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**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):**

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

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

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

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:**

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