observations

### Recommendations

Inspector Signature:

Date: