

### Indoor Air Quality Log

Please email the completed form to the Environmental Health & Safety Office (EHS) at [safety@gmu.edu](mailto:safety@gmu.edu).

#### SECTION 1 - CONTACT INFORMATION

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

#### SECTION 2 - INDOOR AIR QUALITY JOURNAL

Please record each occasion when you experience a symptom of ill-health or discomfort that you think may be linked to Indoor Air Quality.

|  |  |                  |
|--|--|------------------|
| <b>Date:</b>   | <b>Estimated Time of Onset:</b>  |                  |
| Severity: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High |  |                  |
| <b>Symptoms</b>  | <b>Duration</b>  | <b>Frequency</b> |
|  |  |                  |
| HVAC On: <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | Windows: <input type="checkbox"/> Open <input type="checkbox"/> Closed |                  |
| <b>Weather Conditions:</b>   |  |                  |
| Ongoing Construction Project Nearby: <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |                  |
| If Yes, provide Construction Location:   |  |                  |
| <b>Additional Information:</b>   |  |                  |

|  |  |                  |
|--|--|------------------|
| <b>Date:</b>   | <b>Estimated Time of Onset:</b>  |                  |
| Severity: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High |  |                  |
| <b>Symptoms</b>  | <b>Duration</b>  | <b>Frequency</b> |
|  |  |                  |
| HVAC On: <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | Windows: <input type="checkbox"/> Open <input type="checkbox"/> Closed |                  |
| <b>Weather Conditions:</b>   |  |                  |
| Ongoing Construction Project Nearby: <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |                  |

**SECTION 2 - CONTINUED****If Yes, provide Construction Location:****Additional Information:****Date:****Estimated Time of Onset:****Severity:**  Low  Moderate  High

| Symptoms | Duration | Frequency |
|----------|----------|-----------|
|          |          |           |

**HVAC On:**  Yes  No**Windows:**  Open  Closed**Weather Conditions:****Ongoing Construction Project Nearby:**  Yes  No**If Yes, provide Construction Location:****Additional Information:****Date:****Estimated Time of Onset:****Severity:**  Low  Moderate  High

| Symptoms | Duration | Frequency |
|----------|----------|-----------|
|          |          |           |

**HVAC On:**  Yes  No**Windows:**  Open  Closed**Weather Conditions:****Ongoing Construction Project Nearby:**  Yes  No**If Yes, provide Construction Location:****Additional Information:****Date:****Estimated Time of Onset:****Severity:**  Low  Moderate  High

| Symptoms | Duration | Frequency |
|----------|----------|-----------|
|          |          |           |

**HVAC On:**  Yes  No**Windows:**  Open  Closed**Weather Conditions:****Ongoing Construction Project Nearby:**  Yes  No**If Yes, provide Construction Location:****Additional Information:**