PLYMOUTH DAMP AND MOULD MATRIX TOOL

To assist frontline workers when reporting damp or mould in the home of a client.

DAMP AND MOULD ASSESSEMENT

Tick each of areas flagged by this report form.

☐ (A) Severe mould/smell of mould in living areas ☐ (B) Vulnerabilities in the home

☐ (C) High risk health conditions ☐ (D) Accessibility needs ☐ (E) Affordability issues

☐ Poor housing conditions – (i.e. overcrowding,poor heating)

REFERRER DETAILS	
Referring organisation	
Referrer name	
Email	
Contact Number	
CLIENT DETAILS	
Name	
Email	
Contact Number	

Issues to consider when contacting?

PROPERTY	
Address assessed	
Date assessed	
Property type (i.e Flat, Bungalow)	
Number of bedrooms	
Number of occupants	

Tenant or homeowner?

☐ Social housing tenant ☐ Private rented tenant ☐ Supported living tenant

☐ Shared Ownership ☐ Owner occupier

If housing association, please state which one:			
If Private Landlord, please provide name & contact details;			
Consent to Contact Landlord	YES / NO		
Resident signature:		**Date:**	
Information to note:			

SECTION A - DAMP AND MOULD ISSUE - Background	
Is this a new issue with damp or mould?	YES / NO / UNKNOWN Other:
If rented, has the issue been reported to the landlord?	YES / NO / UNKNOWN / NOT APPLICABLE Other:
If yes, have you got copies of reports made? (emails, letters etc)	YES / NO
If reported to landlord, did they respond within 14 days?	YES / NO
Are they taking, or have they taken, action to resolve the issues?	YES / NO Details:
SECTION A – DAMP AND MOULD ISSUE - Details	
In which room(s) is the issue present?	
Are these areas un-heated or underheated?	YES / NO / UNKNOWN

Where can the issue be found?

☐ Around window or sills ☐ Ceiling ☐ Up to one meter high on ground floor wall

☐ Low on wall ☐ Midway up wall ☐ High on wall ☐ Floor

Please tick all that are present at the site of the issue?

Damp	Mould
☐ Leak	☐ Black mould
☐ New water staining	☐ White powder on surfaces
☐ Wet area on wall	☐ Green mould
☐ Wet ceiling	☐ Smell of damp and mould in affected area
☐ Old water staining (brown/yellow)	☐ General smell of damp and mould
☐ Condensation on windows	
☐ Condensation on walls	

Are you finding mould on clothing, bedding or inside cupboards?	YES / NO Details:

What other issues are present. ***Tick all that apply***

☐ Working extractor fan ☐ Broken extractor fan ☐ Loft insulation ☐ Cavity wall insulation

☐ Working heating system ☐ Broken / no heating system ☐ Inadequate heating system ☐ Not known

Using the scale here as a reference, how widespread is the issue?

If present in multiple rooms you can identify level in each room:

Downstairs hall __ Downstairs toilet __

Lounge __ Dining room __ Kitchen __

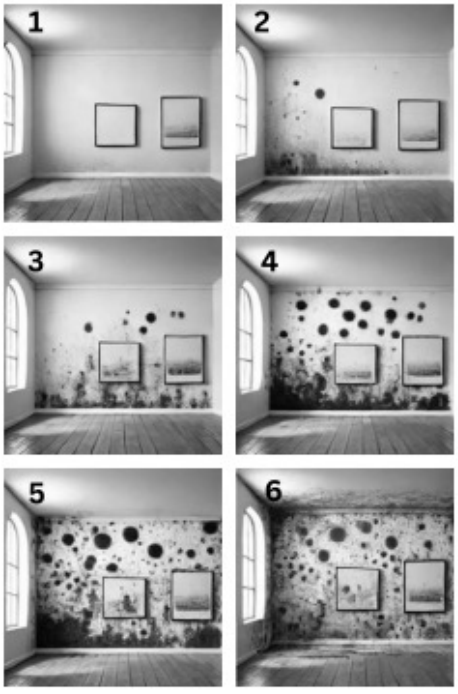
Stairs __ Upstairs hall __ Main bedroom __

Bedroom 2 __ Bedroom 3 __ Bedroom 4 __

Bathroom __ Upstairs toilet __

Loft area/ loft room __

Other:



Any other details about the issue:

Section B - VULNERABILITIES IN THE HOME

Select all factors that are present in the home;

☐ Children 5 or under ☐ Child 6-16 ☐ Adults 65+

☐ Adults 75+

☐ Physical Disability ☐ Pregnant ☐ A carer ☐ Being cared for

☐ Long term physical/mental health condition

SECTION C – HIGH RISK HEALTH CONDITIONS

What medical conditions are present in household? *tick all that apply*

☐ Asthma ☐ Childhood asthma ☐ COPD ☐ Asbestosis ☐ Lung disease ☐ Heart condition

☐ Immune suppression diseases (e.g. HIV, cancer) ☐ Stroke ☐ Skin condition ☐ Other

Details:

SECTION D – ACCESSIBILITY NEEDS

What needs are present in the household, that may preset a barrier? *tick all that apply*

☐ Mental ill health ☐ Dyslexia ☐ Autism ☐ ADHD ☐ Cognitive impairment

☐ English as 2nd language ☐ Hearing impaired ☐ Sight impaired ☐ Other accessibility needs

Please state who is the household this is relevant for:	

Section E – ENERGY AFFORDABILITY

Is the householder...

☐ Struggling to afford energy bills ☐ Heating supply capped/ off ☐ Worrying about existing energy debt

☐ If a homeowner, unable to afford to maintain a working heating system

Additional affordability information	

CONSENT TO SHARE **Please confirm you have consent to share information and with which organisation**	YES / NO Organisations shared with: