Air Quality Survey Template

All questions are optional. Select one answer for each choice question.
Write your answers to the open questions in the space provided.

Please answer about the work area and the last two weeks. Share observations, not personal health details. Use your usual reporting route for urgent concerns; this survey is not an emergency channel. All questions are optional.

1. Which work area are your observations about? Please use a room, floor, or zone name rather than a person's name.

2. During the last two weeks, how often have you spent time in that area?

- ☐ Most working days
- ☐ Several days
- ☐ Once or twice
- ☐ Not during this period

3. During the last two weeks, how often did the air in that area feel stuffy to you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Every time I was there
- ☐ I did not spend enough time there to judge

Air Quality Survey Template

All questions are optional. Select one answer for each choice question.
Write your answers to the open questions in the space provided.

4. Did you notice an odor in that area that you wanted someone to investigate?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I was not in that area during this period

5. If you noticed a concern, when did it occur? Include the approximate day or time if you remember.

6. What did you observe, and what was happening nearby at the time? Please avoid personal health information.

7. Do you know how to report a facilities concern about indoor air?

- ☐ Yes
- ☐ No
- ☐ Not sure

Air Quality Survey Template

All questions are optional. Select one answer for each choice question.
Write your answers to the open questions in the space provided.

8. What would make it easier for you to report or follow up on this concern?