

Appendix A

Appendix A shall be completed by the person with the IEQ concern and then forwarded to the IEQ coordinator at dpaskey@mcpasd.k12.wi.us and the building's principal or designated administrator.

Indoor Environmental Quality (IEQ) Concern Record

			Date Mo./Day/Yr.
General Information			
Name, First, Last	Email Address		Phone Area Code/No.
Street Address	City	State	Zip
Status in Filing Concern <i>Check One</i>			
<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Member of Public

Symptoms of poor indoor air quality are very broad and depend on the contaminant. They can easily be mistaken for symptoms of other illnesses such as allergies, stress, colds and influenza. Common symptoms include:

- Coughing
- Sneezing
- Watery eyes
- Fatigue
- Dizziness
- Headaches
- Upper respiratory congestion

If relief from symptoms is experienced upon leaving a particular room, area or building, the cause may be an indoor air contaminant.

OCCUPANT COMFORT QUESTIONNAIRE

Room Where Majority of Day is Spent? _____

Other Rooms Occupied on a Regular Basis? _____

How Long Have You Worked In:

This Room/Area? _____

This Building? _____

What Rooms Have You Worked In Prior To The Above Stated Location:

Buildings: _____

Rooms: _____

Describe your Indoor Air Quality concerns related to the building?

Are Problems More Evident In One Room?

When Do You Experience Relief From These Symptoms?

When Do These Problems Usually Occur?

Time of Day: AM _____ PM _____ Evening _____

Day of Week: M T W TH F Sat Sun

Month: J F M A M J J A S O N D

Season: Spring Summer Fall Winter

At What Time Do Symptoms Disappear, If Any?

In Your Opinion, What Is The Cause of The Perceived Indoor Air Quality Problem?

Comments: Please comment on factors you consider to be important concerning the quality of your work environment:

IEQ COORDINATOR'S USE ONLY			
Attach all other pertinent documentation			
Date Recorded Mo./Day/Yr.	Date Investigation Begun: Mo./Day/Yr.	Date Investigation Complete: Mo./Day/Yr.	Person Assigned to Investigate
Result of Investigation			
Clean-up, Remediation or Other Work Necessary Yes No		Person Assigned First & Last Name	
Date Work Begun Mo./Day/Yr.	Date Work Complete Mo./Day/Yr.	Follow-Up Contact Made No Yes Date of follow up _____	