Damp and Mould Inspection

Inspection of a damp and mould report: affected rooms, moisture readings, likely cause, health risk and remedial works.

Property

Property address *	
Tenant name	
Date reported	_____ / _____ / _____
Inspection date *	_____ / _____ / _____
Inspector *	
Vulnerable occupants (children, elderly, health conditions)? *	☐ Yes ☐ No

Affected areas

Affected areas 1

Room *	☐ Kitchen ☐ Bathroom ☐ Bedroom ☐ Living room ☐ Hall ☐ Other
Location in room (e.g. external wall corner)	
Severity *	☐ Minor ☐ Moderate ☐ Severe
Area affected (m²)	
Moisture meter reading (%)	
Relative humidity (%)	
Likely cause *	☐ Condensation ☐ Penetrating damp ☐ Rising damp ☐ Leak ☐ Unknown
Photo *	*Attach photo or sketch*

Affected areas 2

Room *	☐ Kitchen ☐ Bathroom ☐ Bedroom ☐ Living room ☐ Hall ☐ Other
Location in room (e.g. external wall corner)	

Severity *	☐ Minor ☐ Moderate ☐ Severe
Area affected (m²)	
Moisture meter reading (%)	
Relative humidity (%)	
Likely cause *	☐ Condensation ☐ Penetrating damp ☐ Rising damp ☐ Leak ☐ Unknown
Photo *	*Attach photo or sketch*

Affected areas 3

Room *	☐ Kitchen ☐ Bathroom ☐ Bedroom ☐ Living room ☐ Hall ☐ Other
Location in room (e.g. external wall corner)	
Severity *	☐ Minor ☐ Moderate ☐ Severe
Area affected (m²)	
Moisture meter reading (%)	
Relative humidity (%)	
Likely cause *	☐ Condensation ☐ Penetrating damp ☐ Rising damp ☐ Leak ☐ Unknown
Photo *	*Attach photo or sketch*

Assessment

Item	Yes	No	N/A
Extractor fans present and working *	☐	☐	☐
Trickle vents present and open *	☐	☐	☐
Heating adequate *	☐	☐	☐
Gutters and downpipes OK *	☐	☐	☐

YOUR LOGO

Damp and Mould Inspection

Item	Yes	No	N/A
Roof / external walls defect visible *	☐	☐	☐
Plumbing leaks *	☐	☐	☐

Significant hazard to health? *	☐ Yes ☐ No
Remedial works required *	
Target completion date *	_____ / _____ / _____
Advice given to tenant	
Additional comments	
Inspector name *	
Inspector signature *	
Date signed *	_____ / _____ / _____

* Required