

PURDUE UNIVERSITY

INDOOR AIR QUALITY CONCERN

Please fill out and submit this form with your immediate supervisor

Name (First & Last): _____ Date: _____

Phone: _____

Email: _____

Building: _____

Room: _____

Problem Description:

1. When did problem first occur: _____

2. Is this a reoccurring problem: Yes No

If Yes, Please describe frequency: _____

3. Is there a specific day of the week or time of day that you experience the problem?

Day: _____ Time of Day: _____

4. Indoor air quality problems include concerns with temperature control, ventilation, mold, and air pollutants. Your observations can help to resolve the problem as quickly as possible. Please use the space below to describe the nature of the concern and any potential causes. Please be as specific as possible:

REM USE ONLY

IAQ Investigation Findings/ Corrective Measures:

- High/Low Humidity
- Mold Growth
- Pesticide Spraying
- Chemical Spill

- Dirty HVAC filters
- Active Water Leak
- Construction In area
- Other: _____

- Dry Traps
- Dirty Carpet/Furniture
- O. A. Intake

- Dirty Heat/Cool Coils
- Temperature Problem
- Cleaning or Maintenance

Corrective Measures: