

# AIR QUALITY INVESTIGATION

The Occupants: \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_

HVAC System(s): \_\_\_\_\_ Number: \_\_\_\_\_

1. Outdoor air obstructions?  Yes  No
2. Outdoor air intake clear of nearby pollutant sources?  Yes  No
  - a. If no, what is the source? \_\_\_\_\_
3. Outdoor air moving into intake?  Yes  No
4. Filters in good condition, properly installed, and no major air leaks?  Yes  No
  - a. If no, explain the problem: \_\_\_\_\_
5. Drain pan clean and no standing water?  Yes  No
6. Heating and cooling coil(s) clean?  Yes  No
7. Interior of air handling unit and duct work clean?  Yes  No
8. Mechanical room free of trash and chemicals?  Yes  No
9. Fans supplying outdoor air operate continuously during occupied periods?  Yes  No
10. Exhaust fan(s) operating?  Yes  No
11. Quantity of outdoor air
  - a. outdoor air supply \_\_\_\_\_ CFM
  - b. number of occupants served by this unit: \_\_\_\_\_
  - c. TOTAL (a. divided by b.) \_\_\_\_\_
12. Location of designated smoking area: \_\_\_\_\_

If in a designated smoking room is the air being diluted with smoke-free air at 60 CFM per person in the smoking room?  Yes  No

Location of air samples taken: \_\_\_\_\_

Number of samples taken: \_\_\_\_\_

Location A: \_\_\_\_\_ Location B: \_\_\_\_\_ Location C: \_\_\_\_\_

Location D: \_\_\_\_\_ Location E: \_\_\_\_\_ Location F: \_\_\_\_\_

In what locations were different odors detected? \_\_\_\_\_ Source? \_\_\_\_\_

If source of odor is unknown, describe (i.e. musty, onion, insecticide) \_\_\_\_\_

Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_