

NEW PRAGUE AREA SCHOOLS

Indoor Air Quality Concern Form

This form should be used if your concern 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.

Name: _____ Date: _____

Building: _____ Phone: _____

Location of Concern in Building: _____

Please circle your appropriate identification:

Employee Parent Visitor Volunteer Student Other _____

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

SYMPTOMS

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?

TIMING

When did your symptoms start?

When are they generally worse?

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 have a tendency to trigger you symptoms?

General Comments

RETURN FORM TO CENTRAL SERVICES