

Dampness and Mold Assessment Tool (DMAT)

General Buildings FormUse one form per area being assessed.

General Information

Date: Observer:	Room/Area Type: Describe below the type of room/area you are assessing.		
Building: Floor:			
Room/Area Identification:			
Mold Odor (Be sure to smell for mold odor when you first walk into the room/area): None	Mild Moderate Strong		
Describe source of mold odor:	or Source Unknown		

Scoring

0= none 1= lesser than or equal to the size of a sheet of paper 2= Greater than a sheet of paper to the size of a standard door 3= Greater than the size of a standard door

Components in Room	Nothing Found	Damage or Stains	Visible Mold	Wet or Damp	Component Notes Select the type of material that is affected.	Assessment Notes Select for additional detail. Describe if "Other"
Ceiling		0 1 2 3 Is near exterior wall		0 1 2 3 Is near exterior wall	Ceiling tile Plaster Concrete Sheet rock Metal Wood	Peeling paint Rust Other:
Walls		0 1 2 3 Is near exterior wall		0 1 2 3 Is near exterior wall	Sheet rock Plaster Concrete Block Brick Tile Wood	Peeling paint Efflorescence Other:
Floor		0 1 2 3		0 1 2 3 Is near exterior wall	Wood Carpet Vinyl Ceramic Concrete	Buckling Other:
Windows		0 1 2 3 Is near exterior wall		0 1 2 3 Is near exterior wall	Exterior Interior Skylight	Peeling paint Condensation Other:
Furnishings		0 1 2 3		0 1 2 3 Is near exterior wall	Furniture Mechanical Sink Toilet Copier	Peeling paint Rust Other:
HVAC systems		0 1 2 3		0 1 2 3 Is near exterior wall	Radiator Forced-air Fan Unit ventilator Window unit	Peeling paint Rust Other:
Supplies & Materials		0 1 2 3		0 1 2 3 Is near exterior wall	Books Boxes Equipment	Wrinkled pages Crumpled boxes Other:
Pipes		0 1 2 3		0 1 2 3 Is near exterior wall	Plumbing Gas	Peeling paint Rust Other:

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