



San José State
UNIVERSITY

Risk and Compliance Indoor Air Quality Questionnaire

Please complete this form and send to HR – Safety
Phone: 408-924-2155 / fax 408-924-2148 / mail stop: 0046

GENERAL INFORMATION ABOUT THE AIR QUALITY ISSUE AND LOCATION

Name: _____ Date: _____
 Department: _____ Phone No: _____
 Work Location _____ Suspected Air
 Quality Cause _____
 Other comments: _____

SYMPTOM PATTERNS

What kind of symptoms or discomfort are you experiencing:
 Are you aware of other people with similar symptoms or concerns? If so, what are their names and work locations?
 Do you have any health concerns that may make you particularly susceptible to environmental problems?
 Wear contact lenses Chronic neurological problems
 Allergies Chronic respiratory disease or asthma
 Do you smoke Immune system suppressed by disease/other
 Chronic cardiovascular disease Other related health issues: _____

TIMING PATTERNS

How long have you been at your current work location?
 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?

SPACIAL PATTERNS

Where are you when you experience symptoms or discomfort?
 Where do you spend most of your time in the building?
 Do any of the following apply to you?
 Operate video display terminal at least 10% of the workday
 Operate photocopier machines at least 10% of the workday
 Use or operate other special office machines or equipment? Specify:
 Work-station located near a copy machine
 Work in a carpeted office

ADDITIONAL INFORMATION

Do you have any observations about the building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?
 Is there a history of flooding or water damage? If so, please list dates, locations, and circumstances:
 Briefly describe your primary job tasks:
 Have you sought medical attention for your symptoms?
 Do you have any other comments?