

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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