

Indoor Air Pollution Source Inspection Checklist

Location:

Inspected by:

Date:

Combustion Sources

Source	Present	Concern Noted	Comments
Stoves/ovens (gas, wood, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplaces	<input type="checkbox"/>	<input type="checkbox"/>	
Portable heaters	<input type="checkbox"/>	<input type="checkbox"/>	
Tobacco smoke	<input type="checkbox"/>	<input type="checkbox"/>	

Building Materials & Furnishings

Source	Present	Concern Noted	Comments
New Paint, varnish, finishes	<input type="checkbox"/>	<input type="checkbox"/>	
Carpet (new or damp)	<input type="checkbox"/>	<input type="checkbox"/>	
Pressed wood products	<input type="checkbox"/>	<input type="checkbox"/>	

Moisture & Biological Growth

Source	Present	Concern Noted	Comments
Mold or mildew	<input type="checkbox"/>	<input type="checkbox"/>	
Standing water/dampness	<input type="checkbox"/>	<input type="checkbox"/>	
Leaky plumbing	<input type="checkbox"/>	<input type="checkbox"/>	

Cleaning & Personal Care Products

Source	Present	Concern Noted	Comments
Cleaning products	<input type="checkbox"/>	<input type="checkbox"/>	
Air fresheners	<input type="checkbox"/>	<input type="checkbox"/>	

Pesticides/insecticides	<input type="checkbox"/>	<input type="checkbox"/>	
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Other Sources

Source	Present	Concern Noted	Comments
Attached garage fumes	<input type="checkbox"/>	<input type="checkbox"/>	
Stored chemicals/paints	<input type="checkbox"/>	<input type="checkbox"/>	
Hobby/DIY supplies	<input type="checkbox"/>	<input type="checkbox"/>	

Notes / Recommendations

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