LCSD Maintenance Department
EH&S Coordinator
3420 W. Tharpe Street Suite 200
Tallahassee, Fl 32303
Phone: 617-1777 Fax: 617-1789
Email: greenc@leonschools.net

INDOOR AIR QUALITY (IAQ) QUESTIONNAIRE

INSTRUCTIONS
This form is required to initiate an Indoor Air Quality (IAQ) investigation. If you have questions when completing this form, contact LCSD EH&S Coordinator, 617-1777.

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)	☐Nasal ☐Throat ☐Eye ☐Respiratory ☐Skin ☐Pain ☐Other (describe)	
Describe the IAQ concern as reported (check all that apply)	☐Too Hot ☐Too Cold ☐Too humid ☐Too dry ☐Drafty ☐Too stale ☐Dusty ☐Moisture/flood ☐Odor: {☐Sewer, ☐Mold, ☐Chemical} ☐Other (describe)	
Does housekeeping services keep the area clean?		

TIMING PATTERNS	
When is the IAQ concern “at its worst?” (check all that apply)	☐M ☐T ☐W ☐R ☐F ☐AM ☐PM ☐Spring ☐Summer ☐Fall ☐Winter
Does the IAQ concern go away? If so, when?	
How often is the IAQ concern occurring? ☐once ☐1/year ☐1/month ☐1/week ☐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? ☐Construction/remodeling ☐Increase/decrease in # of occupants in area ☐New furniture ☐New equipment ☐Heating or cooling system (describe) ☐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