

AIR QUALITY QUESTIONNAIRE

Date input for: _____

Date: _____

Directions: In an effort to determine if there is an air quality problem, would you take a few minutes and answer the following questions:

*** Please indicate which floor you work on _____.**

1. Have you noticed any problem with the quality of the air in your assigned areas of work? Yes _____ No _____
If yes, please describe. _____

2. Have you noticed any unusual smells or odors in any specific areas of the building? Yes _____ No _____
If yes, please describe. _____

3. Have you heard others discuss the problem of air quality within the building? Yes _____ No _____
4. If you have noticed a problem, is there a seasonal time when you detect it more? Fall _____ Winter _____
Spring _____ Summer _____
5. If you have noticed a problem, is there any specific time of day that the smell or odor is more noticeable?
Start of day _____ Mid-morning _____
Mid-day _____ Early afternoon _____
Late afternoon _____ Other _____
6. If a smell or odor has been identified, please describe it.

7. If you have detected a smell or odor, does it affect you in any way? Yes _____ No _____
8. If your answer is yes, how does it bother you?

9. Have you missed work due to what you believe is a result of an air quality problem? Yes _____ No _____

10. Have you had to seek medical attention as a result of missing work related to item 9? Yes _____
No _____

Thank you for your assistance.

Al Kirk
Campus Environmental of Occupational Safety & Health
University of Southern Maine