

Mold Post Remediation Record

Date: _____

Project Address: _____

Project #: _____

Unit/Apt: _____

Assessor: _____

Client: _____

License #: _____

Remediation performed by:

Company name: _____

Date and Time of Final Clean: _____

Company Address: _____

Is this a repeat clearance: Yes or No _____

Remediation Supervisor: _____

Work Area Designation (rooms and floor): _____

Work Area Description (including quantities): _____

Criteria	Pass/Fail	Notes
Visible mold observed?		
Work Done in Compliance with remediation plan		
Moisture Readings		
Visible dust/debris		
Air Samples (if applicable)		
Swab/Tape Samples (if applicable)		
Remediation Project		

Notes:

Signature: _____