The University Of
TAMPA

Indoor Air Quality Investigation Complaint Forms

University of Tampa Personnel

Updated August 2024

Revision 1.1

RECORD OF AMENDMENTS

Date	Section	Amendment	Initial
08/15/24	P.2	Update Contact Information	LKJ

When using a paper copy of this document, verify that it is the same version number as the on-line version located at http://ut.edu/ehs.

Indoor Air Quality Complaint Form

This form can be filled out by the building occupant or by a member of the building staff.

Occupant Name: _____ Date: _____

Department/Location in Building: _____ Phone: _____

Completed by: _____ Title: _____ Phone: _____

This form should be used if your complaint may be related to indoor air quality. Indoor air quality problems include concerns with temperature control, ventilation, and air pollutants. Your observations can help to resolve the problem as quickly as possible. Please use the space below to describe the nature of the complaint and any potential causes.

We may need to contact you to discuss your complaint. What is the best time to reach you? _____

So that we can respond promptly, please return this form to: Lori Jennis, CIH

IAQ Manager or Contact Person

LJennis@UT.edu

OFFICE USE ONLY

File Number: _____ Received By: _____ Date Received: _____

Occupant Interview

Building Name: _____ File Number: _____

Address: _____

Occupant Name: _____ Work Location: _____

Completed by:_____ Title: _____ Date:_____

Sections 4 discusses collecting and interpreting information from occupants.

SYMPTOM PATTERNS

What kind of symptoms or discomfort are you experiencing?

Are you aware of other people with similar symptoms or concerns? Yes ____ No ____

If so, what are their names and locations? _____

Do you have any health conditions that may make you particularly susceptible to environmental problems?

- ☐ contact lenses
- ☐ allergies
- ☐ chronic cardiovascular disease
- ☐ chronic respiratory disease
- ☐ chronic neurological problems
- ☐ undergoing chemotherapy or radiation therapy
- ☐ immune system suppressed by disease or other causes

TIMING PATTERNS

When did your symptoms start?

When are they generally worst?

Do they go away? If so, when?

Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

Occupant Interview

SPATIAL PATTERNS

Where are you when you experience symptoms or discomfort?

Where do you spend most of your time in the building?

ADDITIONAL INFORMATION

Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?

Have you sought medical attention for your symptoms?

Do you have any other comments?

Occupant Diary

Occupant Name:_____ Title: _____ Phone: _____

Location: _____ File Number: _____

On the form below, please 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). Any other observations that you think may help in identifying the cause of the problem should be noted in the "Comments" column. Feel free to attach additional pages or use more than one line for each event if you need more room to record your observations.

Section 6 discusses collecting and interpreting occupant information.

Time/Date	Location	Symptom	Severity/Duration	Comments

Log of Activities and System Operations

Building Name: _____ Address: _____ File Number:_____

Completed by:_____ Title: _____ Phone: _____

On the form below, please record your observations of the HVAC system operation, maintenance activities, and any other information that you think might be helpful in identifying the cause of IAQ complaints in this building. Please report any other observations (e.g., weather, other associated events) think may be important as well.

Feel free to attach additional pages or use more than one line for each event.

Equipment and activities of particular interest:

Air Handler(s): _____

Exhaust Fan(s): _____

Other Equipment or Activities: _____

Date/Time	Day of Week	Equipment Item/Activity	Observations/Comments