Indoor Air Quality (IAQ) Incident Report Form

September 2007

Date:_____ Time: _____ Facility: _____

Room Number/ Specific Location :_____

_____

Description of IAQ issue:

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Name of Person Filing Report: _____(Please Print)
Signature of Person Filing Report:_____

Name of Principal/ Department Head _____(Please Print)
Principal Signature: _____

Site IAQ Coordinator_____
District IAQ Coordinator_____
File_____
ActionTaken_____

_____
_____
_____
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_____
_____

☐ This action was successful in resolving the IAQ issue.
☐ Need help resolving this IAQ issue.

Follow-up using Health Canada's IAQ Action Kit checklist(s) at least twice per school year.