



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.)

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