

INSTRUCTIONS: To be completed by building services manager upon receipt of MCPS Form 230-23: *Indoor Air Quality Complaint*. This form is to be completed and returned within five (5) working days.

School/Facility _____ Room or Area Affected _____

Nature of concern _____

Name of requestor _____ Date and title of investigator _____

GENERAL CONDITIONS

Describe Housekeeping: Good Fair Poor

Describe Material Storage: Organized Excessive Cluttered

Is there any evidence of: Water damage or stains Dust/dirt Mold Odors Other _____

Within the last three months has there been any Construction/Renovation Carpet installation Pesticides used
 Painting Use of special cleaners or solvents
 Other _____

AIR FILTERS

Yes No — Are filters clean? Date of last filter change ____/____/____

Yes No — Do filters fit properly?

VENTILATION AIR

Yes No — Does the area have windows that open?

Yes No — Does affected work area have a connection for outside air?

Yes No — Does the system use dampers?

Yes No — Are dampers for outside air mechanically controlled?

Yes No — Have actuators been disconnected or set in a fixed position?

Yes No — Are outside air, supply air, and return air openings clear of debris and/or stored objects?

Yes No — Are outside air openings close to chimney, rest room/locker room, kitchen, boiler room, or automotive shop exhausts?

Yes No — Are interior surfaces of equipment and vents clean and moderately dust/debris free?

What was the thermostat set at at the time of the investigation? ____° Time taken ____:____ a.m./p.m.

What was the actual room temperature? ____°

Yes No — Is the automatic temperature control system working properly?

Yes No — Are pumps operating normally and delivering the proper temperature of water to the terminal units for heating/cooling?

FANS

Yes No — Are all fans in the HVAC system working?

Yes No — Are the fan blades clean?

Yes No — Does affected area have exhaust fans?

Yes No — Are all the exhaust fans operating including rest room, locker room, kitchen, and shops?

BELTS

Yes No — Are any fan belts broken, cracked, or frayed?

Yes No — Are any belts slipping/squealing?

LEAKS

Yes No — Are there any steam, water, gas, oil, or refrigerant leaks around or in the heating/cooling unit supplying air to the conditioned space?

Yes No — Are condensate or drip pans draining properly?

Are there any odors coming from, around, or near Gas lines/meters Sewer lines Floor drains Grease traps
 Other _____

Yes No — Visible mold? Where? _____ Yes No — Musty/moldy odor?

Yes No — If any of the above are checked are they near a fresh air intake?

ELECTRICAL

Yes No — Is any motor, heating element, switch, or control overheating?

Yes No — Are fluorescent light tubes flickering or ballasts humming?

RECENT WORK

Yes No — Have there been any operating or maintenance problems with any plant equipment within the last three months? (Check operating logs and records.)

Yes No — If yes, were repairs made?

If No, give your reasons(s) _____

Yes No — If no, were work orders forwarded to the Division of Maintenance regarding the problem?

If Yes, has work been started? Yes No Completed? Yes No

FOLLOWUP

Yes No — Have potential sources or causes of the problem been found?

If yes, what steps were taken?

Yes No — Does requestor believe initial complaint has been addressed?

If yes, why?

Signature, Complainant

Signature, Building Services Manager / /
Date

Signature, Principal/Supervisor / /
Date