

INDOOR AIR QUALITY INVESTIGATION REPORT

RECORD OF EVENTS

School:	Address:	Date of Report:
Exact Location of IAQ Concern:	Date of Occurrence:	Phone Number:
Report Prepared by:	Title:	Phone Number:
Complaint(s) brought forward by (name):	Job Classification:	Date of Complaint:

HVAC System Technical Information

Ventilation Identification:	Type:	
Model/Serial Number:	Heat Source:	
Damage Results:		
Name of Principal With the Most Control of work area:	Title: Principal	Phone Number:
Name of Worker With the Most Control of work area:	Title:	Phone Number:
External Consultants:	Company:	Phone Number:

System(s) Checklist

Function	Required	Working		Repaired	
		Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Describe IAQ Issues:



Describe Investigative Findings:

School Safety Committee Comments:

If more space is needed, please attach separate sheet.

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Date	Concern/ Action Taken
	.

If more space is needed, please attach separate sheet.

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ACTION PLAN

What Has or Should be Done to Prevent Similar Concerns:

Comments from the OH&S Committee:

Signature of Investigator:

Committee Member's Name:

**Committee Member's
Signature:**

Date:

Committee Member's Name:

**Committee Member's
Signature:**

Date:

Reviewed by Principal:

Principal Signature:

Date:

If more space is needed, please attach separate sheet.