

Indoor Air Quality Assessment Report

The IAQ Coordinator completes this report when a building occupant has submitted a written IAQ Observation related to the indoor air environment at a University owned or managed facility.

Date: _____ Time: _____ Weather: _____

Building: _____ Room Number/Location: _____

IAQ Report Number: _____ Work Order Number: _____

This is (check one) First Follow-up _____ Second Follow-up _____ Third Follow-up _____

Brief Description of Original Concern: _____

Outside Temperature: _____ Outside Humidity: _____

Building Temperature: _____ Building Humidity: _____

Room Temperature: _____ Room Humidity: _____

Building Occupant(s) Interview Comments: _____

Items to Verify: _____

Coordinator's Observations/Recommendations: _____

Report Completed By: _____ Date: _____

Instructions: 1) Complete upon receipt of written IAQ Observation Form, 2) Submit to IAQ Program Manager (Facilities Services Director) and the UHV Campus Safety and Risk Manager.