Confidential

University of Waterloo

Indoor Air Quality Report

Date: _____ Name: _____

Department: _____ Building: _____ Room: ____

Environmental Factors

Temperature	High	❑	Low	❑
Humidity	High	❑	Low	❑
Air Movement	High	❑	Low	❑
Odours	Description	_____		
		_____		
Time of Day	Morning	❑	Afternoon	❑
	Midday	❑	All Day	❑
Frequency	Daily	❑	Monthly	❑
	Weekly	❑	Seasonal (specify)	❑

Personal Factors

Symptoms	Dry Eyes	❑	Dry Skin	❑
	Headache	❑	Nausea	❑
	Lethargy	❑	Allergies	❑
	Other (description)	_____		
		_____		
Time of Day	Morning	❑	Afternoon	❑
	Midday	❑	All Day	❑
Frequency	Daily	❑	Monthly	❑
	Weekly	❑	Seasonal (specify)	❑

I consent to the release of the above information for a specific purpose within my department which is bound by confidentiality except where disclosure of information is specifically required by legislation.

Signature _____

Return completed form in confidential envelope to:

_____ Building: _____ Room: _____