

INDOOR AIR QUALITY (IAQ) SUPERVISOR INITIAL RESPONSE FORM

INSTRUCTIONS

This form is used to assist a supervisor with an Initial Response. It is completed following the receipt of a completed IAQ Concern Form. Please thoroughly read all completed IAQ Concern Forms before beginning Supervisor Initial Response. This is not intended to be an intensive or detailed inspection, but rather a quick overview of conditions that can affect IAQ. The Supervisor's Initial Response consists of a walk-through inspection of the workplace. During the walk-through use your senses of sight, smell, feeling and hearing to assess conditions. The form is an instructional guide designed to address easily discernible conditions which can adversely affect IAQ. If you have questions when completing this form, contact NORTH DAKOTA STATE UNIVERSITY IAQ Coordinator at 231-7759.

DESCRIPTION

Briefly describe the IAQ concern:

GENERAL INFORMATION

Building Name:		Date:	
Room Number:		Name:	
Department:		Title:	
Floor Level:		Phone No:	

Visual Observations

Check thermostat setting. Assess level of cleanliness and or housekeeping, look for sources of pollutants, i.e. mold, improperly stored or spilled chemicals. Check for dirty air filters, vents and or window sills. Look for blocked air returns and vents, and other obstructions to ventilation system. Inspect work area for water damage (staining, mold) from plumbing, roof, floor and/or foundation.

Odor Observations

Smell for objectionable odors -including mold, chemical and or sewer. If sewer smells are observed pore water into floor, sink and fixture p-traps.

Tactile Observations

Feel for uncomfortable air temperature, drafts, humidity levels and air flow. Feel building material for excessive moisture or condensation. Wipe flat surfaces to assess dust accumulation.

Sound Observations

Listen for unusual equipment noises which may indicate potential problems with heating ventilation and air conditioning system.

Notes

Action(s) Taken

<input type="checkbox"/> Cause of IAQ concern was determined by supervisor and corrective actions were initiated.	<input type="checkbox"/> Cause of IAQ concern was NOT determined by supervisor. IAQ Supervisor Questionnaire Form completed and sent to IAQ Coordinator, NDSU Safety Office.
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IAQ Coordinator USE ONLY

File Number	Received By	Date Received
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