Use this form to report problems related to indoor air quality. Indoor air quality problems can include, but are not limited to, concerns with temperature, humidity, ventilation, odours, or air pollutants that may be causing adverse health effects or discomfort. Any personal information provided will remain confidential. If you are experiencing any medical issues you should submit an [Accident/Incident/Occupational Disease Report Form](http://www.mcgill.ca/ehs/forms/forms/accidentincidentreport/) in case there is a reason to file a disability claim.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section A: General Information** | | | | | | |
| Last Name | |  | First Name | | | |
| Faculty/Staff  Student  Visitor | | | Work Phone Number | | | |
| Department | | Position | E-mail Address | | | |
| **Section B: Location & Description of Problem** | | | | | | |
| **Where** | Building | | | | | |
| Floor & Room | | | | | |
| Is the problem localized in one area or does it extend to more than one location? If yes, where are these other locations? | | | | | | |
| **What** is the nature of the problem? | | | | | | |
| Are you experiencing any symptoms of health problems? | | | | YES | | NO |
| If yes, describe your symptoms. | | | | | | |
| **When** | Date of Event (MM/DD/YYYY) | | | | | |
| Date the problem was first experienced? (MM/DD/YYYY) | | | | | |
| When does the problem occur or when is it more pronounced (time of day, day of the week, season, etc.)? | | | | | | |
| **Section C: Actions taken** | | | | | | |
| Has Facilities Management & Development been advised? | | | | YES | | NO |
| **If yes,** | When (date) (MM/DD/YYYY) | | | | | |
| What is the Call Slip/Work Order Number: | | | | | |
| Has the Building Director been advised? | | | | YES | | NO |
| Has your supervisor been advised? | | | | YES | | NO |
| Has your Department/Unit Safety Committee been advised? | | | | YES | | NO |
| Signature | | | | | Date | |

**Return completed form to Environmental Health & Safety.**