**PAGE 1**

**RESPONSIBLE REPORTER INFORMATION (to be completed by Responsible Building Party)**

Campus/College/Work Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OPP Area or Maintenance ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicable Building I/D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area or Maint. Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Floors and Rooms Affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Total occupants in area: |  | No. persons reporting conditions or symptoms: |  |

Person Submitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Unit/Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPANT INFORMATION (To be completed by individual Occupant)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus/Work Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

**Please complete the following information. To strengthen the inquiry and response, individual occupants should complete this information independently, to emphasize their specific experience of the conditions.**

**1. Description of IAQ Environment Conditions (Note: Health symptom questions presented at Page 2).**

**Please check the box, as applicable to the Environment/Workplace Conditions (not health symptoms)**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Single, or limited noticeable environmental factors (see below) |  | Multiple factors |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Continuous during occupancy |  | Intermittent, variable |  | Cyclical, consistent |

**Describe the noticeable IAQ conditions/problem:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

**Are you independently aware of other occupants reporting conditions?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Workspace Temperature:** |  Too hot |  Too cold | |  Hot spots in space | | |  OK-Acceptable |
| **Humidity:** |  Too humid |  Too dry | |  Visible condensation | | |  OK-Acceptable |
| **Water stains:** |  Windows |  Ceiling |  Floor | |  Other (below) | |  OK-Acceptable |
| **Visible mold:** |  Windows |  Ceiling |  Floor | |  Other (below) | |  Other (below) |
| **Air Movement:** |  Too drafty |  Too stagnant | |  Specific areas? | | |  OK-Acceptable |
| **Building odors:** |  “Stale air” |  Moldy |  Foul Odor | | |  Other? |  OK-Acceptable |
| **Area dustiness:** |  Settled dust |  Black/ dust on vents, ceiling tracing | | | | |  OK-Acceptable |

**Describe noticeable conditions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recent activities near or within the work area (check as appropriate, indicate dates)**

|  |  |
| --- | --- |
|  Construction: |  Increase/decreased occupants: |
|  Heating/cooling system change: |  Outdoor mulch, lawn care, chemicals: |
|  Building layout/use change: |  Carpet cleaning: |
|  Flooring change: |  New furniture/furnishings: |
|  Recent water incursion/repair: |  Windows/opening: |
|  Janitorial service change: |  Pesticide application/odors: |
|  Building related activity/sources (describe): | |

**Describe further:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAGE 2**

**OCCUPANT SYMPTOM INFORMATION (to be completed by individual occupant)**

**2. Description of Reported Occupant Symptoms** **(Describe or check/ further describe symptoms):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noticeable start of symptoms (Approximate Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  Eye, nose, throat irritation, itchiness |  Dry skin |  Irritated or itchy skin irritation |

|  |
| --- |
|  Symptoms pattern or cyclical (describe): |

|  |
| --- |
|  Symptoms subside after leaving work? (describe IF Yes): |

|  |
| --- |
|  Symptoms coincide with building activity? (describe IF Yes): |

|  |  |  |  |
| --- | --- | --- | --- |
| Symptoms related to: |  Events |  Seasonal |  Indoor/Outdoor Activity  (example: floor cleaning, construction, smoking, grass cutting, heating food, indoor maintenance, etc.) |

**Describe as applicable:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
|  Have you sought medical assistance/ support for symptoms? (circle): **YES NO** |

|  |
| --- |
|  If YES above, are you available to discuss further? (circle): **YES NO** |

|  |
| --- |
|  If YES, how can you be reached (preferred contact method): |

|  |
| --- |
|  Do you prefer that EHS or your Safety Officer contact you separately or independently? (circle):  **YES NO**  You may reach EHS through the EHS contact form at the EHS website[**https://ehs.psu.edu/contact-us**](https://ehs.psu.edu/contact-us)  **Or by phone at 814-865-6391**  NOTE: It is advised that your work unit, in coordination with EHS and your Safety Officer be engaged for assistance with environmental and building-related health concerns. |

**OTHER COMMENTS OR NOTES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_