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? ____________________________ Contacted? ____
  (See University Directory (phone book) for a list of building coordinators.)
- Have you contacted the Campus Facilities Zone Coordinator for your building? _____
  (See University Directory (phone book) under Campus Facilities - Day Operations)

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? __________

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