



Municipal Building Commission Indoor Air Quality Questionnaire

Use this form to report conditions potentially related to the indoor environment in this building. Indoor air quality problems include concerns with temperature, humidity, ventilation, odors, or air pollutants that may be causing health or discomfort symptoms. The information that you provide will remain confidential (read statement on page 2 and sign as indicated).

Date: _____
Occupant Name: _____ Phone: _____
Building Name: _____ Address: _____
Room/Location: _____
Completed by: _____ Title: _____

What is the nature of the problem?
Where is the problem experienced (in one or more locations)?
When was the problem first experienced?
When does it occur or when is it the worst (time of day, day of week, related to certain activities/events)?
Other comments:

Notice Regarding Information and Privacy for Indoor Air Quality Investigations

The Municipal Building Commission has received a request for perform an indoor air quality evaluation of your work environment. In order to conduct the evaluation, we may request that you fill out a questionnaire or provide other pertinent data. Some of the information requested may be non-public data about you. The Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, governs information that is collected, stored or disseminated by the Municipal Building Commission. The law requires that you be informed of the following:

- Some of the data the Municipal Building Commission collects from you may be private data. This data will be collected for the purpose of assisting the Municipal Building Commission in performing indoor air quality evaluations and in making recommendations based upon the results of the evaluation.
- You are NOT required to provide this information.
- If you do not provide the data, the Municipal Building Commission may be unable to perform an optimal evaluation of your work environment.
- The information you provide will be available to the Environmental Health & Safety Program staff, Human Resources, and Property Services staff, your supervisor and other persons necessary to complete the evaluation and make recommendations.
- You may review any data that you have provided as part of the evaluation process.

I have read the notice regarding information and privacy as set forth above and have been given the opportunity to have my questions answered.

Signature

Print Name

Date