

Indoor Air Quality Concern Form

This form can be filled out by the building occupant or by a member of the staff.

Date	Occupant/member Name and Signature	
Room Number Number	Name of Building	Telephone

Please describe what you think the indoor air quality concern relates to:

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Please describe any specific physical symptoms you may be experiencing:

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Please describe the weather conditions and make a note of the time of day:

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Please estimate the number of building occupants that are located in the area of concern:

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Please note any other additional observation you would like to make:

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Department use: Date received: _____