

Please use this form to track data related to your indoor air quality complaint. Thank you!

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your Workspace Location \_\_\_\_\_

On the form below, please record each occasion when you experience a symptom of ill health or discomfort that you think may be linked to air quality, an environmental condition in your building.

It is important that you record the time and date and your location within the building as accurately as possible. This information will help to identify conditions that may be associated with your problem - for example, equipment operations that may introduce air pollution into your working area.

In the Severity and Duration columns, please describe the intensity of your symptoms (for example, "mild" or "severe") and the length of time they persist, for each occurrence you record.

Please note any other observations that you think may help in identifying the cause of the problem in the Comments section.

Date	Time	Location	Symptoms	Severity	Duration

**Comments**