

Indoor Air Quality Investigation Request Form

George Mason University employees may request an indoor air quality (IAQ) investigation by filling out this form and returning it to the Environmental Health & Safety Office (EHS) at safety@gmu.edu.

SECTION 1 - REQUESTOR'S CONTACT INFORMATION

Last Name	First Name	MI
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Department		
<input style="width: 98%;" type="text"/>		
Office Location (Campus / Building / Room)		MSN#
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Phone	Fax	Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		Date
		<input style="width: 95%;" type="text"/>

SECTION 2 - LOCATION INFORMATION FOR IAQ INVESTIGATION

IAQ Investigation Location (Campus / Building / Room)

SECTION 3 - AFFECTED LOCATION SUPERVISOR INFORMATION

Last Name	First Name	MI
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone	Fax	Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SECTION 4 - WORK AREA CONDITIONS

How many people work in this area?

Is the supervisor of the affected area aware of the concern? Yes No

Please describe any symptoms believed to be related to work environment:

If above symptoms vary by time of day, day of the week, or outdoor conditions, please describe:

How long have occupants been concerned about IAQ in the area?

Have there been any water leaks from the roof, windows, plumbing, etc? Yes No

SECTION 4 - CONTINUED

If yes, please describe what happened the date it occurred, and the area that was affected. If a leak affected a carpeted area, please let us know if the carpet was cleaned or replaced and, if so, how quickly this took place:

Please describe any information that may be relevant to the cause of the IAQ concern, (example: recent or ongoing construction, nearby chemical use, visible microbial growth):

Employees who experience symptoms that they believe are related to their work environment are encouraged to fill out a First Report of Accident Form (<http://hr.gmu.edu>). If you have any questions about how to fill out this form, you may call Human Resources and Payroll at 703-993-7756.