



Preparer Information

Name:	Date:
Title/Role:	Phone # / Email Address:

Site Information

Site Name:	Site Address:
Site ID:	Region/State:

Investigation Information

Preliminary Assessment Site Inspection Expanded Site Inspection Other:

Occupant Information

Building/Unit Address:	
Property Contact:	<input type="checkbox"/> owner <input type="checkbox"/> renter <input type="checkbox"/> other
Contact's Phone:	

Number and type of occupants within the structure/subunit (e.g., resident, student, part-time staff, etc.):

*This document serves as guidelines for employees of the U.S. Environmental Protection Agency (EPA), states and other government agencies and does not constitute EPA rulemaking or policy. EPA officials may decide to follow these, or to act at variance with them, based on site-specific circumstances.



Structure/Subunit Characteristics

Type of regularly occupied structure:

- single-family home
 townhome
 apartment/condo
 commercial unit
 industrial space
 school
 daycare
 house of worship
 other:

Structure dimensions

Subunit identification (if applicable):

Use of subunit space:

Square footage of regularly occupied space in building or subunit (exclude non-living areas, e.g., an attached garage):

Ceiling height(s):

Construction Details

Number of Floors:

Year Constructed:

Foundation type: basement
 crawl space
 slab on grade
 other:

Foundation construction: concrete
 stone
 floating
 dirt
 other:

HVAC system(s) present? yes no

Fuel type: oil
 gas
 electric
 other:

Type of HVAC system(s) and location(s):

Air exchange rate(s), if available:

Sump present? yes no

Is sump tightly covered? yes no

Water in sump? yes no

Occasional water seepage on floor? yes no

Private well? yes no

Septic system? yes
 yes, but not used
 no

Other possible preferential pathways and locations (e.g., cracks in foundation, utility lines):

Mitigation Systems

Is there an existing vapor or radon mitigation system at this structure? yes no

Is the system: active
 passive

Is there a vapor barrier? yes no

If so, type and thickness:

System present under the entirety of the structure? yes no

If no, describe where the system is located:

Manufacturer of system:

Party responsible for maintenance and operation of the system:

Possible Indoor Sources

Inventory of Products

Source	Identify Specific Items and Their Location(s)	Removed Prior to Sampling?
Paints / thinners / strippers		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Solvents		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Oven cleaner		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Carpet / upholstery cleaners		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Other cleaning products		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Moth balls		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Polishes / waxes		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Insecticides		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Air fresheners		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Glues & adhesives (including hobby glue)		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes. How long prior to sampling? <input type="checkbox"/> No



Possible Indoor Sources

Other possible sources

Do the occupants of the building/unit have their clothes/linens dry cleaned? yes no

If yes, how often? weekly monthly few times a year

How recently have items been dry cleaned?

Have any pesticides/herbicides been applied inside and/or around the building? yes no

If yes, when and where?

Has painting or staining been done in the building/unit in the last 6 months? yes no

If yes, when and where?

Has new carpet or flooring been installed in the last 6 months? yes no

If yes, which room(s)?

Has new furniture been purchased in the last year? yes no

If yes, in which room(s) is the furniture located?

Do occupants of the building use solvents or chemicals at work? yes no

If yes, what type of solvents or chemicals are used?

Sampling Conditions

Significant precipitation up to 12 hours prior to (or during) sampling? yes no

Snow cover present on ground during sampling? yes no

HVAC system running during sampling?	<input type="checkbox"/> yes	<input type="checkbox"/> a/c <input type="checkbox"/> heat <input type="checkbox"/> vent/fan
	<input type="checkbox"/> no	

Is a vapor mitigation system running during sampling? yes no



Building Sketch

Provide Drawing of Building/Subunit Footprint and Sample Location(s)

