

PRO-LAB/SSPTM INC.
 3300 Corporate Avenue, Bldg., 112
 Weston, Florida 33331
 Toll Free: 800-427-0550

Test Address:
 NO INFO ON COC, ,

Client:
 I.A.Q.
 Rt 1 Box 201 A
 Hardeeville, SC 29927

Mold Analysis Report
NON-VIABLE Spore Trap M5

Report Number: 021704-0304
Received Date: 2/17/2004
Reported Date: 2/17/2004
Analysis By: SSPTM, Inc.

Alyssa Murray
 Alyssa Murray, QAQC

Comments:

Phone: (843) 247-9289
Fax:
Email: AIRQUALITY@HARGRAY.COM

Your Results

Pro-Lab Number: 021704-0304
Date Collected: 2/12/2004
Collection Location: BELL H 2
Sample Submitted: Micro 5
Volume (L): 25
Chain of Custody# 130234
Serial #: 74772

Spore Identification	Results M5		Results M5	
	Raw Score	(Spores/m ³)	Raw Score	(Spores/m ³)
Cladosporium	6	240	0	0
Hyphae	1	40	0	0
Penicillium/Aspergillus	5	200	0	0
Stachybotrys	1	40	0	0
Total Spores (Spores/m³):		520		0

Analysis Date: 2/17/2004
AnalystID: 10

Analysis Date:
AnalystID:

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The following fungal descriptions are pertinent to the samples collected. General characterization of mold is made with respect to their most common impact to human health. Many genera of molds have species with varying characteristics.

Spore Name	Description
Cladosporium	COMMONLY FOUND ON DEAD PLANTS, WOODY PLANTS, FOOD, STRAW, SOIL, PAINT AND TEXTILES. COMMON CAUSE OF EXTRINSIC ASTHMA (IMMEDIATE-TYPE HYPERSENSITIVITY: TYPE I). ACUTE SYMPTOMS INCLUDE EDEMA AND BRONCHIOSPASMS; CHRONIC CASES MAY DEVELOP PULMONARY EMPHYSEMA. REPORTED TO BE ALLERGENIC.
Hyphae	PIECES OF FUNGAL ORGANISMS THAT CANNOT BE IDENTIFIED AS TO WHAT GENUS THEY ARE FROM. THEY CAN BE CONSIDERED ALLERGENIC AND ARE INDICATIVE OF ACTIVE GROWTH IN THE SAMPLING VACINITY.
Penicillium/Aspergillus	THIS GROUP OF SPORES IS CONSIDERED COMMON TO INDOOR ENVIRONMENTS. COMMONLY FOUND IN SOIL, FOOD, CELLULOSE, AND ALSO CONSIDERED A COMMON CONTAMINANT OF FOOD. IT IS ALSO FOUND IN PAINT AND COMPOST PILES. IT MAY CAUSE HYPERSENSITIVITY PNEUMONITIS AND ALLERGIC ALVEOLITIS IN SUSCEPTIBLE INDIVIDUALS. IT IS REPORTED TO BE ALLERGENIC. COMMON CAUSE OF EXTRINSIC ASTHMA (IMMEDIATE-TYPE HYPERSENSITIVITY: TYPE I). ACUTE SYMPTOMS INCLUDE EDEMA AND BRONCHIOSPASMS; CHRONIC CASES MAY DEVELOP PULMONARY EMPHYSEMA. MANY SPECIES PRODUCE MYCOTOXINS, WHICH MAY BE ASSOCIATED WITH DISEASE IN HUMANS AND OTHER ANIMALS. TOXIC PRODUCTION IS DEPENDENT ON THE SPECIES OR A STRAIN WITHIN A SPECIES AN ON THE FOOD SOURCE FOR THE FUNGUS.

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Stachybotrys	THIS FUNGUS MAY PRODUCE A TRICHOHECENE MYCOTOXIN- SATRATOXIN H - WHICH IS POISONOUS BY INHALATION. THE TOXINS ARE PRESENT ON THE FUNGAL SPORES. THIS IS A SLOW GROWING FUNGUS ON MEDIA. IT DOES NOT COMPETE WELL WITH OTHER RAPIDLY GROWING FUNGI. THE DARK COLORED FUNGI GROWS ON BUILDING MATERIAL WITH A HIGH CELLULOSE CONTENT AND A LOW NITROGEN CONTENT. INDIVIDUALS WITH CHRONIC EXPOSURE TO THE TOXIN PRODUCED BY THIS FUNGUS REPORTED COLD AND FLU SYMPTOMS, SORE THROATS, DIARRHEA, HEADACHES, FATIGUE, DERMATITIS, INTERMITTENT LOCAL HAIR LOSS, AND GENERALIZED MALAISE. THE TOXINS PRODUCED BY THIS FUNGUS WILL SUPPRESS THE IMMUNE SYSTEM AFFECTING THE LYMPHOID TISSUE AND THE BONE MARROW. THE MYCOTOXIN IS ALSO REPORTED TO BE A LIVER AND KIDNEY CARCINOGEN. EFFECTS BY ABSORPTION OF THE TOXIN IN THE HUMAN LUNG ARE KNOWN AS PNEUMOMYCOSIS. THIS ORGANISM IS RARELY FOUND IN OUTDOOR SAMPLES. IT IS USUALLY DIFFICULT TO FIND IN INDOOR AIR SAMPLES UNLESS IT IS PHYSICALLY DISTURBED. THE SPORES ARE IN A GELATINOUS MASS. THE SPORES WILL DIE READILY AFTER RELEASE. THE DEAD SPORES ARE STILL ALLERGENIC AND TOXIGENIC.

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Report Summary: Pro-Lab Number: 021704-0304 Sample Submitted: Micro 5
Unusual Mold Condition(s) Exists: Yes

Unusual Mold Condition(s) Explanation:

If YES: One or more of the samples in this report indicates the presence of elevated indoor mold spores or colonies for these specific locations only. Professional advice will be necessary to determine the appropriate actions to take to correct the conditions indicated. The information in your report and this summary may be used by an Industrial Hygienist or an Indoor Air Quality professional to assist in the determination of necessary actions.

If NO: The samples in this report do not indicate the presence of elevated indoor mold spores or colonies for these specific locations only

If Inconclusive: No comparison sample received.

For more information regarding mold cleanup or to find a Certified mold remediator in your area please call PRO-LAB at 800-427-0550

The mold identified in this report is often associated with excess moisture and can be a problem in indoor environments at high levels. Since mold requires water to grow, it is important to prevent moisture problems in buildings. The presence of mold, water damage, or musty odors should be addressed immediately. In all instances, any source(s) of water must be stopped and the extent of water damage determined. Mold can grow on virtually any organic substance, as long as moisture and oxygen are present. When excessive moisture accumulates in buildings or on building materials, mold growth will often occur, particularly if the moisture problem remains undiscovered or unaddressed. Building materials, such as drywall are made of cellulose and are highly absorbent, perfect surfaces for mold growth when wet. Moisture problems may include roof leaks, plumbing leaks, landscaping or gutters that direct water into or under the building, and unvented combustion appliances such as gas stoves. Water damaged building materials supporting mold growth should be cleaned or replaced as quickly as possible in order to ensure a healthy environment. Specific methods of assessing and remediating mold contamination should be based on the extent of visible contamination and the cause of the damage.

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HEALTH EFFECTS: Active mold growth in indoor environments may lead to adverse health effects. The presence of mold on building materials, as identified by the sampling results, does not necessitate that people will be exposed or exhibit health effects. In order for humans to be exposed indoors, fungal spores, fragments, or metabolites must be released into the air and inhaled, physically contacted (dermal exposure), or ingested. Whether or not symptoms develop in people exposed to mold depends on the nature of the fungal material (e.g., allergenic, toxic, or infectious), the amount of exposure, and the susceptibility of exposed persons. Susceptibility varies with the genetic predisposition (e.g., allergic reactions do not always occur in all individuals), age, state of health, and concurrent exposures. For these reasons, and because measurements of exposure are not standardized and biological markers of exposure to mold are largely unknown, it is not possible to determine "safe" or "unsafe" levels of exposure for people in general. The most common symptoms of mold exposure are runny nose, eye irritation, cough, congestion, and aggravation of asthma. Individuals with persistent health problems that appear to be related to mold or other types of air quality contaminant exposure should see their physicians for a referral to professionals who are trained in occupational/environmental medicine or related specialties and are knowledgeable about these types of exposures. Decisions about removing individuals from an affected area must be based on the results of such medical evaluation. Since mold is naturally present in outdoor environments and we share the same air between the indoors and the outdoors, it is impossible to eliminate all mold and their spores from the indoor environment.

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