

**Atlanta Metropolitan State College
Office of Environmental Health and Safety
Request Form**

Note: This request should be used if you gave a complaint that may be related to the indoor air quality in your building. Indoor air quality problems include concerns with temperature control, ventilation and air pollutants. Your observations and answers can help to identify and resolve the problem(s) as quickly as possible.

Building Name: _____ Phone: _____

Occupant Name: _____ Work Location: _____

Title: _____ Date: _____

1. Use the space provided below to describe the nature of your request and any potential causes.

2. It may be necessary to contact you to discuss your request. What is the best time to reach you?

Morning

Evening

Other _____

3. (a) Are you experiencing discomfort related to your request? Yes No

(b) If you answered yes, what kind of symptoms or discomfort are you experiencing?

4. (a) Are you aware of other people with similar requests? Yes No

(b) If so, what are their names and locations?

5. Do you have any of the following that may make you particularly susceptible to environmental problems? Check all that apply.

- Contact Lenses Cardiovascular Disease Allergies
 Respiratory Disease Medication
 Undergoing Chemotherapy or Radiation Therapy

6. Did you develop symptoms due to problems related to this request?

7. When are they generally worst?

8. Do your symptoms or discomfort go away? If so when?

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

10. Where are you in the building when you experience symptoms or discomfort?

11. Have you determined from a medical provider that your condition is related to the environment problem that you are reported? Yes No If yes, submit the medical provider's documentation with this completed form.

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

13. Do you have any observations about building conditions that might need attention or might assist in resolving your request?

14. Provide additional comments

For Office Use:

File Number _____

Person Reviewing Request _____

Date _____