


Notice of Audit Findings / Audit Inspection

	Massachusetts Department of Environmental Protection Northeast Regional Office INDOOR AIR EVALUATION/SAMPLING FORM	RTN: _____	
		Town: _____	
		Staff: _____	
Address: _____		Name/Identifier: _____	
BUILDING INFORMATION (check all that apply)			
Type	<input type="checkbox"/> Residential <input type="checkbox"/> School/Daycare <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed <input type="checkbox"/> Other		
Foundation Type	<input type="checkbox"/> Full <input type="checkbox"/> Finished <input type="checkbox"/> Partial Basement/Crawl Space <input type="checkbox"/> Slab-on-Grade		
Foundation Material(s):	<input type="checkbox"/> Fieldstone <input type="checkbox"/> Concrete Block <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Other:		
Foundation Integrity:	<input type="checkbox"/> No Cracks/Open Joints <input type="checkbox"/> Moderate Cracks/Open Joints <input type="checkbox"/> Many Cracks/Open Joints		
Basement/Slab Floor:	<input type="checkbox"/> Concrete/Good Integrity <input type="checkbox"/> Concrete with Cracks <input type="checkbox"/> Earthen Floor <input type="checkbox"/> Carpet/Flooring		
Basement Use:	<input type="checkbox"/> Storage/Infrequent Use <input type="checkbox"/> Recreation/Living Space <input type="checkbox"/> Bedrooms <input type="checkbox"/> Other:		
Drainage Sump	<input type="checkbox"/> No <input type="checkbox"/> Yes Standing Water in Sump? <input type="checkbox"/> No <input type="checkbox"/> Yes Product in Sump? <input type="checkbox"/> No <input type="checkbox"/> Yes		
HVAC	<input type="checkbox"/> Steam/Hot Water <input type="checkbox"/> Ducted HVAC System - HVAC Air Intake in Basement <input type="checkbox"/> No <input type="checkbox"/> Yes		
Odors?	<input type="checkbox"/> No <input type="checkbox"/> Yes: West Wing, in area of Persimmon Technologies, organic solvent odor (e.i. alcohol)		
USE/STORAGE OF OIL OR HAZARDOUS MATERIALS			
Oil Tank	<input type="checkbox"/> None Observed <input type="checkbox"/> Basement <input type="checkbox"/> Attached Garage <input type="checkbox"/> Other:		
Gasoline Storage	<input type="checkbox"/> None Observed <input type="checkbox"/> Basement <input type="checkbox"/> Attached Garage <input type="checkbox"/> Other:		
Other OHMs	<input type="checkbox"/> None Observed <input type="checkbox"/> Paints/Stains <input type="checkbox"/> Cleaning Solvents <input type="checkbox"/> Other:		
PID Screening of cracks/annular spaces			
PID screening of annular space around utilities pipes through basement wall/floor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Accessible			
PID screening of cracks in wall/floor and/or wall/floor interfaces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Accessible <input type="checkbox"/> No Cracks			
PID screening of space above drain sump? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No			
PID Results (Isobutylene)	Location	PID PPMV	Sketch
Comments			
More Comments on Back: <input type="checkbox"/> No <input type="checkbox"/> Yes			