

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:**