IICRC
Institute of Inspection Cleaning and Restoration Certification

Applied Microbial Remediation Specialist Project Verification Form

Company Name: _____ Your Name: _____

Address: _____ Phone: _____

Email: _____ Fax: _____

Employer ☐ Employee ☐

Project Name: _____ Phone: _____

Project Contact: _____ Project Start Date: _____

Project Location: _____ Project End Date: _____

Residential ☐ Commercial ☐

Source of Moisture: Category 1 ☐ Category 2 ☐ Category 3 ☐

Provide a diagram of the remediation project. Use the symbols provided to identify designated items:

Contaminated Areas ■ HVAC Unit(s) ◈

HEPA Filtration Unit(s) ▭ Containment Barrier(s) –

Provide the following information regarding the remediation project:

1. List affected areas: _____
2. List the approximate square footage of affected areas: _____
3. Was an independent indoor environmental professional (IEP) used? Yes ☐ No ☐
4. Were written protocols provided for the project? Yes ☐ No ☐
5. Was pre-remediation sampling and/or post remediation verification accomplished? Yes ☐ No ☐
6. What engineering controls were used? _____

   _____

   If pressure differentials were used, indicate on the diagram how the air flow was directed.

7. What personal protection equipment (PPE) was used? _____
   _____
8. What was the pressure differential maintained at and how was it monitored? _____
   _____
9. Provide a narrative describing the remediation project. Include the source of moisture, containment procedures, remediation procedures, cleaning procedures, and result of verification samples. Include the title and amount of time spent on the project by the technician applying for AMRS certification.

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I hereby provide under penalty of perjury, the above to be true and correct.

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Reference Contacted: _____

Phone: _____Date: _____

Reference Verified by: _____

Revised 10.4.16