

LCSD Maintenance Department
EH&S Coordinator
3420 W. Tharpe Street Suite 200
Tallahassee, FL 32303
Phone: 617-1777 Fax: 617-1789
email: greenc@leonschools.net

INDOOR AIR QUALITY (IAQ) Concern Form

INSTRUCTIONS

This form is a component of the Leon County Schools Indoor Air Quality (IAQ) policy. Use this form to report to your supervisor any concerns you have related to the indoor air quality/environment in your workplace. Indoor air quality concerns may include issues with temperature, humidity, ventilation, odors, or air pollutants that may be causing health or discomfort symptoms. If you have questions when completing this form, contact LCSD EH&S Coordinator at 617-1777. When completed, deliver to your immediate supervisor.

GENERAL INFORMATION

| | |
|------------------------------------------------------------------------------|----------------------------------|
| Building Name: | Date: |
| Room Number: | Name: |
| Department: | Title: |
| Floor Level: | Phone No: |
| Employment Status: <input type="checkbox"/> FT - <input type="checkbox"/> PT | hrs/week – other hrs/week |

CONCERN INFORMATION

What is the nature of the problem?:

Where is the problem experienced (in one or more locations)?

When was the problem first experienced?

When does it occur or when is it the worst (time of day, day of week, related to certain activities/events)?

What do you think is the cause of the IAQ concern?

Other comments:

We may need to contact you to discuss your concern.

What is the best time to reach you?

Please deliver completed form to your Supervisor

IAQ COORDINATOR USE ONLY

| | | |
|-------------|-------------|---------------|
| File Number | Received By | Date Received |
|-------------|-------------|---------------|