Indoor Air Quality (IAQ) Questionnaire - Area Supervisor

Name: ________________________________________ Date: ____________________
Dept: ___________________ Building: ________________________ Room: ________

1. No IAQ investigation can begin without this information.
   - Who is the Building Coordinator? __________________________________________
     *(See Safety and Transportation's webpage for a list of Building Coordinators).*
   - Have you contacted the Building Coordinator for your building? _________________

2. Briefly describe the nature of your area's IAQ problem: _______________________
   - When did the IAQ problem start? ___ Is the IAQ problem constant/sporadic/seasonal?
     Please explain __________________________________________________________
   - What locations are affected?
   - Is there a location in your building where these problems do not occur? If so, where?
     - Is your workspace or area:  
     - Does your area have air conditioning? ___ Heating/cooling systems working? _____
     - Check as appropriate for the following conditions:
       ___ Odors present? ___ Excessive dust? ___ Excessive moisture? ___ Mold growth?
     - Has there been a water leak in the area? ___ When? ___________________________
       Please explain __________________________________________________________
     - Excessive moisture/condensation on windows, walls, floor, ceiling or equipment?
       - Do you have control of your thermostat?
       - Does the custodial team do a good job of housekeeping? ____________________
       - Have any changes or activities taken place near your work area recently:
         ___ Construction activities? ___ Increase/decrease in # of people working in the area?
         ___ Heating or cooling system changes? ___ Mowing, roof or chemical treatments?
         ___ Building modifications/layout or use? ___ Carpet cleaning? ___ New furniture?
         ___ Food service area? ___ Research laboratory? ___ New equipment? ___ Others?
       Please explain __________________________________________________________

3. Who has been/is affected within the area? _________________________________
   - What are the common complaint types and frequencies? ____________________
   - What are the common symptom types and frequencies? ____________________
   - What do you think is the most likely cause for poor IAQ in your area?
   - Do you have any additional information about your work area's IAQ? __________

Jan-2015