

HOME ENERGY CONSERVATION PROGRAM MOISTURE ASSESSMENT FINDINGS

Client Name: _____ Client/Job Application ID: _____
 Address: _____ Auditor Name: _____
 County: _____ Date: _____

The purpose of the Indiana Home Energy Conservation 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 energy conservation 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 home (poor grading, bad flashing, bad/missing gutters)
- Actual construction defect or deterioration that allows water in home (roof, decks, windows, concrete slabs, 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 of area	Sq Ft	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. Energy conservation will / will not be able to proceed due to items identified on this form.

Client Signature _____ Date _____

Auditor Signature _____ 1-317-634-5079 SEND Phone Number _____ Date _____

The moisture assessment findings completed by the Auditor 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 _____.

IBA Representative Signature _____ Date _____