

Indoor Air Quality Form

This form can be filled out by the building occupant or by a member of the building staff.

OCCUPANT NAME: _____

**DEPARTMENT/LOCATION
IN BUILDING:** _____

PHONE: _____ **DATE:** _____

COMPLETED BY: _____

TITLE: _____ **PHONE:** _____

This form should be used if your inquiry is related to indoor air quality. Indoor air quality problems include concerns with temperature control, ventilation, 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 inquiry and any potential causes.

After completing this form, look to see if there are any problems that occur that could be easily fixed. For instance: "am I too close to the copy machine?" and "do the air filters need changing or cleaning?" Sometimes there are easy, common sense solutions to these problems. The ORCBS and Physical Plant often work together to respond to indoor air quality concerns. However, proper direction of concerns will help reduce response time. Concerns regarding odors or health effects should be forwarded to the ORCBS. Concerns regarding temperature and/or humidity control should be forwarded to the Physical Plant, HVAC department. **Should a call to the Office of Radiation, Chemical and Biological Safety (ORCBS) be necessary, please have this form filled out as completely as possible.** This will help them assess the potential causes and seek the appropriate resolution to your air quality concerns.

As always, the CT Union Health and Safety Committee, as well as the CTU Staff are pleased to assist you in any way we can.