



Complete a separate sheet for each event.

Name	
Date	
Building	
Department	
Room Number or Location	

a. Where was the location of the moisture? (Exact location and areas and items affected)

b. Was mold observed? (Exact location and area affected)

c. Amount of water: Damp Dripping / Puddles Standing water

d. Probable source of moisture (occupant’s opinion):

- Leaks through walls, decks, roofing Sewage backflow
- Condensation on building surfaces Condensation on pipes, ducts
- Leaking bath, shower, plumbing Wicking of moisture from soil
- Other:

e. Frequency of Wetting:

- Almost all the time, regardless of weather
- Frequently, for example on most rainy days
- Occasionally, for example only after heavy rains
- Rarely or not at all
- Seasonal: Winter Spring Summer Fall
- Don’t know

f. For how many days was it wet/damp in the past twelve months?

- 0-2 days 3-7 days 8-30 days More than 30 days Don’t know

g. If currently wet, for how many days has moisture been present? Not currently wet

- 0-2 days 3-7 days 8-30 days More than 30 days Don’t know