

**INDOOR AIR QUALITY PROBLEM REPORTING FORM**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

SITE: \_\_\_\_\_ WORK AREA (ROOM #): \_\_\_\_\_

SYMPTOMS EXPERIENCED: \_\_\_\_\_

\_\_\_\_\_

TIME OF DAY SYMPTOMS EXPERIENCED: \_\_\_\_\_  AM  PM  BOTH

FREQUENCY AND DURATION OF SYMPTOMS: \_\_\_\_\_

\_\_\_\_\_

HISTORY OF SYMPTOMS (SPECIFY WHEN FIRST NOTICED, SEVERITY, ETC.): \_\_\_\_\_

\_\_\_\_\_

BUILDING CONDITIONS THAT MAY BE RELATED TO INDOOR AIR QUALITY PROBLEMS (NEW EQUIPMENT, RENOVATIONS, ETC.) \_\_\_\_\_

\_\_\_\_\_

WORK ACTIVITIES AND/OR PROCESSES THAT MAY RELEASE AIR CONTAMINANTS: \_\_\_\_\_

\_\_\_\_\_

SUGGESTED REMEDIAL ACTIONS TO BE TAKEN: \_\_\_\_\_

\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

PRINCIPAL SIGNATURE: \_\_\_\_\_

**DISTRIBUTION:**

PLEASE FORWARD TO THE DISTRICT HEALTH AND SAFETY CO-ORDINATOR C/O SCHOOL BOARD OFFICE.  
DISTRICT H&S WILL THEN FORWARD TO MAINTENANCE DEPARTMENT AND DISTRICT HEALTH AND SAFETY COMMITTEE.