## **Indoor Air Quality Concern Form**

This form can be filled out by the building occupant or by a me	mber of the building staff.
Occupant Name:	Date:
Department/Location in Building:	Phone:
Completed by: Title:	Phone:
This form should be used if your concern may be related to ind with temperature control, ventilation, and air pollutants. Your concern may be related to ind with temperature control, ventilation, and air pollutants. Your concern may be related to ind with temperature control, ventilation, and air pollutants. Your concern may be related to ind with temperature control, ventilation, and air pollutants. Your concern may be related to ind with temperature control, ventilation, and air pollutants. Your concern may be related to ind with temperature control, ventilation, and air pollutants. Your concern may be related to ind with temperature control, ventilation, and air pollutants. Your concern may be related to ind with temperature control, ventilation, and air pollutants.	bservations can help to resolve the problem as quickly as
We may need to contact you to discuss your complaint. What	is the best time to reach you?
So that we can respond promptly, please return this form to: _	IAQ Manager or Contact Person
	Doom Building Mail Code
	Room, Building, Mail Code
OFFICE USE ONLY	
File Number: Received By:	Date Received:

### **Indoor Air Quality Concern Form 2** Building Name: \_\_\_\_\_ File Number: \_\_\_\_\_ Address: \_\_\_ Work Location: Occupant Name: \_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Sections 4 discusses collecting and interpreting information from occupants. SYMPTOM PATTERNS What kind of symptoms or discomfort are you experiencing? Are you aware of other people with similar symptoms or concerns? Yes \_\_\_\_\_\_ No \_\_\_\_\_ If so, what are their names and locations? Do you have any health conditions that may make you particularly susceptible to environmental problems? contact lenses chronic cardiovascular disease undergoing chemotherapy or radiation therapy immune system suppressed by disease or allergies chronic respiratory disease other causes chronic neurological problems **TIMING PATTERNS** When did your symptoms start? When are they generally worst? Do they go away? If so, when? Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

### **Indoor Air Quality Concern Form 2**

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SPATIAL PATTERNS
Where are you when you experience symptoms or discomfort?
Where do you spend most of your time in the building?

#### **ADDITIONAL INFORMATION**

Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?

Have you sought medical attention for your symptoms?

Do you have any other comments?

# **Incident Log**

Building Name:	Dates (from):	(to):
Address:	Completed by (name):	

					(chec	Investi k the fo	gation l	Record at were	used)			Outcome/Comments (use more than one line if needed)	Log Entry By (initials)
File Date Problem Location	Complaint Form	Occupant Interview	Occupant Diary	Log of Activities	Zone/Room Record	HVAC Checklist	Pollutant Pathway	Source Inventory	Hypothesis Form				
		_											_

### **Occupant Diary**

Occupant Name:	Title:	Phone:
Location:		File Number:
On the form below, please record each occas may be linked to an environmental condition i		ience a symptom of ill-health or discomfort that you think
It is important that you record the time and da	ate and your location	within the building as accurately as possible,

It is important that you record the time and date and your location within the building as accurately as possible, because that will help to identify conditions (e.g., equipment operation) that may be associated with your problem. Also, please try to describe the severity of your symptoms (e.g., mild, severe) and their duration (the length of time that they persist). Any other observations that you think may help in identifying the cause of the problem should be noted in the "Comments" column. Feel free to attach additional pages or use more than one line for each event if you need more room to record your observations.

Section 6 discusses collecting and interpreting occupant information.

Time/Date	Location	Symptom	Severity/Duration	Comments