Indoor Air Quality Investigation Phase I

Please complete "Environmental Concerns" and "Additional Information" at a minimum. Only complete "Occupant Health Concerns" if the occupant was/is experiencing symptoms.
If you have any questions, please contact the EHS Department @ 475-6270. Please send the completed form to ppvehs@rit.edu.

Occupant Name:_____   Department:_____

Building Name:_____   Room:_____

Occupant Title:_____   Occupant Email:_____

Completed By:_____   Date:_____

*Environmental Concerns

General Information

What is the nature of the problem?

Where is the problem experienced (in one or more locations)?

When was the problem first experienced?

When does it occur or when is it the worst (time of day, day of week, related to certain activities/events)?

Occupant Health Concerns

Symptoms

What kind of symptoms or discomfort are you experiencing?

Are you aware of other people with similar symptoms or concerns? Yes ☐   No ☐

If so, what are their names and locations?

Do you have any health conditions that may make you particularly susceptible to environmental problems?

☐ contact lenses   ☐ chronic cardiovascular disease   ☐ undergoing chemotherapy or radiation therapy

☐ allergies   ☐ chronic respiratory disease   ☐ immune system suppressed by disease or other causes

☐ chronic neurological problems

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Timing

When did your symptoms start?

When are they generally worst?

Do they go away? If so, when?

Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

Spatial

Where are you when you experience symptoms or discomfort?

Where do you spend most of your time in the building?

*Additional Information

Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?

Have you sought medical attention for your symptoms?

Do you have any other comments?