

**NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH**

This form must be completed for each residence involved in indoor air testing.

Preparer's Name _____ Date/Time Prepared _____

Preparer's Affiliation _____ Phone No. _____

Purpose of Investigation _____

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location _____ Age of Occupants _____

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential School Commercial/Multi-use
Industrial Church Other: _____

If the property is residential, type? (Circle appropriate response)

- | | | |
|--------------|-----------------|-------------------|
| Ranch | 2-Family | 3-Family |
| Raised Ranch | Split Level | Colonial |
| Cape Cod | Contemporary | Mobile Home |
| Duplex | Apartment House | Townhouses/Condos |
| Modular | Log Home | Other: _____ |

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) _____

Does it include residences (i.e., multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors _____ Building age _____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame concrete stone brick
- b. Basement type: full crawlspace slab other _____
- c. Basement floor: concrete dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: unsealed sealed sealed with _____
- f. Foundation walls: poured block stone other _____
- g. Foundation walls: unsealed sealed sealed with _____
- h. The basement is: wet damp dry moldy
- i. The basement is: finished unfinished partially finished
- j. Sump present? Y / N
- k. Water in sump? Y / N / not applicable

Basement/Lowest level depth below grade: _____(feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

- Hot air circulation
- Space Heaters
- Electric baseboard
- Heat pump
- Stream radiation
- Wood stove
- Hot water baseboard
- Radiant floor
- Outdoor wood boiler
- Other _____

The primary type of fuel used is:

- Natural Gas
- Electric
- Wood
- Fuel Oil
- Propane
- Coal
- Kerosene
- Solar

Domestic hot water tank fueled by: _____

Boiler/furnace located in: Basement Outdoors Main Floor Other _____

Air conditioning: Central Air Window units Open Windows None

Are there air distribution ducts present? Y / N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

7. OCCUPANCY

Is basement/lowest level occupied? Full-time Occasionally Seldom Almost Never

Level General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)

Basement	_____
1 st Floor	_____
2 nd Floor	_____
3 rd Floor	_____
4 th Floor	_____

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? Y / N
- b. Does the garage have a separate heating unit? Y / N / NA
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) Y / N / NA
Please specify _____
- d. Has the building ever had a fire? Y / N When? _____
- e. Is a kerosene or unvented gas space heater present? Y / N Where? _____
- f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____
- g. Is there smoking in the building? Y / N How frequently? _____
- h. Have cleaning products been used recently? Y / N When & Type? _____
- i. Have cosmetic products been used recently? Y / N When & Type? _____

- j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____
- k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____
- l. Have air fresheners been used recently? Y / N When & Type? _____
- m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____
- n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____
- o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N
- p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
 If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
 (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

- Yes, use dry-cleaning regularly (weekly) No
- Yes, use dry-cleaning infrequently (monthly or less) Unknown
- Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

9. WATER AND SEWAGE

Water Supply: Public Water Drilled Well Driven Well Dug Well Other: _____
Sewage Disposal: Public Sewer Septic Tank Leach Field Dry Well Other: _____

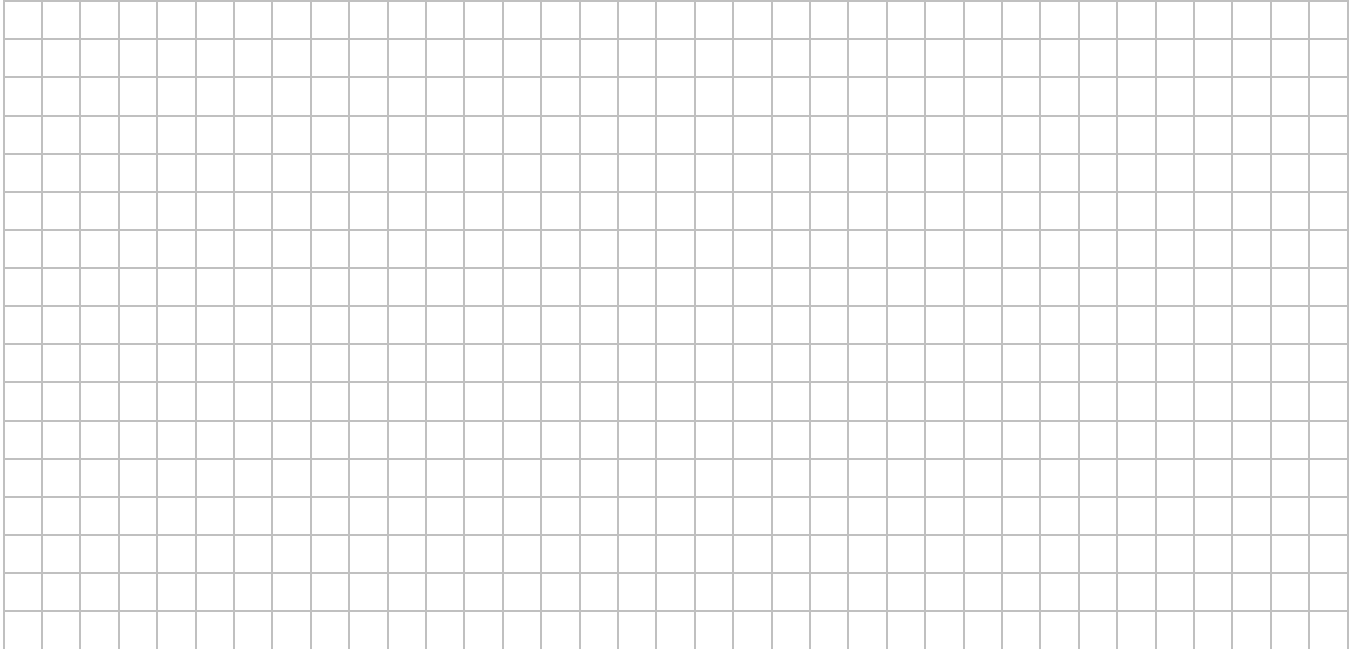
10. RELOCATION INFORMATION (for oil spill residential emergency)

- a. Provide reasons why relocation is recommended: _____
- b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel
- c. Responsibility for costs associated with reimbursement explained? Y / N
- d. Relocation package provided and explained to residents? Y / N

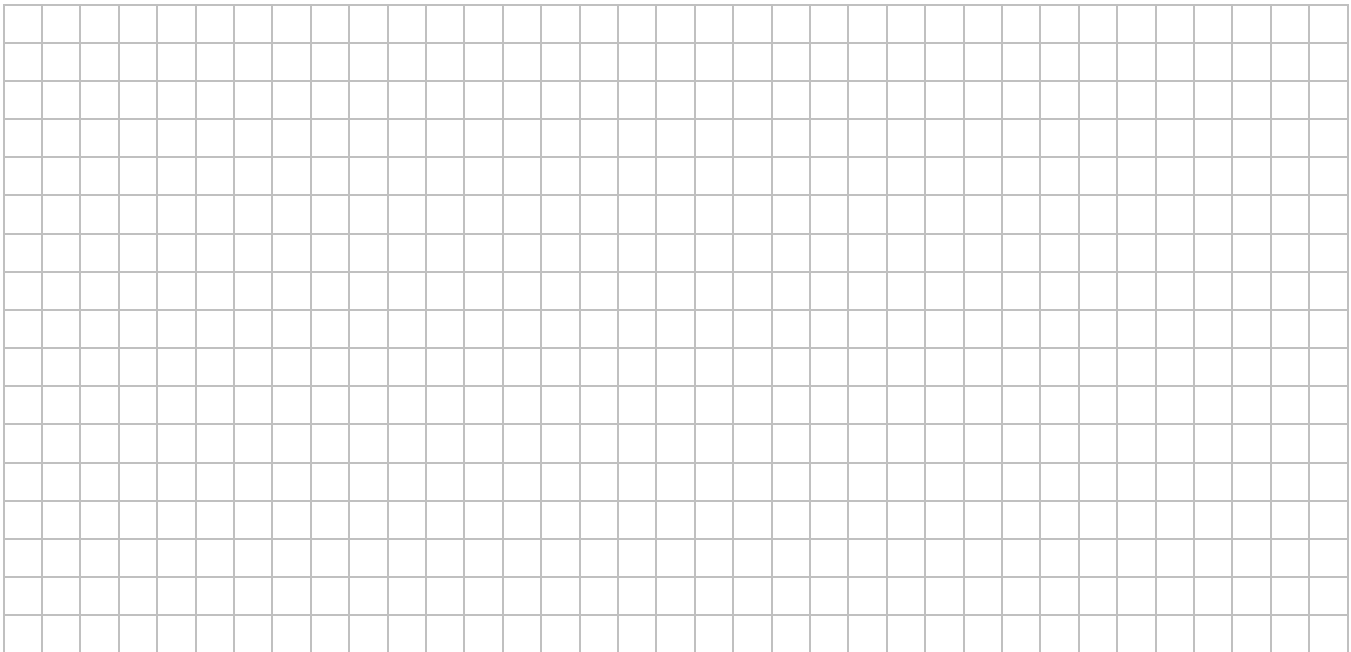
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



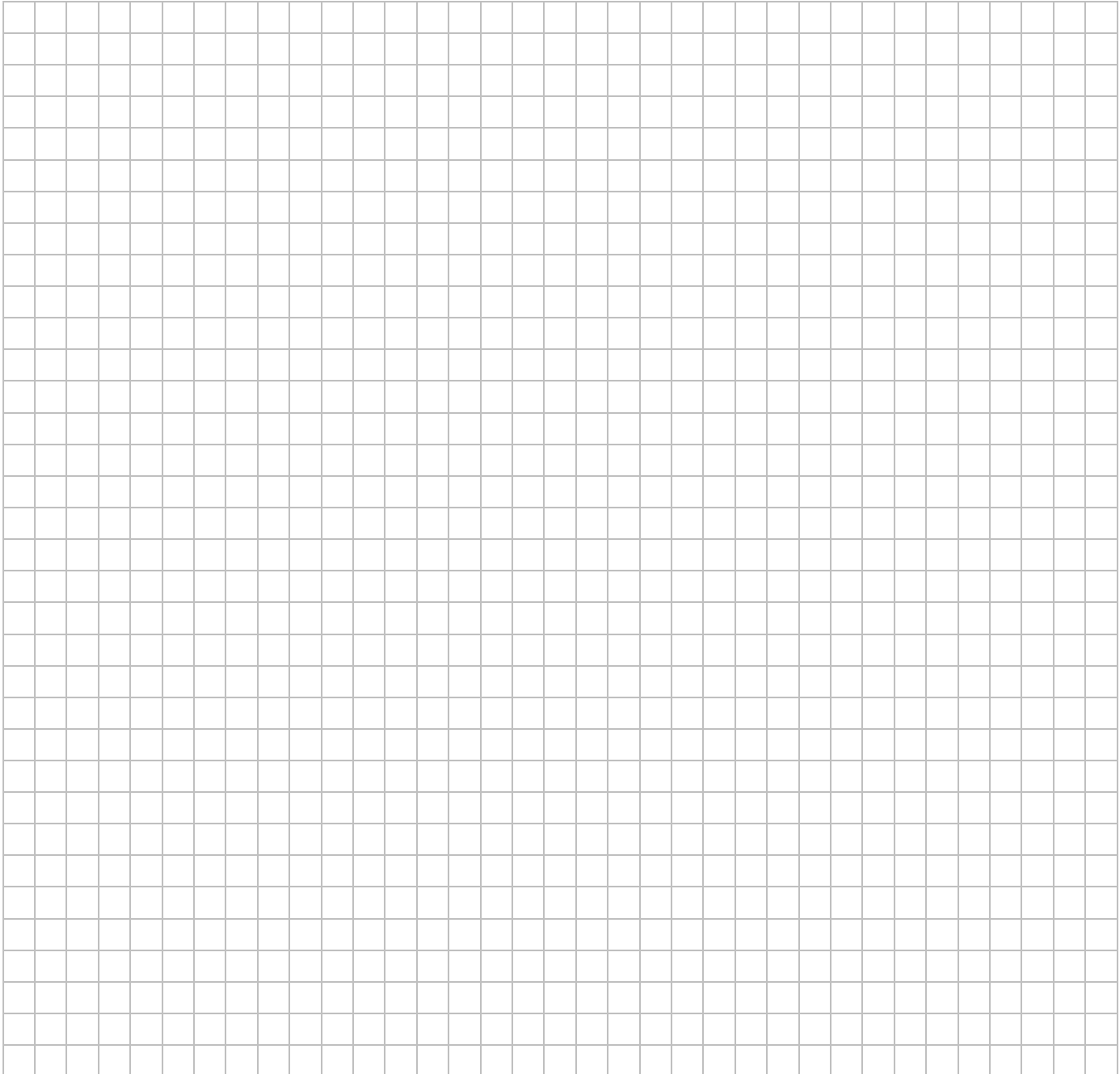
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition *	Chemical Ingredients	Field Instrument Reading (units)	Photo ** <u>Y / N</u>

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
 ** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.