

INDOOR AIR QUALITY CONCERN FORM

School: _____

Employee: _____ Signature: _____

Exact Location/Room #: _____ Date: _____

Regular and thorough classroom cleaning is important to ensure good indoor air quality. While custodians typically clean the classroom, as an employee you also can play an important role in promoting and maintaining classroom cleanliness. The presence of dirt, moisture, and warmth also stimulates the growth of moulds and other biological contaminants. Unsanitary conditions attract insects and vermin, leading to possible indoor air quality (IAQ) problems from animal or insect allergens.

Reminder: Clean spills promptly!

Should you have concerns regarding the air quality in your work area, please complete this form and give it to your Supervisor who will ensure that, if the concern can't be dealt with at the worksite, this form will be sent to the District Office.

TO BE COMPLETED BY STAFF – If more space is required, please attach separate sheet.

Concern	Yes	No	Comment
Water around taps and sinks.			
Room is stale, uncomfortable, stuffy, etc			
Classroom too hot <input type="checkbox"/> Too cold <input type="checkbox"/>			
Exhaust air is not flowing			

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There is a smell or unexplained or unpleasant odours in classroom			
Onset of illness in staff or student(s)			
Spill has occurred on the floor			
Found leaks or sign of moisture (where)			
Classroom is dirty – excessive dust			
Any other concerns?			

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Principal or Supervisor's Recommendations

After conducting an inspection of the area of concern, what are your recommendations?

- A work order has been submitted to Operations to repair or replace.
- Problem was found and cleaned or rectified by school/site staff.
- Checked air filter log(s) and we are: Not Due Due Overdue for filter changes.
- Recommending a site visit by the Operations Supervisor for assistance.
- Requesting a test be conducted to help determine the air movement in the room.
- Other: Please explain:

Principal: _____ Signature: _____

Problem Found – Concern has been rectified

What occurred to fix the problem or rectify the concern?

Principal: _____ Signature: _____

NOTE: This form must be shared with the OH&S Committee at their next monthly meeting and kept on file.