

## APPENDIX 13.1-C

### OCCUPANT INTERVIEW

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Command \_\_\_\_\_ Building \_\_\_\_\_.

Occupant Name \_\_\_\_\_ Room/Work Location \_\_\_\_\_.

Completed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_.

#### SYMPTOM PATTERNS

What kind of symptoms or discomfort are you experiencing?

Are you aware of others who are having similar symptoms or concerns? YES \_\_\_\_ NO \_\_\_\_.

If so, what are their names and work locations?

Do you have any health conditions that may make you particularly susceptible to environmental problems?

- |  |  |
|--|--|
| <input type="checkbox"/> chronic cardiovascular disease                      | <input type="checkbox"/> chronic respiratory disease |
| <input type="checkbox"/> chronic neurological problems                       | <input type="checkbox"/> contact lenses              |
| <input type="checkbox"/> chemotherapy or radiation therapy                   | <input type="checkbox"/> allergies                   |
| <input type="checkbox"/> immune system suppressed by disease or other causes |  |
| <input type="checkbox"/> other (explain) _____                               |  |
| _____  |  |

#### TIMING PATTERNS

When did your symptoms start?

When are they generally worst?

Do they go away? If so, when?

Have you noticed any other events (such as temperature or humidity changes, activities in the building) that tend to occur around the same time as your symptoms?

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**SPATIAL PATTERNS**

Where are you when you experience symptoms or discomfort?

Where do you spend most of your time in the building?

**ADDITIONAL INFORMATION**

Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?

Have you sought medical attention for your symptoms?

- When did you first see the doctor?

- Occupational health physician or personal physician?

Do you have any other comments?

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### 1. Employer/building or facility manager.

- a. What is the magnitude and distribution of employee complaints?
- b. Have any employees been medically evaluated?
- c. When did the complaints begin?
- d. Have there been any recent changes, remodeling, renovations or repairs in the complaint area? In the building? (For example, new furniture, carpet or equipment, cleaning, painting, office procedural changes, partitions added, roof repair, etc.).
- e. Do complaints increase/decrease with any pattern? That is, can you identify a seasonal pattern, morning versus afternoon, cloudy versus sunny, etc.?
- f. What is the area (building) maintenance schedule for the heating, ventilating and air conditioning (HVAC) system? Who does maintenance?
- g. What is the smoking policy?
- h. What is the building's HVAC cycle? Is the system on a timer that shuts it off during hours of non-occupancy?
- i. What is the typical employee population (number of employees, general job descriptions)?

### 2. Employee.

- a. What symptoms are you experiencing? Is there a pattern?
- b. Have you been examined by a doctor (nurse)?
- c. When did the symptoms begin? Have you noticed any pattern?
- d. Briefly describe your job.
- e. What are your hobbies? (You may find that an outside interest is causing or contributing to the problem.)
- f. Are you satisfied with the way your concerns are being handled?
- g. Are you satisfied with your job in general?
- h. Do you have specific concerns about your workplace, either in general or as related to the IEQ problem?

### 3. Occupational health staff.

- a. What symptoms, if any, have you seen?
- b. How many employees have you examined?
- c. Do you see any symptom patterns?

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### 4. **Building maintenance/housekeeping personnel.**

- a. What is the HVAC maintenance schedule for filters, ducts, condensate pans, etc.?
- b. Describe exactly what you do during the maintenance.
- c. Do you add any biocides, disinfectants or scale inhibitors to the HVAC system? Boiler water? Cooling tower?
- d. How often do you clean the carpets?
- e. What cleaners, deodorizers, waxes, etc. are used in the building?

### 5. **Facility engineer/public works personnel.**

- a. Ask for current building blueprints, including design specifications for the HVAC system.
- b. What is the renovation history of the building? If renovations have occurred, what changes have been made to the original design?
- c. When (what year) was the building built?
- d. What was the original designed use of the building?
- e. Has the building been used as anything other than office spaces? If so, what was its use? When did the changeover(s) occur?
- f. Are any pesticides or herbicides used in/around the building? If so, ask to see the application records, including dates, chemical applied, amount and method of application, location of application, etc.
- g. Have there been any renovations/repairs/changes to surrounding or adjacent buildings?
- h. If there are any potential contaminant sources nearby (airports, exhaust stacks, nearby renovation projects, agriculture), what is the normal wind direction?
- i. Is the ventilation system connected to the building's fire control system? If so, how is the ventilation system reset following an alarm?
- j. Have there been any floods or leaks in the building?