# IAQ INSPECTION – FIRST RESPONSE

Building: ________________  Building Contact: ________________  Inspection Date: ________

Outdoor Temperature: _____  Outdoor Humidity: _______  Inspection Start Time: ________

Inspection End Time: _____  Inspection Completed By: ____________________________

Location(s)/Description of Concern ______________________________________________

**INSTRUCTIONS:** Complete each question or circle the correct response and provide a detailed explanation for all deficiencies identified. Reference the question number at the beginning of each explanation at the end of the report in the space provided. See your supervisor if you have any questions prior to completing this form.

## Temperature & Humidity:

Room Temperature: _______

Room humidity: _______

## HVAC System Status:

<table>
<thead>
<tr>
<th>HVAC System Status</th>
<th>Occupied</th>
<th>Unoccupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumatic</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>DDC</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

1. The room temperature is within 3 degrees of set point:
   - Yes
   - No
   - N/A

2. The HVAC Unit is operating in Automatic:
   - Yes
   - No
   - N/A

3. The HVAC unit is currently running:
   - Yes
   - No
   - N/A

4. Does the HVAC Unit Appear to be Operating Correctly:
   - Yes
   - No
   - N/A

5. Drafts or direct sunlight is **not** the cause of discomfort:
   - Yes
   - No
   - N/A

6. The HVAC unit (internal and external) or other surfaces in the room are dry:
   - Yes
   - No
   - N/A
Outdoor Air Supply:

7. The room is dry (no evidence of moisture, debris or microbial growth is present in the room): Yes No N/A

8. The exhaust and/or return air is working correctly: Yes No N/A

Biological Sources:

9. There are no animals or plants in the room/area: Yes No N/A

10. There are no odors present:
    (if no, try to Identify) ____________________________
    Yes No N/A

11. There is no visual presence of mold/mildew in the space, walls, floor, ceiling tiles, above the ceiling tiles, insulation, in the HVAC system and/or filters: Yes No N/A

12. There were no contagious occupants present:
    (check with head custodian or building administrator) Yes No N/A

Housekeeping Sources:

13. There are no complaints during or just after housekeeping activities: (check with head custodian) Yes No N/A

14. No new products been used:
    (check with head custodian) Yes No N/A

15. Cleaning products are being used according to instructions:
    (check with head custodian) Yes No N/A

16. Are cleaning products are stored properly: Yes No N/A

Outdoor Sources:

17. There is no standing water directly outside room/area: Yes No N/A

18. There are no stored chemicals, trash, plumbing vents, etc. near fresh air supply: Yes No N/A
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. There are <strong>no</strong> combustion byproducts from traffic, loading docks, exhaust flues, lawn care, manufacturing, agriculture, or construction nearby or upwind:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Pollen levels are <strong>not</strong> high: (check with supervisor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Building Sources:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. There have been <strong>no</strong> recent projects, i.e. painting, roofing, etc.:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. There have been <strong>no</strong> pesticides/herbicides applied recently in or near the area: (check with head custodian)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. There are <strong>no</strong> new furnishings or equipment present:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(check with head custodian)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. All drain traps in the area are OK: (if no, provide locations)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. There is <strong>no</strong> visual evidence of excessive airborne or surface dust:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENT SECTION:**

#____: ________________________________________________________________

____________________________________________________________________

#____: ________________________________________________________________

____________________________________________________________________

#____: ________________________________________________________________

____________________________________________________________________

#____: ________________________________________________________________

____________________________________________________________________

#____: ________________________________________________________________