

# 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