

## Environmental Health Management Program

### Occupant Survey Form

In order to help resolve and prevent indoor air quality (IAQ) concerns in your work area, please complete this form as accurately and in as much detail as possible, even if you are not experiencing any symptoms. Attach additional sheets if more space is needed.

Please return this form to: Maintenance & Operations Department Attn: Lizette Festa Administrative Assistant

Date: \_\_\_\_\_ Name (optional): \_\_\_\_\_

Location/Room #: \_\_\_\_\_

**Describe any symptoms or discomfort you are experiencing:**

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**Do you associate your symptoms with any particular times of the day/week or any other events?**

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**Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?**

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**Do you have any other comments or questions?**

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