

Pollution Source Survey

Client No. _____

Date: _____

Client Name: _____

Assesor: _____

High-Risk Household Members

- 1) Family members less than 4 or more than 60 yrs old Yes ___ No ___
- 2) Any household members with asthma, respiratory problems or flu like symptoms? Yes ___ No ___
- 3) Is anyone living in the house pregnant? Yes ___ No ___

Source of Contaminants

Comments: _____

How old is the home? _____

- 4) Paint peeling or flaking on floors, walls, ceilings? Yes ___ No ___ _____
- 5) Has carpet ever been water soaked? Yes ___ No ___ _____
- 6) Is carpet covering a concrete floor? Yes ___ No ___ _____
- 7) Any unvented combustion appliances in the home? Yes ___ No ___ _____
- 8) Do household members smoke inside the home? Yes ___ No ___ _____
- 9) Do cars park in attached garage? Yes ___ No ___ _____
- 10) Seasonal water pooling in crawl space? Yes ___ No ___ _____
- 11) Plumbing leaks in crawlspace? Yes ___ No ___ _____
- 12) Noticeable leaks or water staining on ceilings or walls? Yes ___ No ___ _____
- 13) Indoor pets? Yes ___ No ___ _____
- 14) Paints, solvents, thinners, pesticides stored in home? Yes ___ No ___ _____
- 15) House keeping problems? Clutter / Unsanitary Yes ___ No ___ _____
- 16) Has this house been tested for Radon? Yes ___ No ___ _____
- 17) Are Insecticides or rodenticides used in home or ductwork? Yes ___ No ___ _____
- 18) Evidence of Pest infestation? Comment on location Yes ___ No ___ _____
- 19) Evidence of Radon mitigation? Yes ___ No ___ _____

Strengths of Indoor Contaminants

Comments _____

- 20) Unusual odors in the house? Yes ___ No ___ _____
- 21) Is moisture noticeable on windows? Yes ___ No ___ _____
- 22) Visible mold anywhere in house? Yes ___ No ___ _____
- 23) House temp. unusually warm or cold Yes ___ No ___ _____
- 24) Humidity levels unusually high? Yes ___ No ___ _____