INDOOR AIR QUALITY SURVEY

Name of Requester: ___________________________ Date: _________________

Building: ___________________________ Room(s): __________________

Department: ___________________________ Supervisor: __________________

Y  N  NA

1 [ ] Is there a musty odor in the area ?

2 [ ] Is there visible standing water in the area ?

3 [ ] Is the standing water clean?

4 [ ] Is the standing water dirty?

5 [ ] Does the standing water have an odor?

6 [ ] Is the flooring in the area carpeted ?

7 [ ] Is there water damage to carpets ?

8 [ ] Is the carpeting still wet ?

9 [ ] Was the wet carpet professionally cleaned & dried after becoming water damaged ?

10 [ ] How long after becoming wet was the carpet cleaned and dried ? ________ (hrs.)

11 [ ] Are the floors in the area tiled ?

12 [ ] Are floor tiles warped or separated ?

13 [ ] Are the floors in the area made of wood ?

14 [ ] Is wood flooring in the area warped ?

15 [ ] Is there ceiling or ceiling tile damage ?

   Estimated square footage ___________________________

16 [ ] Is there visible mold on the ceiling or ceiling tile ?

   Estimated square footage ___________________________

17 [ ] Does the room have an air return(s) in the ceiling ? Number ? ________

18 [ ] Does the room have an air diffuser(s) in the ceiling ? Number ? ________

19 [ ] Are air diffusers in the area open ?

20 [ ] Are air diffusers in the being blocked closed or redirected with home made device ?
**INDOOR AIR SURVEY**

Name of Requester: ________________________________  Date: ______

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</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>NA</td>
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</tbody>
</table>

21 Is the surface of the air diffuser(s) clean?
22 Is the surface of ceiling tile around the air diffuser(s) clean?
23 Is the room under positive pressure compared to surrounding areas?
24 Is the room under negative pressure compared to surrounding areas?
25 Is there visible water damage to walls?
   Estimated square footage: __________________________
26 Are walls made from dry wall?
27 Are room walls papered or covered with some other treatment?
28 Is the wall-paper, or wall treatment, warping or separating?
29 Is there visible mold growth on wall-paper or wall treatment?
30 Is there visible mold damage to walls?
   Estimated square footage: __________________________
31 Is there visible water leakage through or around windows?
32 If there damage to the walls around or below window?
   Estimated square footage: __________________________
33 Is there visible mold growth in windows, on windows, window sills or frames?
34 Is the water damage to books or records?
35 Is there mold damage to books or records?
36 Is there a current PM log for the AHU hanging on or near the unit?
37 Has AHU servicing the area been inspected in the last 6 months?
38 When was the last PM conducted on the AHU?
   __________________________
39 Is anything stored in the room with the AHU?
   Identify items: __________________________
40 Are filters intact?
41 Are the filters in place?
INDOOR AIR SURVEY

Name of Requester: _______________________________  Date: _______________

Y  N  NA

43  Are filters clean?  
44  Are filters dry?  
45  Does the filter have a musty smell?  
46  Is there visible mold on the filters?  
47  When were the air filters last changed?  (Months)  
48  What is efficiency of filters?  (%)  
49  Does the AHU drip pan contain standing water?  
50  Does the AHU(s) drip pan contain slime, mold, rust or dirt?  
51  Is the AHU drip pan clean?  
52  When was the last time the drip pan was inspected?  (Months)  
53  Is the AHU cooling coils clean?  
54  Does the AHU(s) have mold on the cooling coils?  
55  When was the last time the cooling coils were inspected?  (Months)  
56  Percent of air recirculated?  (%)  
57  Room temperature:  (°F)  
58  Room relative humidity:  (%)  
59  Room Particle Count:  

<table>
<thead>
<tr>
<th>Diameter</th>
<th>Part. / L</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.3 μm</td>
<td></td>
</tr>
<tr>
<td>0.5 μm</td>
<td></td>
</tr>
<tr>
<td>1.0 μm</td>
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<td>3.0 μm</td>
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<td>10.0 μm</td>
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INDOOR AIR SURVEY

Name of Requester: ________________ Date: ____________ Room: __________

60 Outside temperature (°C):

<table>
<thead>
<tr>
<th>Location 1</th>
<th>Location 2</th>
<th>Average</th>
</tr>
</thead>
</table>

61 Outside relative humidity (%):

62 Outdoor Particle Count:

<table>
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<tr>
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Note any activity going on inside or outside the building that may contribute to the IAQ problem (construction, use of cleaning chemicals, storage of chemicals, etc)

________________________________________________________________________
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Note nature of requesters concern.

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