

Signature:

## **Mold Assessment Worksheet**

	Date:		Project Address:				Project Name:	
	Proj	ect #:	Assessor:				Client:	_
Assessment Area (Room And floor)	Component	Visible Mold Growth (if yes quantity)	Visible Water Damage (if yes what is source)	Moisture Readings (%)	Sample # (as applicable)	Sample Type (as applicable)	Notes	_
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