



# Mould Notification Order

Notification Date: \_\_\_\_\_ Call taken by: \_\_\_\_\_

Estate # \_\_\_\_\_ Property # \_\_\_\_\_

Resident: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Inspected by: (Building Manager / Designate)

LOCATION OF MOULD: (Attach suite inspection if located in several rooms.)

\_\_\_\_\_

LEVEL 1 – Less than 2 square feet on continuous mouldy area  
 LEVEL 2 – Larger than 2 – 30 sq. ft.  
 LEVEL 3 – More than 30 sq. ft.

\_\_\_\_\_

Location _____	Size _____
Location _____	Size _____
Location _____	Size _____

Has the resident attempted to clean the mould? YES  NO  .

Has the resident been given a mould information sheet? YES  NO  .

Is the resident  or the Building Manager  cleaning the mould?

Anticipated RE-INSPECTION DATE: \_\_\_\_\_

Other Contaminants: i.e. asbestos \_\_\_\_\_

COMMENTS: (i.e. Dehumidistat information, lifestyle, etc.)

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

COPIES: 1 – Resident File  
 2 – BM for follow-up  
 3 – Copy to Building Manager after re-inspection or if addressed as Level 2 or 3