The University of Texas Rio Grande Valley

Environmental Health, Safety & Risk Management

Indoor Air Quality Survey

UTRGV Employee(s) who have health related concerns that they believe may be related to their work environment can submit an Indoor Air Quality Survey Form. EHSRM will contact the requestor to schedule an investigation of the work area.

Date: _____

PERSONAL INFORMATION

Name: _____ Department: _____

Phone: _____ Building: _____

Email: _____ Room: _____

SYMPTOMS / DISCOMFORT EXPERIENCING

- ☐ Amnesia
- ☐ Backaches
- ☐ Congestion
- ☐ Coughing
- ☐ Drowsiness
- ☐ Dry/Itchy Eyes
- ☐ Dry Skin
- ☐ Ear Aches
- ☐ Headaches
- ☐ Nausea
- ☐ Runny Nose
- ☐ Sore Throat
- ☐ Other _____

HEALTH CONDITIONS SUSCEPTIBLE TO ENVIRONMENTAL PROBLEMS

- ☐ Contact Lenses
- ☐ Heart Disease
- ☐ Neurological
- ☐ Respiratory
- ☐ Undergoing Radiation or Chemotherapy
- ☐ Chronic Allergies _____

MEDICAL CONDITIONS

Do you have any medical conditions that may cause any of the above symptoms? ☐ Yes ☐ No

If you answered YES please explain:_____

GENERAL QUESTIONS

1. What time of day do the symptoms start? _____
2. What time of day do the symptoms end or improve? _____
3. Where do you spend most of your time in the building & room number? _____

   How many hours per day do you spend in the building/room? _____
4. Have you observed anything about your local area/ building that might explain your symptoms? _____

COMMENTS

Do you have any known allergies? ☐ Yes ☐ No If Yes, please list:_____

Are there any known sources of these allergies in your work area? ☐ Yes ☐ No ☐ Not Sure _____

Have you sought medical attention for your symptoms? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Any other safety related concerns?

Please fill out and return to: Laura.DeJesus@utrgv.edu. For questions, contact us at: 956-665-2904.

UTRGV Safety
Is In Everybody's Job Description

Revised: 12/10/19