

# Heavenly Hands Home Services

## Environmental Assessment Agreement For Further Sampling

You will be provided information within the Written Report identifying the area(s) of the Subject Property where microbial problems and/or conditions were discovered that warranted further sampling. Any, some, or all samples may be sent to an accredited Lab that will analyze them for the presence of mold. All sample results will be included in the Report.

- Post Remediation Clearance Testing** in one or more areas of the Subject Property listed below.
- Evidence of mold growth** in one or more areas of the Subject Property listed below which requires further evaluation of the condition.
- Evidence of suspected mold growth is visible** in one or more areas of the Subject Property listed below.
- A visible condition exists** in the Subject Property listed below that may indicate water infiltration has or is occurring. Although there may be no visible signs of mold growth, this condition is conducive to mold growth that could be present in areas not readily visible.
- A musty odor is present** at the Subject Property listed below. Although there is may be no physical evidence of the presence of mold growth in any readily accessible areas, this odor is consistent with odors commonly associated with the presence of mold growth.

**Based on the above-checked items, the Client agrees to have the following samples taken in/at the Subject Property, as indicated by Client initials.**

Location of Area(s) to be Sampled*	Sample Type	QTY	Price Each	Total	Initials
<input type="checkbox"/>	<input type="checkbox"/> Air <input type="checkbox"/> Wall <input type="checkbox"/> Bulk <input type="checkbox"/> Direct Surface				
<input type="checkbox"/>	<input type="checkbox"/> Air <input type="checkbox"/> Wall <input type="checkbox"/> Bulk <input type="checkbox"/> Direct Surface				
<input type="checkbox"/>	<input type="checkbox"/> Air <input type="checkbox"/> Wall <input type="checkbox"/> Bulk <input type="checkbox"/> Direct Surface				
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<input type="checkbox"/>	<input type="checkbox"/> Air <input type="checkbox"/> Wall <input type="checkbox"/> Bulk <input type="checkbox"/> Direct Surface				
<input type="checkbox"/>	<input type="checkbox"/> Air <input type="checkbox"/> Wall <input type="checkbox"/> Bulk <input type="checkbox"/> Direct Surface				

Locations where the box on the left has been checked require intrusive testing.

I recommend sampling each of the areas identified above.

**Client authorizes and requests me to take the sample(s) indicated by Client’s initials above.** Client understands that by requesting further sampling this Environmental Assessment Agreement For Further Sampling becomes an addendum to the Environmental Assessment Agreement and is subject to the terms thereof. **Client further acknowledges all fees are non-refundable. Client understands they have the right to reject my recommendation for further sampling in each area by simply failing to initial the box to the right of the recommendation. Client understands that rejection of any recommended Further Sampling may hinder me in my Assessment and falls into the definition of “Limited Mold Sampling.”**

Client’s Initials: \_\_\_\_\_

Inspector’s Initials: \_\_\_\_\_

Payment Information:

Agreed on Assessment fee: \$           .00

Further Sampling fees: \$           .00

Total fee owed: \$           .00

\_\_\_\_\_  
Form of payment (cash or check #)

\_\_\_\_\_  
Received by HHHS

\_\_\_\_\_  
Date

**By signing this form, the Assessor and the Client, or their agents, agree to all the provisions of this Environmental Assessment Agreement For Further Sampling. HHHS can be contacted at 405-882-4077.**

                                Dick A. Lee  
Signature of Assessor for HHHS

\_\_\_\_\_  
Date

**You Are Strongly Encouraged To Ask Questions If Anything At All Is Unclear To You.**

\_\_\_\_\_  
Signature of Client or agent

\_\_\_\_\_  
Date

Licensed Home Inspector, State of Oklahoma License # 70001054  
Accredited Indoor Environmental Hygienist, IEAQC

