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Health Hazard Survey Questionnaire

Date: _____

Respondent (please print): _____

Building _____ Room _____ Ext. _____

Instructions: Please complete this form and return it to your supervisor. The information in this form should represent only your opinion and not those of your coworkers. Forms should not be completed by groups of people or by second parties for others.

1. Your work location(s):

2. Provide a description of your complaint(s) (include symptoms, physician's visits and other relevant information): _____

When did problem begin? _____

Is there a pattern of occurrence? _____

3. Is there an odor involved? _____

Describe odor as to type, when it began, frequency and usual time of occurrence:

4. What do you believe are the possible causes of the problem?

5. Other comments:

6. Department/Supervisor: _____

Signature _____