



ODOR ASSESSMENT CHECKLIST

ODORZX

Tel: 888-406-0795

Email: info@odorzx.com

General Information

Date: _____

Location/Address: _____

Assessor: _____

Contact Person: _____

Step 1: Initial Observation

- Notice odor immediately upon entry
- Odor localized to one area
- Odor present throughout space
- Intensity (1–10): _____
- Odor description: _____

Step 2: Source Identification - Interior Spaces

- Carpets/rugs
- Upholstery/furniture
- Walls/paint
- HVAC/vents
- Trash/food storage
- Bathrooms

Step 2: Source Identification - Vehicles

- Seats/upholstery
- Carpets/mats
- Headliner
- Air vents/AC system
- Trunk/storage area

Step 2: Source Identification - Exterior/Surroundings

- Pet areas

- Outdoor trash bins
- Standing water/mold

Step 3: Contributing Factors

- Poor ventilation
- Water damage/leaks
- Mold/mildew visible
- Recent smoking or fire damage
- Pet activity present
- Chemical use/spills

Step 4: Testing/Verification

- Air quality reading (if applicable)
- Moisture level test
- HVAC filter check
- Blacklight inspection for pet accidents

Step 5: Recommendations

Priority areas to treat: _____

Suggested treatment methods:

- Deep cleaning/extraction
- Enzyme treatment
- Ozone treatment
- HVAC cleaning
- Surface sealing/repainting

Follow-up required: Yes ■ / No ■