

A-State Indoor Air Quality (IAQ) Form

Name: _____

Date: _____

Phone: _____

Email: _____

Building: _____

Room: _____

Description of Problem

1. When did you first notice the problem?

2. Has this been a problem before? If yes, explain.

3. Describe the problem.

Download form to use 'Submit' and 'Save' features. Submit to auto-attach completed form to an email, or Save and send as attachment to rclark@astate.edu. Alternatively, print and send via campus mail to: EHS, Administration Bldg room 117.

EHS USE ONLY BELOW THIS LINE

Investigation Findings:

Corrective Actions Needed (if any):