



Indoor Air Quality Worksheet

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Overview

The purpose of this checklist is to provide the EHRS investigator with a guide to ensure thorough and consistent indoor air quality investigations.

Preliminary Investigation & Facility Contact Information

Facility name: _____ Facility address: _____

Facility manager or building contact: _____

Location of complaint(s): _____

Description of area: _____

Number of individuals in this work area: _____

Approximate size of the area in square feet: _____

Air handler that serves the area: _____ Air handler location: _____

Other areas served by same air handler: _____

Primary requester/complainants: _____

Primary requester/complainant contact information: _____

Date of request: _____ Date investigation started: _____

Investigator(s): _____

Health Hazard Survey submitted to occupant(s) Y/N: _____ Date sent: _____ Date received: _____

Number of surveys received: _____ Number of surveys with similar complaints: _____ of _____.

Unusual or non air-quality related circumstances associated with complaint(s)? See below.

Event	Yes	No	Comments
Construction or renovation work			
Air handling system malfunction			
Leak or flooding			
Unusual weather conditions			
Poor office ergonomics?			
Inadequate lighting or glare?			
Unusually noisy environment			

Work Area Evaluation

Concern	OK	Needs Attention	Not Applicable	Comments
Housekeeping				
Carpeting				
Hard Flooring				
Air Diffusers & adjacent surfaces – dusty?				
Work surfaces & other flat areas – dusty?				
Clutter?				
Water Infiltration				
Any leaks or floods? – Note source				
Any stains or spalling indicative of past moisture infiltration?				
Carpets recently cleaned?				
Odors				
Is there an odor? Describe				
Sewage – Check for floor drains & dry traps.				
Perfumes – Check for lotions, perfumes & air fresheners etc. used by occupants.				
Chemical – Check for changes in housekeeping, maintenance, pest control etc.				
Burning – check fluorescent lamp ballasts & electronics.				
New furnishings, paint, carpets, etc.?				
Dead animals – Check ceiling, floor & wall cavities, etc.				
Copying or printing in the area?				
Pest Issues				
Evidence of rodents or insects? Describe				
Food stored in work area?				
Penetrations sealed?				
Check for diseased animals?				
Exterminator involved? Note company and activity.				
Windows				
Are there operable windows? Are they used?				
Combustion Sources				
Note source				

Ventilation System Evaluation

Air Handler Location: _____ Air Handler ID: _____

Component	OK	Needs Attention	Not Applicable	Comments
Outside Air Intake				
Location:				
Unobstructed?				
Standing water, bird droppings, debris in vicinity?				
Odors from outdoors? Describe:				
Cooling tower within 25 feet?				
Exhaust outlet within 25 feet?				
Trash compactor within 25 feet?				
Fume hood exhaust within 25 feet?				
Near parking facility, busy road, loading dock?				
Bird Screen				
Unobstructed?				
General Condition				
Size of mesh (1/2" minimum)				
Outside Air Dampers				
Position of dampers. Note time of day and weather conditions:				
Operation acceptable?				
Seal when closed?				
Actuators operational?				
Outdoor Air (O.A.) Volume				
Minimum % O.A.				
Measured % O.A.				
Maximum % O.A.				
For VAV systems: is O.A. increased as total system airflow is reduced?				
Mixing Plenum				
Clean?				
Floor drain tapped?				
Internal insulation intact?				
Air tightness:				
- of outside air dampers				
- of return air dampers				
- of exhaust air dampers				
All damper motors connected?				
All damper motors operational?				
Mixing air temperature control setting _____ F				
Freeze stat setting _____ F				

Concern	OK	Needs Attention	Not Applicable	Comments
Is mixing plenum under negative pressure? Note: If it is under positive pressure, outdoor air may not be entering.				
Filters				
Type/MERV Rating				
Complete coverage? (No bypassing)				
Correct pressure drop? (Check manehelic reading _____” and compare to manufacturer’s recommendations.)				
Contaminants visible?				
Odor noticeable?				
Evidence of filters getting wet?				
Spray Humidifiers				
Humidifier type:				
All nozzles working?				
Complete coil coverage?				
Clean pans with no overflow?				
Drains tapped?				
Biocide treatment working? Note biocide if observed.				
Steam Humidifiers				
Treated boiler water?				
Standing water?				
Visible growth?				
Mineral deposits?				
Control set point _____ F				
High limit set point _____ F				
Duct liner within 12 feet? If so, check for mold growth.				
Bypass Dampers				
Damper operation correct?				
Damper motors operational?				
Cooling Coil				
Inspection access?				
Clean?				
Supply water temp. _____ F				
Water carryover?				
Any indication of condensation problems?				
Condensate Drip Pans				
Accessible to inspect and clean?				
Clean, no residue?				
No standing water, no leaks?				
Noticeable odor?				
Visible growth (e.g., slime)?				
Drains and traps clear, working?				
Water overflow or indicative stains?				
Corrosion problems?				
Evidence of biocide use in pan?				

Concern	OK	Needs Attention	Not Applicable	Comments
Supply Fan Chambers				
Clean?				
No trash or storage?				
Internal insulation intact?				
Floor drain traps are wet or sealed?				
No air leaks?				
Doors close tightly?				
Supply Fans				
Fan blades clean?				
Belt guards installed?				
Proper belt tension?				
Excess vibration?				
Controls operational, calibrated?				
No pneumatic leaks?				
Heating Coil				
Inspection access?				
Clean?				
Supply water temp. _____ F				
Discharge thermostat? (air temp. setting _____ F				
Reheat Coils				
Locations of those inspected:				
Clean?				
Obstructed?				
Operational?				
Supply Ductwork				
Clean?				
Sealed, no leaks, tight connections?				
Fire dampers open?				
Access doors closed?				
Lined ducts? Condition of liner.				
Flex duct connected, no tears or crimping?				
Recent balancing?				
Short circuiting or other air distribution problems? Note location(s):				
Pressurized Ceiling Supply Plenum				
No unintentional openings?				
All ceiling tiles in place?				
Supply diffusers open?				
Supply diffusers balanced?				
Noticeable flow of air?				
Short circuiting or other air distribution problems? Note location(s):				

Concern	OK	Needs Attention	Not Applicable	Comments
Return Air Plenum				
Tiles in place?				
No unintentional openings?				
Return grills?				
Noticeable flow of air?				
Transfer grills?				
Fire dampers open?				
Extension of new walls into plenum?				
Ducted Returns				
Recently balanced?				
Unobstructed grilles?				
Unobstructed return air path?				
Return Fan Chambers				
Clean and no trash or storage?				
No standing water?				
Floor drain traps are set or sealed?				
No air leaks?				
Doors close tightly, kept closed?				
Return Fans				
Fan blades clean?				
Belt guards installed?				
Proper belt tension?				
Excess vibration?				
Corrosion problems?				
Controls working, calibrated?				
Exhaust Fans				
Central?				
Distributed (locations)				
Operational?				
Controls operational?				
Toilet exhaust only?				
Make-up air sufficient?				
Toilet Exhausts				
Fans working-occupied hours?				
Registers open, clear?				
Make-up air path adequate?				
Volume according to code?				
Floor drain traps wet or sealable?				
Bathrooms run slightly negative relative to building?				
Print/Copy Room Exhaust				
Room runs negative relative to building?				
Garage Ventilation				
Operates according to codes?				
Fans, controls, dampers all operate?				
Terminal Equipment – Supply (Fan Coils & Induction Units)				
Housing interiors clean and unobstructed?				
Controls working?				
Delivering rated volume?				
Recently balanced?				
Filters in place?				

Concern	OK	Needs Attention	Not Applicable	Comments
Condensate pans clean, drain freely?				
Biocide in drip pan?				
Thermostats				
Type:				
Properly located?				
Working?				
Set points: _____ F (summer) _____ F (winter)				
Space Temperature _____ F				
Room Partitions				
Gap allowing airflow at top?				
Gap allowing airflow at bottom?				
Supply, return each room?				
Stairwells				
Doors close & latch?				
No openings allowing uncontrolled airflow?				
Clean & dry?				
No noticeable odors?				
Return Air Plenum				

EHRIS Sampling

Sampling Performed	OK	Needs Attention	Not Applicable	Comments
Background IEQ				
Temperature				
Relative humidity				
Carbon dioxide				
Carbon monoxide				
Bioaerosols – Fungi/mold				
Spore Trap Analysis				
Impactor				
Bulk sample identification				
Chemical Sampling				
Note Chemical(s) and reason for sampling:				

Summary of Findings

Summary of findings and action taken:

Written report submitted by: _____ Date: _____

Report recipient(s): _____

Work requests or third-party involvement? _____
