

INDOOR AIR QUALITY PROBLEM REPORTING FORM

Date _____

Work area (floor/department/location)

Symptoms experienced by individual

Times of day symptoms are experienced _____ am _____ pm

History of Symptoms (When were they first noticed?)

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

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

Reported by (Optional) _____

Signature (Optional) _____

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