

INDOOR AIR QUALITY (IAQ) Diary of Concerns

INSTRUCTIONS

This form is a component of an Indoor Air Quality (IAQ) investigation. If you have questions when completing this form, contact NORTH DAKOTA STATE UNIVERSITY IAQ Coordinator at 231-7759. Please record each occasion when you experience a symptom of ill-health or discomfort that you think may be linked to an IAQ condition in your workplace. It is important that you record the time and date and your location within the building as accurately as possible, because that will help to identify conditions (e.g., equipment operation) that may be associated with the problem. Also, please try to describe the severity of your symptoms (e.g., mild, severe) and their duration (the length of time that they persist). Any other observations that you think may help in identifying the cause of the problem should be noted in the "Comments" column. Feel free to attach additional pages or use more than one line for each event if you need more room to record your observations.

GENERAL INFORMATION

Building Name:	Date:
Room Number:	Name:
Department:	Title:
Floor Level:	Phone No:
Employment Status: <input type="checkbox"/> FT - <input type="checkbox"/> PT	hrs/week – other hrs/week

DIARY

Time/Date	Location	Symptom	Severity/Duration	Weather Conditions	Comments

IAQ Coordinator USE ONLY

File Number	Received By	Date Received
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