

MOISTURE ASSESSMENT FINDINGS  
INDIANA WEATHERIZATION PROGRAM

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

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The purpose of the Indiana Weatherization Assistance Program is to increase the energy efficiency of dwellings owned or occupied by low-income persons, reduce their total residential expenditures, and improve the health and safety of the building and its occupants. This moisture assessment, as part of overall building analyses, documents existing moisture issues before weatherization was performed and identifies issues that must be addressed by the property owner before work can begin on the dwelling.

Items checked on this form have been identified as potential issues in your home.

**1. MOISTURE AREAS**

Existing conditions (check all that apply)

- Damp atmosphere in house
- Client complaint of allergy-like symptoms
- Visible mold growth (if yes - go to #2)
- Evidence of water penetrating the home (stains, moist areas)
- Evidence of conditions that might allow water in the home (poor grading, bad flashing, bad/missing gutters)
- Actual construction defect or deterioration that allows water into the home (roof, decks, windows concrete slabs, lack of vapor barrier)
- Plumbing defects (leaking drains, pipes or toilet seals, missing caulk on sinks or tubs)
- HVAC problems (dirty, moist filters, poor condensation drainage)
- Dryer vented indoors, inadequate ventilation for a kitchen, bath or other high moisture area
- Any source of condensation

**2. MOLD/MILDEW AREAS**

	Existing Mold/ Mildew	Sq Ft of area	NOTES
<input type="checkbox"/> Primary bath	_____	_____	
<input type="checkbox"/> Second bath	_____	_____	
<input type="checkbox"/> Kitchen	_____	_____	
<input type="checkbox"/> Laundry area	_____	_____	
<input type="checkbox"/> Basement walls	_____	_____	
<input type="checkbox"/> Basement shower stall	_____	_____	
<input type="checkbox"/> Crawlspace	_____	_____	
<input type="checkbox"/> Exterior walls	_____	_____	
<input type="checkbox"/> Attic/Ceilings	_____	_____	
<input type="checkbox"/> Other _____	_____	_____	

**3. UNSANITARY CONDITIONS** (may cause odors, viruses or bacteria in house)

	NOTES
<input type="checkbox"/> Insect pests in work area	
<input type="checkbox"/> Excessive animal feces/carcasses in work area	
<input type="checkbox"/> Excessive bird/bat feces/carcasses in attic	
<input type="checkbox"/> Raw sewage in house/basement/crawlspace	

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

These are the existing conditions as of the date below. Weatherization will / will not be able to proceed due to items identified on this form.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Agency Phone Number

\_\_\_\_\_  
Date

The moisture assessment findings completed by the Building Analyst on \_\_\_\_\_ do / do not reflect current moisture issues found in the dwelling on \_\_\_\_\_. Any changes to the original assessment have been noted and initialed by the appropriate Building Technician.

\_\_\_\_\_  
Certified Building Technician

\_\_\_\_\_  
Date