

# Pollution Source Survey

Client No. \_\_\_\_\_

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Assesor: \_\_\_\_\_

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## 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 \_\_\_

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## 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 \_\_\_ \_\_\_\_\_

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## 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 \_\_\_ \_\_\_\_\_