

# INDOOR AIR QUALITY PROBLEM REPORTING FORM

Date \_\_\_\_\_

Work area (floor/department/location)

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Symptoms experienced by individual

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Times of day symptoms are experienced \_\_\_\_\_ am \_\_\_\_\_ pm

History of Symptoms (When were they first noticed?)

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Building condition that may be related to indoor air quality problem. (renovation, ventilation, humidity, new equipment, etc.)

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Work activities and process that you may associate with release of air contaminants

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Reported by (Optional) \_\_\_\_\_

Signature (Optional) \_\_\_\_\_

**Submit to: Environmental Health & Safety. CSB-HAB or SJU-NSC 118**