



*"Where Learning Matters"*

## INDOOR AIR QUALITY Delta School District Schools

*FOR THE USE OF A SITE OCCUPATIONAL HEALTH AND SAFETY COMMITTEE MEMBER.*

**Step 1:** Use this format when confronted with an issue from either staff or students that you suspect may be an Indoor Air Quality Issue. The accompanying forms will assist you and the building occupant to determine as much as possible about the types of conditions that exist and the symptoms that they are experiencing.

This will act as a useful **first step** in a process that will help us identify the potential for causes of any problems. It will in turn assist us in identifying solutions. Once identified and forwarded to Tilbury Maintenance, we will endeavour to identify any known causes, if any, and make changes based on this information.

**Form 1 and Form 2:** should be used in conjunction with each other along with an interview of the building occupant by the OHSC member.

**Form 3:** should be left with the building occupant for him/her to identify symptoms and conditions on a long-term basis as soon as the interview has been conducted. It should be left with the building occupant for at least one week or more before being sent to us with Form 1 and 2.

**Additional remarks, Diaries, etc.:** should accompany these forms when sent to Tilbury to provide us with as much information as possible.

- **Step 2** –with the knowledge of previous Air Quality issues and solutions, Facilities staff will identify the simplest and most cost-effective course(s) of action to take to try to correct any identifiable conditions.
- **Step 3** – if the problem cannot be identified and solved after steps 1 and 2 an independent Indoor Air Quality specialist will be retained to assist us.



**Occupant Interview**

School: \_\_\_\_\_

Occupant Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SYMPTOM PATTERNS**

Be as specific as you can and describe the symptoms or discomfort you are experiencing. \_\_\_\_\_

What other health conditions do you have that might make you particularly susceptible to environmental problems?

contact lenses    cardiovascular disease    respiratory disease    allergies    suppressed immune system

**TIMING PATTERNS**

When did your symptoms start? \_\_\_\_\_ When are they generally worse? \_\_\_\_\_

Do they subside or diminish? If so, when? \_\_\_\_\_

Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms? \_\_\_\_\_

**SPATIAL PATTERNS**

Where are you when you experience symptoms or discomfort? \_\_\_\_\_

Where do you spend most of your time in the school? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Be specific and identify any building conditions in your space that might need attention.

(e.g., temperature, humidity, drafts, stagnant air, odours)? \_\_\_\_\_

Have you sought medical attention for your symptoms? Yes: \_\_\_\_\_ if so, when? \_\_\_\_\_ No: \_\_\_\_\_

Do you have any other comments? \_\_\_\_\_

Will you provide us with details of your medical professional's diagnosis? \_\_\_\_\_

