



How to Hire a Mold Remediator When You Have Mold Illness

A guide for CIRS patients,
mold-literate physicians,
and their families

*Written for anyone vetting a remediator —
even if that remediator isn't us.*



Why this guide exists

If you're reading this, one of a few things is probably true. You've been sick for a long time and you finally have a name for it. Your doctor has told you that your home — or a home you spent significant time in — is contributing to your illness. You've received a mold inspection report, or you're about to. And now you're being asked to make a decision that costs thousands of dollars, on a subject you never wanted to learn, from an industry you have no way to evaluate.

You've probably already heard the stories. Patients who 'had remediation done' and got sick again. Homes that failed clearance testing after remediators walked away. Doctors watching treatment stall because the environmental piece never got resolved.

This isn't a marketing problem. It's a specialty problem.

Most mold remediation companies were trained for water damage. They know how to dry a basement, remove a wet section of drywall, and prevent visible mold growth. That skill set is important — but it isn't the same as the skill set required to remediate a home for someone with CIRS, mycotoxin illness, MCS, or a compromised immune system. Those clients need something different: smaller-particle removal, tighter containment, careful contents handling, and — most importantly — independent verification that the environment is actually safe before they move back in.

Very few remediators do this work. Fewer do it well. And there's no easy way for a patient or a doctor to tell the difference from a website.

That's what this guide is for.

Over the next several pages, you'll learn:

- What proper remediation actually involves, in plain language
- The 10 questions to ask any remediator before you sign a contract
- The red flags that mean walking away is the right call
- How to read the tests your inspector and remediator will talk about
- What proper remediation actually costs, and why the cheap bids aren't a bargain
- How to think about remediation-versus-relocation honestly
- How to keep your treatment team in the loop

You can use this guide with any remediator, anywhere. Nothing in it is specific to us, and we've written it that way on purpose — because the industry doesn't have enough honest information about mold-illness remediation, and every patient making a better-informed decision is a win, whether or not we're the ones doing the work.

What proper remediation looks like

Proper remediation for sensitive clients has five parts, done in a specific order. Missing any one of them — or doing them out of sequence — is the reason most remediations fail. Here's what each does, and why it matters.

1

Containment

Before anything else happens, the work area must be sealed off from the rest of the home using poly barriers, negative air pressure, HEPA filtration, and — for larger jobs — a decontamination chamber the workers pass through. Containment comes first because the moment tear-out begins, contamination becomes airborne. Without containment already in place, removal spreads the problem instead of solving it. This is the single most-skipped step in cheap remediation, and the reason many 'remediated' homes get worse rather than better.

2

Source Removal

Once containment is established, the contaminated materials — moldy drywall, insulation, carpet, subfloor, or wood — are physically removed from the home. This is not optional. Mold that is fogged, sprayed, encapsulated, or 'killed in place' is still inflammatory. Dead mold and mold fragments still trigger immune responses in sensitive individuals. If the plan doesn't include physical removal, it isn't remediation — it's a chemical application.

3

Sanding and Wire Brushing

Structural materials that remain in place — framing, joists, subfloor, and other wood — often have surface contamination that cleaning alone cannot address. These surfaces are mechanically abraded through sanding or wire brushing to physically remove the contaminated top layer. This step is what makes the difference between a substrate that looks clean and a substrate that is actually clean at the material level.

4

Small-Particle Cleaning

With source removal complete, all remaining surfaces and salvageable contents are cleaned using methods that remove fine particulate — the spores, fragments, and mycotoxins that carry the inflammatory load. This uses HEPA vacuuming, damp-wipe sequences, and specific protocols designed to address what standard cleaning leaves behind. Contents are handled in the same detail as the structure itself.

5

Independent Third-Party Verification

Once every step above is complete, the home is tested by an independent inspector — not by the remediator — to verify the environment meets pre-agreed clearance criteria. This typically involves air sampling, surface sampling, moisture verification, and visual inspection. The remediator should never do their own clearance testing. That's like a student grading their own exam.

Standard remediation removes visible mold. Sensitive-client remediation removes the invisible inflammatory load that makes you sick.

The 10 questions to ask any remediator before hiring

Use these questions on every remediator you consider. The answers tell you more than any website.

Print this page, take it with you, or send it before your first call.

1 Will you follow a written remediation protocol based on my inspection report?

- ✓ **GOOD ANSWER:** Yes — either a protocol we deliver after our own assessment, or one written by an independent IEP. Everything is agreed in writing before work begins.
- ✗ **BAD ANSWER:** We'll figure it out when we get there.

2 What containment will you build?

- ✓ **GOOD ANSWER:** A specific description involving poly barriers, negative air pressure, HEPA filtration, and decontamination chambers for larger jobs.
- ✗ **BAD ANSWER:** Vague references to "sealing off the area." Or no containment plan at all.

3 Do you use fogging or ozone as part of your remediation?

- ✓ **GOOD ANSWER:** We do not use fogging or ozone as a substitute for physical removal. Any post-remediation surface treatment, if used, comes after source removal and containment — never as the primary method.
- ✗ **BAD ANSWER:** Fogging or ozone is a core part of what they do.

4 How do you handle the substrate — framing, joists, and subfloor that remain in place after source removal?

- ✓ **GOOD ANSWER:** We sand or wire-brush the remaining substrate to physically remove the contaminated top layer. Cleaning alone doesn't address surface contamination on wood.
- ✗ **BAD ANSWER:** We just wipe it down. Or: We spray it and leave it.

5 What small-particle cleaning process do you use on remaining surfaces and contents?

- ✓ **GOOD ANSWER:** A specific description involving HEPA vacuuming, damp-wipe sequences, and content-handling protocols. They should be able to explain why standard cleaning isn't enough.
- ✗ **BAD ANSWER:** We wipe everything down.

6 Who will do the post-remediation verification testing?

- ✓ **GOOD ANSWER:** An independent, third-party IEP of your choosing. Testing typically includes air sampling, surface sampling, moisture verification, and visual inspection. Clearance criteria are agreed in writing before work begins.
- ✗ **BAD ANSWER:** We test our own work. Or: Testing isn't necessary.

7 What happens if the verification testing doesn't pass?

- ✓ **GOOD ANSWER:** We come back and re-remediate until it does, at no additional cost. In writing.
- ✗ **BAD ANSWER:** We'd have to write a new estimate. Or: That doesn't happen with our work.

8 Do you carry appropriate insurance for this scope of work?

- ✓ **GOOD ANSWER:** Yes — general liability, workers' compensation, and pollution/mold coverage. They can provide certificates on request.
- ✗ **BAD ANSWER:** They fumble or dodge the question.

9 Have you worked with CIRS, mold illness, or MCS patients specifically?

- ✓ **GOOD ANSWER:** Yes, regularly, and they can describe how those jobs differ from standard remediation. Ideally they've worked with mold-literate physicians and can reference the standards those doctors expect.
- ✗ **BAD ANSWER:** We treat all our clients the same. (A red flag in this specialty.)

10 Can you provide references and before/after data from previous jobs?

- ✓ **GOOD ANSWER:** Yes — anonymized case studies, clearance test results from prior jobs, and references from patients or practitioners willing to speak with you.
- ✗ **BAD ANSWER:** Vague reassurances, no documentation, no references.

A remediator who gives strong answers to seven or eight of these is worth serious consideration.

A remediator who dodges three or more is worth walking away from.

Red flags — 8 signs a remediator isn't equipped for mold illness

Any one of these is a reason to slow down. Two or more, and it's time to walk away. These aren't preferences — they're the patterns behind failed remediations, and the reason so many mold-illness patients end up paying twice for work that should have been done right the first time.

✗ 1. Fogging or ozone as the primary method

These are chemical applications, not remediation. They don't remove the inflammatory load — they add chemicals to a home someone with MCS is trying to detox in. Dead mold and mold fragments are still inflammatory. Fogging a moldy home is like painting over a leak.

✗ 5. No discussion of contents

If the remediator doesn't ask what furniture, clothing, books, and belongings are in the affected area, they aren't planning to address them. Contents hold as much inflammatory load as the structure does. Patients often continue getting sick even after the walls are clean if the contents weren't addressed.

✗ 2. No written containment plan

If they can't describe how they'll isolate the work area before you sign, they aren't going to build proper containment on the job. Containment is the first physical step in remediation. A remediator who can't explain it in detail hasn't done it enough.

✗ 6. No HVAC evaluation

If the HVAC isn't part of the conversation, expect recontamination the moment you turn the system back on. Air handlers, coils, and ductwork commonly hold contamination and redistribute it through the home. A filter change is not an HVAC plan.

✗ 3. No third-party clearance testing offered

If the remediator wants to test their own work — or tells you testing isn't necessary — walk away. Independence isn't optional in this specialty. A remediator marking their own work has an obvious conflict of interest, and any doctor reviewing the file will see it that way.

✗ 7. 'One-day mold job' language on a project requiring real containment

Real remediation with containment, source removal, sanding, cleaning, and clearance testing takes days, not hours. A one-day timeline on a serious job means shortcuts are being planned. Sensitive-client remediation is methodical by necessity.

✗ 4. No plan for substrate remediation

If the remediator talks about removal and cleaning but never addresses the framing, joists, subfloor, or other structural materials left behind, something important is missing. Remaining wood often holds surface contamination that needs sanding or wire brushing. If no one brings this up, assume it isn't in the plan.

✗ 8. Pressure to sign fast, discounts that expire, or urgency-based tactics

Reputable remediators for sensitive clients don't operate this way. You should have time to review the protocol, ask questions, talk with your doctor, and make a decision without pressure. If they push, that's your answer.

Testing you'll encounter, and what each is for

Your inspector, your remediator, and your doctor will all talk about testing — sometimes using terms that overlap, sometimes using the same test for different reasons. Here's what each test does, when it's used, and — critically — when it shouldn't be.

Before remediation *(Used to understand what's happening in your home and plan the work)*

ERMI (Environmental Relative Moldiness Index) — A dust sample analyzed by DNA (qPCR) for 36 mold species. Excellent for characterizing the overall mold burden in a home. Used commonly in pre-remediation planning. Requires several weeks of undisturbed dust to produce a meaningful result.

HERTSMI-2 — A shorter subset of ERMI focused on the five species most associated with CIRS. Used for long-term re-entry surveillance decisions.

Air sampling — Captures airborne mold spores at a specific moment. Useful for understanding current airborne exposure and comparing indoor to outdoor levels. Limited by weather and activity — someone walking through a room right before sampling can skew results.

Surface sampling — Tape lifts or swabs from specific surfaces. Useful for identifying visible or suspected growth.

Moisture readings and thermal imaging — Used by inspectors to find hidden moisture, which is the root cause of most mold problems.

After remediation (PRV / remediation clearance testing)

(Used to verify the work is actually done — always performed by a third party, never by the remediator)

Air sampling — Post-remediation air samples inside the previously contaminated area, compared to control locations outside it. Cleared to pre-agreed criteria.

Surface sampling — On cleaned surfaces to verify small-particle cleaning was thorough.

Moisture verification — Confirming that the underlying moisture source has been resolved. If the source isn't fixed, everything else fails eventually.

Visual inspection — A trained independent inspector confirming the work meets standards and no contamination remains.

An important note about ERMI and HERTSMI-2

These tests are excellent tools — for pre-remediation risk assessment and long-term surveillance. They are not valid post-remediation clearance methods. A proper ERMI requires 4–6 weeks of undisturbed dust accumulation to produce meaningful results, which isn't practical for post-remediation verification when patients need to return to a home in weeks, not months. If a remediator offers to 'run an ERMI' as post-remediation clearance, that's a signal they don't understand the test — and it's a red flag worth taking seriously.

Post-remediation testing should always be performed by an independent third party — never by the remediator who did the work. Independence isn't a courtesy. It's the only way to know whether the environment is actually safe.

What proper remediation costs, and why

Most patients don't know what mold remediation should cost — which is exactly what makes them vulnerable to both fog-and-paint bargains and inflated bids. Here's the honest picture, so you can read any bid you receive with clear eyes.

Tier 1	\$3,000 – \$5,000	Smaller, contained jobs — a single affected area with limited scope
Tier 2	\$5,000 – \$15,000	Most jobs — typical mold-illness remediations for sensitive clients
Tier 3	\$15,000 and above	Larger or more complex jobs — extensive contamination, high contents volume, or complex access

What drives the cost

- Square footage of the affected area
- Contents volume and sensitivity (belongings requiring small-particle cleaning)
- Structural complexity and access
- The clearance criteria being tested to
- Complexity of the underlying moisture source that needs resolving

Why very low bids are a red flag, not a bargain

A \$1,500 “whole-home mold treatment” almost always means fogging with no removal, no containment, and no clearance testing. That isn't remediation — it's a chemical application on top of the problem. For a mold-illness patient, it's worse than doing nothing, because it delays real remediation while you continue getting sicker and eventually pay a second time. A cheap bid isn't cheap. It's just paying half the price now for the same problem twice.

How to read your bids

Bids for the same house ranging from \$2,000 to \$30,000 isn't unusual — but that variance almost always reflects wildly different scopes of work, not price competition on the same service. Compare the scopes, not just the bottom lines. If two bids are \$10,000 apart, that difference is usually the difference between fogging and real remediation, not the difference between contractors' margins.

The math that matters

The true cost of a failed remediation isn't the bid you paid. It's another year of illness. Another round of medical bills. The psychological cost of not recovering. And eventually paying again for real remediation, on top of what you already spent. Doing it right once is almost always cheaper than doing it twice.

A written scope from a qualified remediator — with real numbers, defined clearance criteria, and no obligation to hire them — costs a few hundred dollars and prevents the far larger financial mistake of hiring the wrong remediator. It's the cheapest step in the entire process, and the one that protects every dollar that comes after.

Remediation vs. relocation — how to think about the decision

This is one of the hardest decisions in mold illness, and it deserves honesty. Neither answer is a failure. Remediation isn't the "brave" choice. Relocation isn't "giving up." Both are legitimate paths, and the right one depends on your specific home, your specific health status, and your specific finances.

Remediation makes sense when

- The contamination source is identifiable and containable
- The underlying moisture issue can be permanently resolved
- The structure is sound and affected areas can be properly accessed
- The financial cost of remediation is reasonable relative to the home's value and your circumstances
- You're able to be out of the home during the work, or the work can be sequenced around your presence safely

Relocation is the honest answer when

- Contamination is systemic and untraceable to specific sources
- Moisture issues are structural and unresolvable (chronic groundwater intrusion, failed building envelope)
- The cost of proper remediation approaches or exceeds the home's value
- Remediation has already been attempted properly and the home continues to make you sick
- The home has ongoing exposures that cannot be removed (for example, mold behind inaccessible structure)

An honest remediator will tell you when moving is the better call for your situation — and if a remediator is unwilling to have this conversation, that's information about them. A paid remediation assessment is the tool for making this decision. It gives you a written scope and cost estimate before you commit to either path — the difference between an informed decision and a hopeful gamble.

The goal isn't to remediate. The goal is for you to be well.

Working with your doctor

Your treatment team needs to be in the loop on the environmental side of your recovery. Most mold-literate physicians want this — the environment is half of the equation, and they can't judge whether treatment is failing or the home is still exposing you unless they know what's happening. Bringing your doctor into the remediation process isn't overstepping. It's part of the job.

What to give your doctor

- The pre-remediation inspection report (from your IEP)
 - The written remediation protocol (from your remediator, before work begins)
 - The post-remediation clearance testing results (from the independent inspector)
 - A brief summary of the work: what was removed, what was cleaned, what was tested
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When to loop your doctor in

- Before you sign the remediation contract — some physicians will review the protocol and flag concerns
 - When the work is complete and clearance testing is in — most physicians will want to see clearance results before advising re-occupancy
 - If anything about your health changes during or after the work — either direction
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How to make it easy for them

A folder — digital or paper — with each document labeled by date. Doctors are busy; the easier you make it to review, the more likely they are to engage substantively. If your doctor uses a patient portal, upload the documents there. If they prefer email, send them as clearly-labeled PDFs, one email per document. Small logistics choices make the difference between a doctor who engages deeply and one who has to skim.

If your doctor doesn't have opinions about the environmental piece of your case, that's information. Many mold-literate physicians care deeply about the built environment because they've seen treatment fail when it isn't addressed. A physician who doesn't engage with the remediation side of your case may not be the right fit for a mold-illness recovery.

Questions to bring to your doctor

If you're beginning or considering remediation, these are worth discussing with your doctor before signing anything. Print this page, or bring it up on your phone. Not every question will apply to every case — but any answer that surprises you is worth understanding before work begins.

1. Do you have preferences for how the remediation should be done or verified?

Some physicians have specific protocols they trust or specific clearance criteria they require before re-occupancy. Ask before signing anything.

2. Do you want to review the remediation protocol before I sign a contract?

Many mold-literate physicians will do this. It costs you nothing to offer and can prevent a bad remediation.

3. What clearance criteria do you want met before I move back in?

Different physicians use different standards. Getting this in writing before work begins protects everyone.

4. Do you have a preferred IEP for post-remediation testing?

Some physicians have IEPs they've worked with and trust. Using one of them can streamline communication about your case.

5. What symptoms would tell you the environmental piece is still incomplete after clearance?

Understand what to watch for after re-occupancy so you and your doctor can act quickly if something is still wrong.

6. Should I stay somewhere else during the remediation, and for how long after?

Occupancy during remediation is highly individual — depends on your health status, the scope of work, and the type of contamination.

7. How should we coordinate treatment timing with the remediation?

Some physicians pause or adjust protocols during major remediation events. Ask.

8. If remediation doesn't fully resolve my exposure, when do we discuss relocation?

Talk about this before it becomes an emergency. Having criteria agreed on in advance reduces panic when hard decisions come.

Your doctor is on your team. Bringing them into the environmental side of your case isn't overstepping — it's how good care happens.

Glossary

Terms you'll encounter in inspection reports, remediation protocols, medical evaluations, and conversations with your doctor. Come back to this page any time a word slows you down.

CIRS (Chronic Inflammatory Response Syndrome) —

A multi-system illness triggered by exposure to biotoxins including mold and mycotoxins. Treated by mold-literate physicians across a range of frameworks — Shoemaker Protocol, ISEAI-aligned approaches, functional and integrative medicine, and others. Different clinicians use different protocols; what they share is treating the environment as part of the case.

ERMI (Environmental Relative Moldiness Index) —

A DNA-based (qPCR) dust test that quantifies 36 mold species in a home. Used for pre-remediation assessment and long-term surveillance. Not valid for post-remediation clearance.

HEPA (High-Efficiency Particulate Air) —

A filtration standard that captures 99.97% of particles 0.3 microns and larger. Used in vacuums, air scrubbers, and negative air machines during remediation.

HERTSMI-2 —

A shorter subset of ERMI focused on the five species most associated with CIRS. Used for re-entry surveillance and long-term monitoring. Not valid for post-remediation clearance.

HVAC —

Heating, ventilation, and air conditioning system. Occasionally contaminated during mold events; whether it needs to be addressed as part of remediation depends on scope.

IEP (Indoor Environmental Professional) —

A qualified inspector trained to assess indoor mold and other environmental issues. Should be independent from the remediator.

IICRC S520 —

The industry standard for professional mold remediation, published by the Institute of Inspection, Cleaning and Restoration Certification. The standard that remediators for sensitive clients should follow.

MCS (Multiple Chemical Sensitivity) —

A condition in which patients react to low levels of chemical exposure. Often overlaps with CIRS and mold illness, and requires special care during remediation to avoid triggering exposure.

Mycotoxin —

Toxic secondary metabolites produced by certain molds. A significant driver of illness in CIRS patients, and one reason standard remediation isn't enough — mycotoxins remain even after mold is killed.

Negative Air —

A pressure differential maintained inside a containment area using HEPA-filtered air machines. Ensures that any air movement is inward (into the contamination zone) rather than outward — preventing cross-contamination during work.

PRV (Post-Remediation Verification) —

The independent testing performed after remediation to confirm the environment meets pre-agreed clearance criteria. Should always be conducted by a third party, never by the remediator.

Sanding and Wire Brushing —

Mechanical remediation of structural materials that remain in place after source removal. Physically removes the contaminated top layer of framing, joists, or subfloor. A step cleaning alone cannot substitute for.

Shoemaker Protocol —

A treatment framework for CIRS developed by Dr. Ritchie Shoemaker. The environmental component requires a remediated home that meets specific criteria — which is why remediation quality matters so much for these patients.

Small-Particle Cleaning —

A cleaning method targeting sub-visible particulate (spores, fragments, mycotoxins) that standard cleaning leaves behind. Uses HEPA vacuuming and damp-wipe sequences on surfaces and contents.

Source Removal —

The physical removal of contaminated building materials. The foundation of legitimate remediation. Never substituted with fogging, encapsulation, or "killing" mold in place.

What to do next

If you're evaluating remediators anywhere

- Use the 10 questions on every remediator you consider
 - Watch for the 8 red flags
 - Ask for references from mold-literate physicians when possible
 - Ask for anonymized clearance data from prior jobs
 - Don't sign until you have a written protocol you understand
 - Insist on third-party clearance testing with pre-agreed criteria
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If you're in Colorado

We specialize in remediation for CIRS, mold illness, and environmentally sensitive clients across the Denver metro and Colorado Front Range.

If you're planning remediation, let's talk about your project. We'll review the details, answer your questions, and build the right plan for your home and your health.

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If you're outside Colorado

We offer remote protocol review for patients and clinicians anywhere in the country.

If you need help evaluating bids or understanding what a proper scope should include, we're here to help.

About PurePro Restoration

PurePro Restoration is a mold remediation company based in Denver, Colorado, focused exclusively on remediation for CIRS, mold illness, and environmentally sensitive clients. We do one thing: remediation with small-particle cleaning, verified by independent third-party post-remediation testing — done to the standard mold-literate physicians expect for their patients. We serve the Denver metro and Colorado Front Range for on-site work, and we offer remote protocol review for patients and clinicians anywhere in the country.

