

Indoor Environmental Questionnaire and Investigation

This form is intended to be used when any complaint of discomfort or illness is reportedly caused by a Wenatchee School District facility or system and cannot be resolved by the custodial staff or M&O staff via the work order system. See MNO-P010.

Although discomfort can result from lighting or noise as well as air, this form is focused mainly on air quality. Air quality issues are the most difficult to find and resolve and therefore require more in depth investigatory techniques.

Principal: Please review this document and provide to the complainant for completion. Upon return to you, please contact the M&O Supervisor.

Complainant: Please fill out this form completely and accurately and return to the building principal or director.

Wenatchee School District M&O department will conduct a thorough investigation and take several steps to try and find a resolution. The Wenatchee School District M&O Dept. has the equipment and knowledge to begin an indoor environmental investigation and likely to solve the problem.

Along with our investigation, we will ask the individual experiencing problems and other building staff to take part in the investigation and take steps as well.

The first steps taken to resolve an indoor air quality concern, in conjunction with the investigation, are as follows:

- ✚ Removal of all classroom animals in the classroom and the surrounding wing.
- ✚ Removal of any plug-in deodorizers and other sources of volatile organic compounds.
- ✚ Removal of any stuffed furniture and stuffed animals which may harbor allergy and asthma triggers and give off VOC's.

WSD M&O takes air quality concerns very seriously and will investigate with the goal of speedy resolution. Outside agencies will be called in to assist with the investigation only upon approval of the Superintendent of Assistant Superintendent of Operations of the Wenatchee School District.

See MNO-P010 at <http://home.wsd.wednet.edu/pms/m%26o/MNO-P010.pdf>

**Indoor Environmental Quality
Complaint and Initial Investigation Form**

If you are experience health problems, discomfort, or irritation from odors, temperature, lighting, or other facility influences, please fill out this form.

Please describe the location where you experience problems:

Name of school/building:

Area(s) or room number(s):

Date you began experiencing problems:

Date you took this room assignment:

Previous school and/or room assignment:

Please describe the discomfort or problem you are experiencing:

Please check if there are any of the following items in the area or nearby in other rooms:

	<u>In Classroom</u>	<u>Nearby</u>	<u>Additional Info</u>
Animals, live or dead	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stuffed Furniture	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stuffed Animals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish Tanks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plug-in air fresheners	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food or pets in lockers/desks	<input type="checkbox"/>	<input type="checkbox"/>	_____
High dust collection areas such as cluttered shelves or storage	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is there any evidence of the following in the area

Detail:

- Water stains in the ceiling or walls _____
- Moisture or standing water _____
- Excessive dust on shelves, etc. _____
- Spilled food stains in the carpet _____
- Foreign odors _____
- Other notable conditions _____

Have you seen a physician regarding this problem? Has your physician identified specific allergy triggers (optional)?

Are you allergic to any antibiotics? Please list.

Does this problem present itself at a certain time each day, week, or month, or seasonally?

Is there any activity or event that consistently coincides with the problem presenting itself?

Does the problem subside at a specific time each day, week, or month?

Are there any actions that lessen or alleviate the problems, such as opening windows, doors, or going outside?

Please consider and describe any changes in personal habits or hygiene you have recently made, such as perfumes, soaps, candles, etc.

If the problem is periodic, please record the symptoms on a calendar along with other notably coinciding events, e.g. mowing, class projects, rainy days.

Name of individual requesting investigation: _____

Position with or relationship to WSD: _____

Date this form completed: _____

M&O Indoor Air Quality Inspection

Activity _____ Finding _____ Date _____

Check filters and note % of loading:

Replace filters if over 50% loaded:

Check fan for proper operation and direction:

Check fan operating schedule:

of students in class:

CO₂/CO readings in the following areas:

- In the area with class in session
- In the area w/o class in session
- In the adjacent hallways populated
- In the adjacent hallways vacant

CO ₂	CO

CFM reading of air supply:

CFM reading of return air:

Temperature setpoints:

Occupied temperature:

What is room exposure (N,S,E,W):

Operable windows (Y/N):

Smoke test to determine air pressurization and areas of air flow to determine source.

Describe: _____

Examine outside air source inlet for contaminant sources.

Describe: _____

Examine the area or classroom for possible sources of contamination.

Describe: _____

Examine sheetrock walls and ceiling tiles for signs of dampness, softness, bubbling, discoloration, odors, and other indications of new or recent moisture intrusion and mold.

Describe: _____

Examine particle board built-in or standalone furnishings for wicked up moisture from the floor.

Describe: _____

Additional Notes: