IAQ questionnaire

Answer all questions or indicate if the question does not apply to your situation. Provide as much information as you feel necessary to adequately describe your indoor air quality situation.

Contact information (optional)

Your Name Barrett Barker

Job Title: Lab Technologist III

Department: 0978 Physics & Astronomy

Building/room #: Daniel Annex

Phone: (864) 656-5311

Email: bbarker@clemson.edu

1. **Briefly describe your air quality concerns including the specific location(s) of the concern:**

Throughout the shop facility, the HVAC Vents are covered in black debris. Filthy.

2. **Indicate if you frequently have any of the following complaints concerning the indoor air quality at your building.** *(circle all that apply)*

Dusty	Too hot
Noisy	Too cold
Stuffy Air	Too dry
Moldy or musty odors	Too humid
Visible mold	Drafty
Stuffy Air	Vibration
Crowded work area	

Other Dirty Air, No circulation

3. **When did these problems begin and when do they occur?**

- Month/year when problem began: July 2012

- ❖ What time of day do you experience the problem? *(circle one)* morning / afternoon / all day
- ❖ Are there specific day(s) of the week that you experience the problem? *(circle all that apply)*

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

- ❖ Is there a specific time of year that you experience the problem? Yes/No

Specify when: periodic : depends on time of year & work being done.

4. **What health symptoms have you experienced?** Check any symptoms you are experiencing in your building.

Symptom	Occasionally	Frequently	Not related to building	Appears after arrival	Increases after arrival
Difficulty in concentrating	X				
Dry or sore throat	X				
Aching joints		X			
Muscle twitching	X				X
Back pain	X		X		
Hearing problems		X		X	X
Dizziness					
Headache		X	X		
Dry, flaking skin					
Discolored skin					
Skin irritation					
Itching					
Heartburn	X		X		
Nausea	X		X		
Noticeable odors					
Sinus congestion	X			X	X
Sneezing		X		X	X
Wheezing					
High stress levels	X				
Chest tightness					
Eye irritation		X		X	X
Fainting					
Hyperventilation, shortness of breath					
Problems with contacts					
Fatigue/drowsiness	X		X		
Temperature too hot	X				
Temperature too cold	X				
Other (specify) Nose bleeds	X			X	

❖ Do these symptoms clear up within 1-2 hours after leaving work? Yes / No – Some

If no, do they clear up overnight? Yes / No Some

If no, do they clear up over the weekend? (Yes) / No

If no, do they clear up after vacation? (Yes) / No

❖ If all symptoms do not clear up when away from the building, which symptoms persist when away from your workplace throughout the week? _____

Headache, Sinus congestion, Sneezing

❖ Have you sought medical attention for your symptoms? Yes / (No)

If yes, please describe: _____

❖ Do you have any allergies or other health problems that may account for any of the listed health symptoms? Yes / (No)

❖ If yes, please describe: _____

❖ Have any of your symptoms reduced your ability to work, caused you to stay home from work or caused you to leave work early? Yes / (No)

If Yes, please explain: _____

❖ How many hours per day do you typically spend in this building? 7.5

❖ How many hours per day are you at your workstation? 7.5

❖ Do any of your co-workers have similar symptoms of which you are aware? (Yes) / No

5. Indicate if any of the following apply to you. *(circle all that apply)*

Wear contact lenses

* Operate video display or computer terminals How many hours per day? 5.0

Operate photocopier machines at least 10% of the work day

* Operate other office machines or equipment List: CNC machine tools w/monitor

* Use any chemical substances such as cleaners, solvents, etc.

6. **Have there been any renovation/demolition-related activities occurring in or near your work area within the past week?** (i.e., new carpeting, painting, new office furniture, HVAC work, etc.) Yes / (No)

Yes / No If Yes, Please list: _____

7. **Has there been any evidence of water leaks or visible signs of moisture in and around your area?**

(Yes) / No If Yes, Please describe: Multiple Roof leaks

8. **Is your office near a laboratory?**

(Yes) / No If Yes, Please describe: technically, the office/Shop is a laborator

9. **Briefly describe your primary job tasks:**

Fabricating tools, instruments, or devices needed by research conducted by members of the Clemson University Physics & Astronomy Department.

Do any of these tasks produce dust or odor or use toxic substances? (Yes) / No

If Yes, please list or describe: Welding, Sanding, Grinding, deburring

10. **Do you have an idea as to what is the cause of symptoms in your workplace?** (Yes) / No

If Yes, Please describe: Though most of the air quality problems are inherit to the type of work being conducted, the duct work needs renovation.

11. **Can you offer any other comments or observations that may be helpful in determining the environmental condition within your workplace?**

Vents on the duct work of HVAC system are very dirty, and "whistle". Filter for the system is rarely cleaned or changed. The air-flow through the Shop and office areas is minimal. Needs more Cirulation.

Thank you for completing this form.

We will use your information to assist with investigating symptoms in your workplace.