

IAQ Testing Request

Please complete the form and send it by fax or interdivisional mail to *Occupational Health, Safety, and Workers’ Compensation, 4th Floor, Metro Hall, Fax: (416) 392-5504*. If you have any questions, please call Occupational Health, Safety, and Workers’ Compensation, (416)392-5497.

Contact Information

(The supervisor of the area should be informed of the request)

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| Date: | Location: (complete address) |
|  | Name | Position | Division | Phone No. |
| Request made by |  |  |  |  |
| Work area supervisor |  |  |  |  |
| JHSC Co-chairs |
| Management |  |  |  |  |
| Worker |  |  |  |  |

Background information

(Please provide the following background information on the nature of the concern)

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| How many people have raised a concern related to indoor air quality? |
| What is the total number of staff in this workplace? |
| What is the concern?  |
| What symptoms are staff reporting? |
| When did they start noticing the problem? |

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| When are the symptoms most prevalent (e.g. time of day or days of the week)? |
| Exactly where are the people who have the concern located in the building? Do they work in the same area or different parts of the floor? |
| Is a floor plan available? If so, please attach and indicate where staff with concerns are located. |
| Was any previous IAQ testing conducted at this site? If so, please indicate date of testing and who carried it out. |

Building Information

(Please provide the following background information on the building)

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| Is this a City owned or leased building? |
| Who is your facilities contact (name and telephone) |
| What is the current fresh air intake set at? |
| What is the fresh air intake typically set at for winter? For summer? |
| Has the fresh air intake recently been adjusted? |
| Has any work, repairs or decorating been done in the building within the last year? If so, please specify the nature of the work and when it was carried out. |