

INDOOR AIR QUALITY (IAQ) INCIDENT REPORT

SCHOOL NAME: _____

Issue: Sudden onset of physical symptoms **Date:** _____

Location (Room #): _____

How many people affected? _____

Symptoms: _____

Date of room inspection: _____

Check room for the findings: (Circle)

- | | | | |
|--|-------|----|-------------|
| a. Moisture incursion (water stains) | YES | NO | |
| b. Odor (what type) | YES | NO | Type: _____ |
| c. HVAC system working? | YES | NO | |
| If not, what is the problem? | _____ | | |
| d. Visible mold growth? | YES | NO | |
| If yes, what surface? | _____ | | |
| e. Cleanliness | YES | NO | |
| f. Non approved product | YES | NO | |
| If yes, list products | _____ | | |
| g. Upholstered furniture or item | YES | NO | |
| If yes, give description: | _____ | | |
| h. Plants | YES | NO | |
| If yes, condition of plants and pot | _____ | | |
| i. Pests | YES | NO | |
| If yes, type of pest, droppings, dead bugs | _____ | | |
| j. Stuffed animals | YES | NO | |
| If yes, description | _____ | | |
| k. What is the room temperature? | _____ | | |
| l. Are the windows open? | YES | NO | |
| m. Food stored in the room? | YES | NO | |
| If yes, is food stored in a sealed hard plastic container? | YES | NO | |
| If no, what stored in? | _____ | | |

Was a vendor/environmental specialist involved? YES NO
 If yes, name of vendor/environmental specialist _____

Date arrived _____

Work Order # _____

Lab testing ordered? YES NO
 If yes, what testing was done? _____

Date of sampling _____

Date completed _____

Was full team meeting & walkthrough warranted? YES NO
 If yes, date scheduled _____

Was info entered into SNAP? YES NO Date: _____

Additional Comments:

Person completing report:

 Print Name

 Signature

 Date

INDOOR AIR QUALITY (IAQ) INCIDENT REPORT

SCHOOL NAME: _____

Issue: Possible Visible Mold Growth

Date: _____

Where is possible mold seen? Room # _____ Location _____

On what surface material (CIRCLE):

- | | | |
|--------------------|-----|----|
| a. Sheetrock | YES | NO |
| b. Wall paper | YES | NO |
| c. Ceiling Tile | YES | NO |
| d. Carpet | YES | NO |
| e. Wood | YES | NO |
| f. Paper/Cardboard | YES | NO |
| g. Other (Explain) | YES | NO |

Were items with possible mold growth on the surface removed? YES NO

Was a vendor/environmental specialist involved? YES NO

If yes, name of vendor/environmental specialist:

Date arrived: _____

Work order #: _____

Lab testing ordered? YES NO

If yes, what testing was done? _____

Date of sampling: _____

Date completed: _____

Check room for the findings: (Circle)

FORM 2, pg. 2

- a. Moisture incursion (water stains) YES NO
- b. Odor (what type) YES NO Type: _____
- c. HVAC system working? YES NO
If not, what is the problem? _____
- d. Visible mold growth? YES NO
If yes, what surface? _____
- e. Cleanliness YES NO
- f. Non approved product YES NO
If yes, list products _____
- g. Upholstered furniture or item YES NO
If yes, give description: _____
- h. Plants YES NO
If yes, condition of plants and pot _____
- i. Pests YES NO
If yes, type of pest, droppings, dead bugs _____
- j. Stuffed animals YES NO
If yes, description _____
- k. What is the room temperature? _____
- l. Are the windows open? YES NO
- m. Food stored in the room? YES NO
If yes, is food stored in a sealed hard plastic container? YES NO
If no, what stored in? _____

Test Results [See Lab Report in TFS binder.]

Was a remediation needed? YES NO

Was full team meeting & walkthrough warranted? YES NO
If yes, date scheduled: _____

Was info entered into SNAP? YES NO Date: _____

Additional
comments: _____

Person completing report:

Print Name

Signature

Date

INDOOR AIR QUALITY (IAQ) INCIDENT REPORT

SCHOOL NAME: _____

Issue: Unusual Odor Date: _____

Type of Odor:

- | | | |
|--------------------|------------------------|--------------------------------------|
| a. Oil/Gas | Location/Room #: _____ | Date of Initial Investigation: _____ |
| | Finding: _____ | |
| | Remedy: _____ | |
| b. Mold/Mildew | Location/Room #: _____ | Date of Initial Investigation: _____ |
| | Finding: _____ | |
| | Remedy: _____ | |
| c. Chemical | Location/Room #: _____ | Date of Initial Investigation: _____ |
| | Finding: _____ | |
| | Remedy: _____ | |
| d. Fragrance | Location/Room #: _____ | Date of Initial Investigation: _____ |
| | Finding: _____ | |
| | Remedy: _____ | |
| e. Septic | Location/Room #: _____ | Date of Initial Investigation: _____ |
| | Finding: _____ | |
| | Remedy: _____ | |
| f. Sewer gas | Location/Room #: _____ | Date of Initial Investigation: _____ |
| | Finding: _____ | |
| | Remedy: _____ | |
| g. Other (explain) | Location/Room #: _____ | Date of Initial Investigation: _____ |
| | Finding: _____ | |
| | Remedy: _____ | |

Did HVAC mechanic check the system
(supply/return/exhaust) for this room? YES NO If yes, what date? _____
Finding? _____

Was a vendor/environmental specialist involved? YES NO
If yes, name of vendor/environmental specialist _____

Date arrived _____

Work Order # _____

Lab testing ordered? YES NO
If yes, what testing was done? _____

Date of sampling _____

Date completed _____

Check room for the findings: (Circle)

FORM 3, pg. 2

- a. Moisture incursion (water stains) YES NO
- b. Odor (what type) YES NO Type: _____
- c. HVAC system working? YES NO
If not, what is the problem? _____
- d. Visible mold growth? YES NO
If yes, what surface? _____
- e. Cleanliness YES NO
- f. Non approved product YES NO
If yes, list products: _____
- g. Upholstered furniture or item YES NO
If yes, give description: _____
- h. Plants YES NO
If yes, condition of plants and pot: _____
- i. Pests YES NO
If yes, type of pest, droppings, dead bugs _____
- j. Stuffed animals YES NO
If yes, description _____
- k. What is the room temperature? _____
- l. Are the windows open? YES NO
- m. Food stored in the room? YES NO
If yes, is food stored in a sealed hard plastic container? YES NO
If no, what stored in? _____

Test Results [See Lab Report in TFS binder.]

Was a remediation needed? YES NO

Was full team meeting & walkthrough warranted? YES NO

If yes, date scheduled: _____

Was info entered into SNAP? YES NO Date: _____

Additional
comments: _____

Person completing report:

Print Name

Signature

Date

**INDOOR AIR QUALITY (IAQ)
INCIDENT REPORT**

SCHOOL NAME: _____

Issue: Moisture Incursion Water Leak or Interior Flood Date_____

What got wet:	Date Water	Date Cleaned	Date Removed/Replaced
	Vacuum Extracted		
a. Ceiling tiles	_____	_____	_____
b. Walls (sheetrock)	_____	_____	_____
c. Carpet (area rug)	_____	_____	_____
d. Floor tile	_____	_____	_____
e. Books	_____	_____	_____
f. Papers	_____	_____	_____
g. Cardboard	_____	_____	_____
h. Other (describe)	_____	_____	_____

Were any items wet for more than 24 hours?	YES NO
Was a vendor/environmental specialist involved?	YES NO
If yes, name of vendor/environmental specialist	_____
Date arrived	_____
Work Order #	_____
Lab testing ordered?	YES NO
If yes, what testing was done?	_____
Date of sampling	_____
Date completed	_____

Check room for the findings: (Circle)

FORM 4, pg. 2

- a. Moisture incursion (water stains) YES NO
- b. Odor (what type) YES NO Type: _____
- c. HVAC system working? YES NO
If not, what is the problem? _____
- d. Visible mold growth? YES NO
If yes, what surface? _____
- e. Cleanliness YES NO
- f. Non approved product YES NO
If yes, list products: _____
- g. Upholstered furniture or item YES NO
If yes, give description: _____
- h. Plants YES NO
If yes, condition of plants and pot: _____
- i. Pests YES NO
If yes, type of pest, droppings, dead bugs _____
- j. Stuffed animals YES NO
If yes, description _____
- k. What is the room temperature? _____
- l. Are the windows open? YES NO
- m. Food stored in the room? YES NO
If yes, is food stored in a sealed hard plastic container? YES NO
If no, what stored in? _____

Test Results [See Lab Report in TFS binder.]

Was a remediation needed? YES NO

Was full team meeting & walkthrough warranted? YES NO

If yes, date scheduled: _____

Was info entered into SNAP? YES NO Date: _____

Additional
comments: _____

Person completing report:

Print Name

Signature

Date