

# Supervisor Initial IAQ Investigation

## INSTRUCTIONS

This form is used as an initial inspection form to collect data on indoor air quality concerns. This is not intended to be an intensive or detailed inspection, rather a quick overview of conditions that can affect IAQ. During the inspection use your senses of sight, smell, feeling and hearing to assess conditions. The form is an instructional guide designed to address easily discernible conditions which can adversely affect IAQ. **If the concern cannot be solved with the initial investigation contact an Occupational Safety Specialist via MyHR to assist with further steps.** The Supervisor Initial Investigation Form will be used as the summary sheet for all further investigation of the concern.

**If a hazard is encountered that requires immediate action such as a gas leak or fire, take the appropriate actions as found in the building's emergency response plan.**

**Resources:**

- **MyHR site information**
- **Contact an Occupational Safety Specialist via MyHR to assist with the process**

## GENERAL INFORMATION

Building Address :	Date:
Room Number:	Contact:
Department:	Title:
Floor Level:	Phone No:

## DESCRIPTION OF IAQ CONCERN

When did the IAQ concern start?	Number of occupants in area?
How many occupants are affected?	Is the concern resulting in lost work hours?
Describe all symptoms described during walk-through (check all that apply)	<input type="checkbox"/> Nasal <input type="checkbox"/> Throat <input type="checkbox"/> Eye <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Pain
	<input type="checkbox"/> Other (describe)
Describe all IAQ concerns reported (check all that apply)	<input type="checkbox"/> Too Hot <input type="checkbox"/> Too Cold <input type="checkbox"/> Too humid <input type="checkbox"/> Too dry <input type="checkbox"/> Drafty <input type="checkbox"/> Too stale
	<input type="checkbox"/> Dusty <input type="checkbox"/> Moisture/flood <input type="checkbox"/> Sewer <input type="checkbox"/> Mold <input type="checkbox"/> Chemical odors

## DESCRIPTION OF WORK ENVIRONMENT

Are any of the following conditions present in the interior of workplace? (Describe if checked)

Water damage (Walls, ceiling tiles, carpets) \_\_\_\_\_

Are plumbing traps/sinks dry or pour water down all plumbing traps \_\_\_\_\_

Visible Fungal growth - \_\_\_\_\_

Unusual noises    Uneven heat/cooling    Inadequate ventilation    Dust    Blocked vents    Adjustable thermostats in area \_\_\_\_\_

Is there fresh air coming into the room – this can be checked by holding a tissue up to the vent.    yes    no \_\_\_\_\_

Check where building air intake is located: look at time of day of concerns- check if vehicles idling near air intake  
 yes    no \_\_\_\_\_

Odors, describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Visual Observations (note anything out of the ordinary including housekeeping issues)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS**

**ACTION ITEMS**

- specify next steps and timeline of completion
- if resolved provided detailed description in conclusion
- If no cause for the indoor air quality concern is determined the action taken should be starting an IAQ log as described on step 4 of the IAQ flow chart.

Action:	Person Responsible:	Due Date	Date Completed

**FOLLOW UP** – provide info on follow up to action items if needed

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**CONCLUSION** – provide detailed description of conclusion

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Has IAQ concern been solved? Yes  No

**COMMUNICATION PLAN** – document the communication of Action Items, Follow Up, and Conclusion to the staff

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**RECORD KEEPING** – this document is now a record and must be kept for 3 years