



Environmental Solutions Association™ Home Owner Questionnaire

Date _____ Job Number _____
Property Owner _____ Phone# _____
Address _____
Insurance/Restoration Company _____ Claim# _____
Certified Technician _____

Water History Information:

1. Has there been any past or present water/ plumbing problems with the property? [] Yes [] No

If yes:

a. Describe problem and how long the problem has existed: _____

b. Has this situation lead to building materials becoming wet? [] Yes [] No

If yes, where? _____

c. Have you noticed any visible mold growth? [] Yes [] No

If yes, where? _____

d. Have you noticed any musty odors in the property? [] Yes [] No

If yes, where? _____

2. Have air conditioners and/or humidifiers been properly cleaned? [] Yes [] No

If yes: List when: _____

3. Have you changed the HVAC filter(s) in the past two months? [] Yes [] No

If no: List when: _____

4. Do any children or elderly reside or frequently visit? [] Yes [] No

If yes: List name/age(s): _____

If yes: In what rooms: _____

5. Does anyone residing in the home have health issues? [] Yes [] No

If yes: Describe: _____

6. List the estimated year made (if known) of the following appliances in your home:

HVAC (1) _____ (2) _____ Water Heater _____ Refrigerator _____ Washer/Dryer _____ / _____

Dish Washer _____ Water Conditioner _____ Disposal _____ Ice Maker _____ Roof _____

Homeowner Signature

Date