

**APPENDIX 3**

**DAMP / CONDENSATION / MOULD INSPECTION FORM**

**Contract Holder Name:** .....

**Address:** .....

**Date:** ..... **Weather:** .....

**Surveyor:** .....

**Issues:** .....

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**Ventilation Present**

Kitchen: .....

Bathroom: .....

Other: .....

**External Visual Inspection Notes:** .....

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Room	Relative Humidity	Temperature	Dew Point
Kitchen			
Bathroom			
Lounge			
Bedroom			



**Work to be undertaken by DCC:** .....

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**Work to be undertaken by occupier:** .....

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**Advice Given**

<input type="checkbox"/> Open windows for 1 hour	<input type="checkbox"/> Wipe down condensation
<input type="checkbox"/> Open trickle vents	<input type="checkbox"/> Don't dry clothes indoors
<input type="checkbox"/> Open curtains	<input type="checkbox"/> .....
<input type="checkbox"/> Close bathroom & kitchen doors	<input type="checkbox"/> .....
<input type="checkbox"/> Move furniture away from walls	<input type="checkbox"/> .....

**Notes:** .....

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