BRYN MAWR
COLLEGE

EHS Indoor Air Quality Complaint Form

Email completed form to ehs@brynmawr.edu

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

Department: _____

Applicable Building: _____

Specific Floors and Rooms Affected: _____

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

Person Submitting: _____ Job Title/Function: _____ Contact Phone: _____ Email: _____ Date Submitted: _____

OCCUPANT INFORMATION (To be completed by individual Occupant)

Name _____ Department _____ 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: _____

_____

Are you independently aware of other occupants reporting conditions? ☐ YES ☐ NO

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):	

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OCCUPANT SYMPTOM INFORMATION (to be completed by individual occupant)

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

_____

_____

_____

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:

_____

_____

☐ 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 contact you separately or independently? (check)

YES ☐ NO ☐

You may reach EHS via emailing ehs@brynmawr.edu

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Occupant Diary Occupant

In the table below, record each occasion when you experience a symptom of ill-health or discomfort that you think may be linked to an environmental condition in this building. It is important that you record the time and date and your location within the building as accurately as possible because that will help to identify conditions (e.g., equipment operation) that may be associated with your problem. Also, please try to describe the severity of your symptoms (e.g., mild, severe) and their duration (the length of time that they persist).

Time/Date	Location	Symptom	Severity/Duration	Comments