

IAQ Incident Report Form

Date: _____ Time: _____ Facility: _____

Room Number/ Specific Location : _____

Description of IAQ issue:

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 _____

Action Taken _____

- 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.