Indoor Air Quality (IAQ) Questionnaire - Area Supervisor

Name:		Date:			
Dept:	Building:	Date: 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 Duilding Eoordinators). - Have you contacted the Building Coordinator for your building? 2. Briefly describe the nature of your area's IAQ problem:					
			Please explain - What location	ns are affected?	ese problems do not occur? If so, where?
			 Does your are Check as app Odors pres Has there bee Please explain 	Too cold? Too humid? ea have air conditioning? For opriate for the following conductions are sent? Excessive dust? en a water leak in the area?	Excessive moisture? Mold growth?
	control of your thermostat?todial team do a good job of ho	usakaaning?			
- Have any cha Construc Heating of Building	anges or activities taken place nation activities? Increase/depr cooling system changes? modifications/layout or use? vice area? Research laborations				
3. Who has be	en/is affected within the area	?			
- What are the	common complaint types and f	requencies?			
- What are the	common symptom types and fr	equencies?			
- 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?					