

INDOOR AIR QUALITY (IAQ) SUPERVISOR QUESTIONNAIRE

INSTRUCTIONS

This form is required to initiate an Indoor Air Quality (IAQ) investigation, and should be completed AFTER you have had an opportunity to visually inspect the area and you have attempted but are unable to identify the cause for any IAQ concern by completing the Supervisor Initial Response Form. If you have questions when completing this form, contact NORTH DAKOTA STATE UNIVERSITY IAQ Coordinator, 231-7759.

DESCRIPTION

Briefly describe the IAQ concern:

GENERAL INFORMATION

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

DESCRIPTION OF IAQ CONCERN

When did the IAQ concern start?		Is the concern resulting in lost work hours?
Indicate the number of employees that have expressed an IAQ concern?		
Describe all symptoms reported (check all that apply)	<input type="checkbox"/> Nasal <input type="checkbox"/> Throat <input type="checkbox"/> Eye <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Pain <input type="checkbox"/> Other (describe)	
Describe the IAQ concern as reported (check all that apply)	<input type="checkbox"/> Too Hot <input type="checkbox"/> Too Cold <input type="checkbox"/> Too humid <input type="checkbox"/> Too dry <input type="checkbox"/> Drafty <input type="checkbox"/> Too stale <input type="checkbox"/> Dusty <input type="checkbox"/> Moisture/flood <input type="checkbox"/> Odor: { <input type="checkbox"/> Sewer, <input type="checkbox"/> Mold, <input type="checkbox"/> Chemical} <input type="checkbox"/> Other (describe)	
Does housekeeping services keep the area clean?		

TIMING PATTERNS

When is the IAQ concern "at its worst?" (check all that apply)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter
Does the IAQ concern go away? If so, when?	
How often is the IAQ concern occurring? <input type="checkbox"/> once <input type="checkbox"/> 1/year <input type="checkbox"/> 1/month <input type="checkbox"/> 1/week <input type="checkbox"/> other (describe)	
Have you noticed any other events that tend to occur around the same time as the IAQ concern?	

SPACIAL PATTERNS

Briefly describe your areas work function and associated activities:
Have any activities changed or been initiated in the area? <input type="checkbox"/> Construction/remodeling <input type="checkbox"/> Increase/decrease in # of occupants in area <input type="checkbox"/> New furniture <input type="checkbox"/> New equipment <input type="checkbox"/> Heating or cooling system (describe) <input type="checkbox"/> Housekeeping (describe)

ADDITIONAL INFORMATION

What do you think is the most likely cause for the IAQ concern?
Do you have any additional information about the IAQ concern?

IAQ Coordinator USE ONLY

File Number	Received By	Date Received
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