



**Auburn University – Risk Management and Safety  
Indoor Air Quality – Occupant Interview Form**



To effectively evaluate and address indoor air quality concerns, Risk Management and Safety (RMS) utilizes an Indoor Air Quality Occupant Questionnaire to gather additional information regarding the complaint area. This questionnaire aids in the investigative efforts to determine specific next steps. **The completion and submittal of this questionnaire is voluntary, and all information gathered will remain strictly confidential.** Upon completion of the questionnaire, send to RMS at [erd0023@auburn.edu](mailto:erd0023@auburn.edu).

<b>Name</b>	
<b>Date</b>	
<b>Building</b>	
<b>Department</b>	
<b>Room Number or Location</b>	
<b>Length of Occupancy</b>	

- a. Describe your symptoms or complaint:
  
  
  
  
  
  
  
  
  
  
- b. When did the problem begin?
- c. Is your building often too hot?  Yes       No      Too cold?  Yes       No
- d. If you have symptoms, are they worse when you are at a specific location within the work area?  Yes       No  
If so, where?
  
  
  
  
  
  
  
  
  
  
- e. If you have symptoms, at what time of the day are they generally worse?
  
  
  
  
  
  
  
  
  
  
- f. If you have symptoms, are they ever elevated?  Yes       No  
If so, when?

- g. Do you have specific seasonal allergies?  Yes  No  
If so, to what?
- h. If you have symptoms, have you sought medical attention?  Yes  No  
If so, was there a diagnosis?
- i. Describe your work duties:

### **Observed Moisture and Mold or Mildew Problems**

- a. Have you ever observed any leaks or moisture problems? (If yes, complete Moisture Event Sheet for each occurrence.)  Yes  No
- b. Have you ever observed any mold or mildew in the building?  Yes  No  
(If related to a moisture event, describe on the attached Moisture Event Sheet.)  
Otherwise, if NOT apparently related to a Moisture Event, describe exact location:
- c. Are there any unpleasant odors in the building?  
 Musty  Earthy  Smoky  Dusty  Stale  Rotten  
 Chemical  Petroleum  Other:  
Odor Location:  
When was the odor last noticed?