

Indoor Air Quality ESA Screening Form

General Information

Date

Site Name

Location

Assessor Name

Contact

Building Information

Building Type

Approximate Age

Number of Occupants

HVAC System Present?

Observations

Any noticeable odors?

If yes, describe

Visible mold or moisture?

If yes, describe

Other concerns or observations

Complaints

Any occupant complaints?

If yes, describe

Summary/Recommendations