

INDOOR AIR QUALITY (IAQ) INCIDENT REPORT

SCHOOL NAME: _____

Issue: Sudden onset of physical symptoms

Date: _____

Location (Room#) _____

How many people affected? _____

Symptoms _____

Date of room inspection _____

Check room for the findings:

a. Moisture incursion (water stains)

YES NO

b. Odor (what type)

YES NO

Type: _____

c. HVAC system working?

YES NO

If not, what is the problem? _____

d. Visible mold growth?

YES NO

If yes, what surface? _____

e. Cleanliness

YES NO

f. Non approved product

YES NO

If yes, list products _____

g. Upholstered furniture or item

YES NO

If yes, what type - give description _____

h. Plants

YES NO

i. Stuffed animals

YES NO

j. What is the room temperature? _____

k. Are the windows open?

YES NO

Was a vendor/environmental specialist involved? YES NO

If yes, name of vendor/environmental specialist _____

Date arrived _____

Work order # _____

Lab testing ordered? YES NO

If yes, what testing was done? _____

Date of sampling _____

Date completed _____

Additional comments: _____

Person completing report: _____

Date: _____

Print Name

Signature

INDOOR AIR QUALITY (IAQ) INCIDENT REPORT

SCHOOL NAME: _____

Issue: Visible Mold Growth

Date: _____

Where is mold seen?

Room # _____ Location: _____

On what surface material:

a. Sheetrock

YES NO

b. wall paper

YES NO

c. ceiling tile

YES NO

d. carpet

YES NO

e. wood

YES NO

f. paper/cardboard

YES NO

g. other (explain)

Was a vendor/environmental specialist involved?

YES NO

If yes, name of vendor/environmental specialist

Date arrived

Work order #

Lab testing ordered

YES NO

If yes, what testing was done?

Date of sampling

Date completed

Additional comments:

Person completing report:

Date: _____

Print Name

Signature

INDOOR AIR QUALITY (IAQ) INCIDENT REPORT

SCHOOL NAME: _____

Issue: Unusual Odor

Type of Odor:

Date: _____
Date of Initial Investigation

a. Oil/Gas

Location/Room # _____

Finding: _____

Remedy: _____

b. Mold / Mildew

Location/Room # _____

Date of Initial Investigation _____

Finding: _____

Remedy: _____

c. Chemical

Location/Room # _____

Date of Initial Investigation _____

Finding: _____

Remedy: _____

d. Fragrance

Location/Room # _____

Date of Initial Investigation _____

Finding: _____

Remedy: _____

e. Septic

Location/Room # _____

Date of Initial Investigation _____

Finding: _____

Remedy: _____

f. Sewer gas

Location/Room # _____

Date of Initial Investigation _____

Finding: _____

Remedy: _____

g. Other (explain)

Location/Room # _____

Date of Initial Investigation _____

Finding: _____

Remedy: _____

Did HVAC mechanic check the system
(supply/return/exhaust) for this room?

YES NO

If yes what date?

Finding? _____

Was a vendor/environmental specialist involved?

YES NO

If yes, name of vendor/environmental specialist

Date arrived

Work order #

WO# _____

Lab testing ordered?

YES NO

If yes: What testing was done?

Date of Sampling

Date Completed

Additional comments:

Person completing report:

Date: _____

Print Name

Signature

INDOOR AIR QUALITY (IAQ) INCIDENT REPORT

SCHOOL NAME: _____

Issue: Water Leak or Interior Flood

Date: _____

Location/Room # _____

What got wet:	<input type="checkbox"/>	Date Water Vacuum Extracted	Date Cleaned	Date Removed / Replaced
a. ceiling tiles	<input type="checkbox"/>	_____	_____	_____
b. walls (sheetrock)	<input type="checkbox"/>	_____	_____	_____
c. carpet	<input type="checkbox"/>	_____	_____	_____
d. floor tile	<input type="checkbox"/>	_____	_____	_____
e. books	<input type="checkbox"/>	_____	_____	_____
f. papers	<input type="checkbox"/>	_____	_____	_____
g. cardboard	<input type="checkbox"/>	_____	_____	_____
h. Other (describe)	<input type="checkbox"/>	_____	_____	_____

Was a vendor/environmental specialist involved? YES NO

If yes, name of vendor/environmental specialist _____

Date arrived _____

Work order # _____

Laboratory testing ordered YES NO

If yes, what testing was done? _____

Date of sampling _____

Date completed _____

Additional comments: _____

Person completing report: _____

Date: _____

Print Name

Signature