|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** The safety coordinator or designee shall complete this report when an indoor air quality (IAQ), mold, asbestos, or similar issue is reported to assist in the information collection phase. If the safety coordinator is unable to resolve the issue, contact the Office of Administration for any additional support. Please attach any relevant documents (photos, drawings, accident reports, sampling results, etc.) and maintain the completed report on file. | | | | | | | | |
| **PART I – Data Collection and Initial Investigation** | | | | | | | | |
| **Location Information:** | | | | | | | | |
| Agency/Bureau/Division/Site | | | | Location Address | | | | |
|  | | | |  | | | | |
| Number of Employees at Site | | Number of Employees Affected | | | Is site Leased or Owned? | | Was building manager contacted? | |
|  | |  | | | Leased  Owned | | Yes  No | |
| Building Information | | | | | | | | |
|  | | | | | | | | |
| **Concern Information:** | | | | | | | | |
| Description of Complaint/Concern | | | | | | | | |
|  | | | | | | | | |
| Health Symptoms | | | | | | | | |
|  | | | | | | | | |
| Date and Time Symptoms First Occurred | | | Date and Time Symptoms First Reported | | | | | |
|  | | |  | | | | | |
| Do symptoms still exist? | | Day(s) Symptoms Exist | | | | Seasonal? | Season(s) Symptoms Exist | |
| Yes  No | | Mon  Tue  Wed  Thur  Fri  Weekend | | | | Yes  No | Spring  Fall  Summer  Winter | |
| Location(s) of Employee(s) | | | | | | | | |
|  | | | | | | | | |
| Known/Suspected Causal Factors (Consider odor/contaminant sources; non-routine work activities in or around building; HVAC issues; or personnel issues, including environmental or ergonomic factors) | | | | | | | | |
|  | | | | | | | | |
| Has issue been resolved? | Describe Actions Taken | | | | | | | |
| Yes  No |  | | | | | | | |
| **Submitter:** | | | | | | | | |
| Safety Coordinator/Designee | | | | Phone Number or Email | | | | Date |
|  | | | |  | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART II – Transmittal of Concerns to DGS Building Manager or Building Owner** | | | | |
| **Location Information:** | | | | |
| Name of Building Owner/Manager (DGS or other) | | Name of Site Contact for Building Owner/Manager | | |
|  | |  | | |
| Name of Individual Transmitting Information | Date of Transmittal to Building Owner/Manager | | Agreed Upon Follow-Up Date | |
|  |  | |  | |
| **PART III – Investigation Follow-up** | | | | |
| **Investigative Activities:** | | | | |
| Describe the testing/investigative activities that were performed (attach reports, as appropriate) | | | | |
|  | | | | |
| **Corrective Actions:** | | | | |
| Description of corrective actions | | | | |
|  | | | | |
| Describe status of complaints after corrective actions taken | | | | |
|  | | | | |
| **Follow-Up Actions:** | | | | |
| Describe additional follow-up actions needed (including additional testing/investigation through OA) | | | | |
|  | | | | |
| Describe methods of communication with all parties | | | | |
|  | | | | |
| **Submitter:** | | | | |
| Safety Coordinator/Designee | | Phone Number or Email | | Date |
|  | |  | |  |