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**Indoor Air Quality (IAQ) Questionnaire**

If you have concerns about possible indoor air quality issues please complete the questionnaire, report to safety coordinator and email to Risk Management at a.teixeira@admin.nv.gov or fax (775) 687-3195. Your input is important.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Floor: \_\_\_\_\_\_\_\_\_\_ Room: \_\_\_\_\_\_\_\_

**1. Problem/Complaint Information**

- Briefly describe the nature of your IAQ problem and complaints: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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- Is your workspace or area:

\_\_\_ Too hot? \_\_\_ Too cold? \_\_\_ Too humid? \_\_\_ Too dry? \_\_\_ Drafty? \_\_\_ Too stale?

- Check as appropriate for the following conditions:

\_\_\_ Odors present? \_\_\_ Excessive dust? \_\_\_ Excessive moisture? \_\_\_ Mold growth?

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Does the custodial team do a good job of housekeeping? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Have any of the following activities taken place near your work area recently:

\_\_ Construction activities? \_\_ Increase/decrease in # of people working in the area?

\_\_\_\_ Heating or cooling system changes? \_\_ Mowing or chemical treatments?

\_\_\_\_ Change in building layout or use? \_\_ Carpet cleaning? \_\_ New furniture?

- Is your area carpeted or tiled? \_\_\_\_ Do you have windows in your work area? \_\_\_\_\_\_

Do you have potted plants in your work area? \_\_\_\_\_\_ Reported to your supervisor? \_\_\_\_\_\_

Has this problem been noted in the past? \_\_\_\_\_\_ Do others notice the same issue in the work area? \_\_\_\_\_\_

**2. Personal Information**

- What do you think is the most likely cause for poor IAQ in your area? \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Do you have any additional information about your work area's IAQ? \_\_\_\_\_\_\_\_\_\_\_

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- Is there a location in your building where these problems do not occur? If so, where?­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURES:**

 **Employee:**

 **Safety Coordinator:**

 **Supervisor:**