

# Appendix A

## Indoor Environmental Quality (IEQ) Concern Record

Date *Mo./Day/Yr.*

### GENERAL INFORMATION

|   |               |                     |     |
|---|---------------|---------------------|-----|
| Name First, Last  | Email Address | Phone Area Code/No. |     |
| Street Address  | City          | State               | ZIP |
| Status in Filing Concern <i>Check One</i><br><input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Member of Public |               |                     |     |

### ENVIRONMENTAL QUALITY CONCERN

District Building of Concern

Describe IEQ Concern *Limit response to space provided.*

### IEQ COORDINATOR'S USE ONLY

***Attach all other pertinent documentation.***

|   |  |   |                                |
|---|--|---|--------------------------------|
| Date Recorded<br><i>Mo./Day/Yr.</i>   | Date Investigation Begun<br><i>Mo./Day/Yr.</i> | Date Investigation Complete<br><i>Mo./Day/Yr.</i>   | Person Assigned to Investigate |
| Result of Investigation   |  |   |                                |
| Clean-up, Remediation, or Other Work Necessary<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Person Assigned First & Last Name   |                                |
| Date Work Begun <i>Mo./Day/Yr.</i>  | Date Work Complete <i>Mo./Day/Yr.</i>          | Follow-Up Contact Made<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, <i>Date of follow-up</i> |                                |