



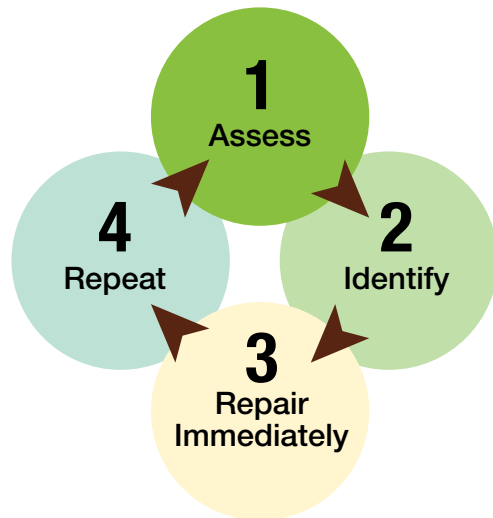
Dampness and Mold Assessment Tool Instructions

Research has found that people who spend time in damp buildings are more likely to report respiratory health problems. Indoor dampness:

- Allows mold to grow and multiply on building materials and surfaces.
- Attracts cockroaches, rodents, and dust mites.
- Can cause water-damaged building materials to release volatile organic compounds.

All these conditions can cause or worsen health problems. Researchers have not established how much exposure to damp indoor conditions it takes to cause health problems. Studies suggest that finding and correcting sources of dampness is a more effective way to prevent health problems than counting indoor microbes.

The Dampness and Mold Assessment Tool can help assess areas of dampness in buildings and prioritize remediation of problem areas.



Assessment Cycle

Performing assessments for areas of dampness or mold should be done in a 4-step cycle:

1. Use the Dampness and Mold Assessment Tool to assess all rooms and areas of your building(s).
2. Determine sources of dampness or mold identified from your assessments.
3. Facilities staff or trained professionals should repair all identified sources of dampness and mold and remediate areas following [proper guidelines](#).
4. Schedule regular building assessments to prevent new or worsening problems and repeat the assessment cycle.

NOTICE TO USERS

Building assessments using the Dampness and Mold Assessment Tool will likely be done in areas that may pose health problems for some people. Use caution if you have asthma, allergies, or are having current respiratory health symptoms.



General Buildings Form

Use one form per area being assessed.

Instructions

For General Buildings Form Only [\(Skip to Page 3 to begin School Form instructions\)](#)

Date

Month, day, and year of the assessment

Building

Unique reference of the building (such as main, annex, portable)

NIOSH Dampness and Mold Assessment

General Information

Date: [] Observer: []

Building: [] Floor: []

Room/Area Identification: []

Observer

Name of the person that is performing the assessment

Floor

Floor number or level

Room/Area Identification

Room number or title

Assessment Tool (DMAT)

General Buildings Form

Use one form per area being assessed.

Room/Area Type

Describe the room or area you are assessing. It is important to keep room/area titles standardized. For example, rooms with more than one title (e.g., bathroom, washroom, men's & women's facilities) should be referred to as the same title each time an assessment is conducted. This will help with data consistency.

Room/Area Type: Describe below the type of room/area you are assessing.

Mold Odor

Record any mold odor you observe. Be sure to smell for mold odor when you first walk into each room. Determine subjectively whether a smell is mild, moderate, or strong, and identify the odor's source.

Mold Odor (Be sure to smell for mold odor when you first walk into the room/area): None Mild Moderate Strong

Describe source of mold odor: [] or Source Unknown

School Buildings Form

Use one form per area being assessed.

Instructions

For School Buildings Form Only [\(Skip to Page 4 to continue instructions for both forms\)](#)

Date

Month, day, and year of the assessment

Observer

Name of the person that is performing the assessment

District

Enter the school district

School/Site

Enter School name or site



Dampness and Mold Assessment Tool (DMAT)

School Buildings Form

Use one form per area being assessed.

General Information

Date: Observer: District: School/Site:
School Type: Building: Floor: Room:

School Type

Enter School Type (i.e., public, private, elementary, secondary)

Building, Floor, and Room

Building Name, Floor number or level; Room number or title

Room/Area Type

Select the room or area you are assessing. Use one form per room or area. *If Other, please specify.*

Room/Area Type:

- | | | | | | | | | |
|--|-----------------------------------|---------------------------------------|--|---------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="radio"/> Art Room | <input type="radio"/> Bathroom | <input type="radio"/> Classroom | <input type="radio"/> Copy Room | <input type="radio"/> Entrance/Atrium | <input type="radio"/> IT Room | <input type="radio"/> Lounge | <input type="radio"/> Office Area | <input type="radio"/> Storage Area |
| <input type="radio"/> Attic | <input type="radio"/> Boiler Room | <input type="radio"/> Computer Room | <input type="radio"/> Crawlspace | <input type="radio"/> Gym | <input type="radio"/> Kitchen | <input type="radio"/> Mechanical Room | <input type="radio"/> Pipe Chase | <input type="radio"/> Other: <input type="text"/> |
| <input type="radio"/> Auditorium/Stage | <input type="radio"/> Cafeteria | <input type="radio"/> Conference Room | <input type="radio"/> Custodial Closet | <input type="radio"/> Hallway | <input type="radio"/> Locker Room | <input type="radio"/> Nurse/Medical | <input type="radio"/> Stairwell | |

Mold Odor

Record any mold odor you observe. Be sure to smell for mold odor when you first walk into each room. Determine subjectively whether a smell is mild, moderate, or strong, and identify the odor's source.

Mold Odor (Be sure to smell for mold odor when you first walk into the room/area): None Mild Moderate Strong

Describe source of mold odor: or Source Unknown

(Continued for both General and School Forms)

Components in Room	
<input checked="" type="checkbox"/> Ceiling	<p>Components in Room – Check the first column for all room components found in the room you are assessing. Because all areas must have a ceiling, walls, and a floor, those components are automatically checked. Assess components systematically in the order given from top to bottom.</p>
<input checked="" type="checkbox"/> Walls	
<input checked="" type="checkbox"/> Floor	
<input type="checkbox"/> Windows	<p>Windows internal, external, and skylights</p>
<input type="checkbox"/> Furnishings	<p>Furnishings furniture, sinks, toilets, printers and copiers</p>
<input type="checkbox"/> HVAC systems	<p>HVAC systems all systems used to heat/cool the room or area including unit ventilators, radiators, forced-air systems, window units, and fans</p>
<input type="checkbox"/> Supplies & Materials	<p>Supplies & materials books, paper, boxes, gym equipment, kitchen supplies</p>
<input type="checkbox"/> Pipes	<p>Pipes any exposed pipes in the room</p>

Scoring – Scoring is based on the size of areas of dampness or mold identified.



0 = No dampness or mold.



1 = Less than or equal to the size of a sheet of paper (8 ½ X 11 inches).



2 = Greater than a sheet of paper to the size of a standard door (32 X 80 inches).



3 = Greater than the size of a standard door.

Damage or Stains

Fill bubble based on scoring above. Any water-related damage or stains identified per component. Damage could include peeling paint, efflorescence, rust, warping, and deteriorated or crumbling building materials.

Visible Mold

Fill bubble based on scoring above. Mold can include patches or spots that are colored differently (typically gray, brown, or black) than the underlying material. It can appear fuzzy and have a musty or earthy odor.

Nothing Found

Look closely at all components identified in the room for any damage, mold, or wetness. Check all room components where no issues are identified.

Wet or Damp

Fill bubble based on scoring above. Conditions include visible signs of moisture such as water beads or condensation, humidity, water leaks, or flooding.

Nothing Found	Damage or Stains	Visible Mold	Wet or Damp
<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall
<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall
<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall
<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall
<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall
<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall
<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall
<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall

Within 3 feet of exterior wall.

Component Notes

Check the square/component material. Include information on the material or location affected.

Component Notes Select the type of material that is affected.	Assessment Notes Select for additional detail. Describe if "Other"
<input type="checkbox"/> Ceiling tile <input type="checkbox"/> Plaster <input type="checkbox"/> Concrete <input type="checkbox"/> Sheet rock <input type="checkbox"/> Metal <input type="checkbox"/> Wood	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input type="checkbox"/> Sheet rock <input type="checkbox"/> Plaster <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Tile <input type="checkbox"/> Wood	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Efflorescence <input type="checkbox"/> Other: _____
<input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic <input type="checkbox"/> Concrete	<input type="checkbox"/> Buckling <input type="checkbox"/> Other: _____
<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input type="checkbox"/> Skylight	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Condensation <input type="checkbox"/> Other: _____
<input type="checkbox"/> Furniture <input type="checkbox"/> Mechanical <input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Copier	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input type="checkbox"/> Radiator <input type="checkbox"/> Forced-air <input type="checkbox"/> Fan <input type="checkbox"/> Unit ventilator <input type="checkbox"/> Window unit	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input type="checkbox"/> Books <input type="checkbox"/> Boxes <input type="checkbox"/> Equipment	<input type="checkbox"/> Wrinkled pages <input type="checkbox"/> Crumpled boxes <input type="checkbox"/> Other: _____
<input type="checkbox"/> Plumbing <input type="checkbox"/> Gas	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____

Assessment Notes

Check the square or fill in additional information. Include information on the type of damage.

General Notes

Write additional notes helpful for this assessment.

General Notes

NIOSH Dampness and Mold Assessment Tool (DMAT) **General Buildings Form**
Use one form per area being assessed.

General Information

Date: _____ Observer: _____
 Building: _____ Floor: _____
 Room/Area Identification: _____

Room/Area Type: Describe below the type of room/area you are assessing.

Mold Odor (Be sure to smell for mold odor when you first walk into the room/area): None Mild Moderate Strong

Describe source of mold odor: _____ or Source Unknown

Instructions: Check if component is in the room/area. Near exterior wall is defined as within 3 feet of exterior wall.
Scoring
 0= none 1= lesser than or equal to the size of a sheet of paper 2= Greater than a sheet of paper to the size of a standard door 3= Greater than the size of a standard door

Components in Room	Nothing Found	Damage or Stains	Visible Mold	Wet or Damp	Component Notes Select the type of material that is affected.	Assessment Notes Select for additional detail. Describe if "Other"
<input checked="" type="checkbox"/> Ceiling	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Ceiling tile <input type="checkbox"/> Plaster <input type="checkbox"/> Concrete <input type="checkbox"/> Sheet rock <input type="checkbox"/> Metal <input type="checkbox"/> Wood	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Walls	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Sheet rock <input type="checkbox"/> Plaster <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Tile <input type="checkbox"/> Wood	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Efflorescence <input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Floor	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic <input type="checkbox"/> Concrete	<input type="checkbox"/> Buckling <input type="checkbox"/> Other: _____
<input type="checkbox"/> Windows	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input type="checkbox"/> Skylight	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Condensation <input type="checkbox"/> Other: _____
<input type="checkbox"/> Furnishings	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Furniture <input type="checkbox"/> Mechanical <input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Copier	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input type="checkbox"/> HVAC systems	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Radiator <input type="checkbox"/> Forced-air <input type="checkbox"/> Fan <input type="checkbox"/> Unit ventilator <input type="checkbox"/> Window unit	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input type="checkbox"/> Supplies & Materials	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Books <input type="checkbox"/> Boxes <input type="checkbox"/> Equipment	<input type="checkbox"/> Winkled pages <input type="checkbox"/> Crumpled boxes <input type="checkbox"/> Other: _____
<input type="checkbox"/> Pipes	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Plumbing <input type="checkbox"/> Gas	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____

General Notes

CS36662.A 3/20/2014

General Buildings Form
Use one form per area being assessed.

Download the General Buildings Form at: https://www.cdc.gov/niosh/docs/2019-115/pdfs/NIOSH_DMAT_General_Form.pdf

or

NIOSH Dampness and Mold Assessment Tool (DMAT) **School Buildings Form**
Use one form per area being assessed.

General Information

Date: _____ Observer: _____ District: _____ School/Site: _____
 School Type: _____ Building: _____ Floor: _____ Room: _____

Room/Area Type:
 Art Room Bathroom Classroom Copy Room Entrance/Atrium IT Room Lounge Office Area Storage Area
 Attic Boiler Room Computer Room Crawlspace Gym Kitchen Mechanical Room Pipe Chase Other: _____
 Auditorium/Stage Cafeteria Conference Room Custodial Closet Hallway Locker Room Nurse/Medical Stairwell

Mold Odor (Be sure to smell for mold odor when you first walk into the room/area): None Mild Moderate Strong

Describe source of mold odor: _____ or Source Unknown

Instructions: Check if component is in the room/area. Near exterior wall is defined as within 3 feet of exterior wall.
Scoring
 0= none 1= lesser than or equal to the size of a sheet of paper 2= Greater than a sheet of paper to the size of a standard door 3= Greater than the size of a standard door

Components in Room	Nothing Found	Damage or Stains	Visible Mold	Wet or Damp	Component Notes Select the type of material that is affected.	Assessment Notes Select for additional detail. Describe if "Other"
<input checked="" type="checkbox"/> Ceiling	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Ceiling tile <input type="checkbox"/> Plaster <input type="checkbox"/> Concrete <input type="checkbox"/> Sheet rock <input type="checkbox"/> Metal <input type="checkbox"/> Wood	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Walls	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Sheet rock <input type="checkbox"/> Plaster <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Tile <input type="checkbox"/> Wood	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Efflorescence <input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Floor	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic <input type="checkbox"/> Concrete	<input type="checkbox"/> Buckling <input type="checkbox"/> Other: _____
<input type="checkbox"/> Windows	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input type="checkbox"/> Skylight	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Condensation <input type="checkbox"/> Other: _____
<input type="checkbox"/> Furnishings	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Furniture <input type="checkbox"/> Mechanical <input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Copier	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input type="checkbox"/> HVAC systems	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Radiator <input type="checkbox"/> Forced-air <input type="checkbox"/> Fan <input type="checkbox"/> Unit ventilator <input type="checkbox"/> Window unit	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____
<input type="checkbox"/> Supplies & Materials	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Books <input type="checkbox"/> Boxes <input type="checkbox"/> Equipment	<input type="checkbox"/> Winkled pages <input type="checkbox"/> Crumpled boxes <input type="checkbox"/> Other: _____
<input type="checkbox"/> Pipes	<input type="checkbox"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> Is near exterior wall	<input type="checkbox"/> Plumbing <input type="checkbox"/> Gas	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Rust <input type="checkbox"/> Other: _____

General Notes

CS36662.B 2/22/2014

School Buildings Form
Use one form per area being assessed.

Download the School Buildings Form at: https://www.cdc.gov/niosh/docs/2019-114/pdfs/NIOSH_DMAT_School_Form.pdf

or