



**Environmental Safety Division
UNIVERSITY OF GEORGIA**

REQUEST FOR INDOOR AIR QUALITY ASSESSMENT

Date: _____

Building: _____

Requested by:

Name: _____

Email: _____

Phone: _____

Department: _____

Supervisor Name: _____

Supervisor Email: _____

Location(s): _____

Please describe your concern and any related employee symptoms:

How many employees have been affected: _____

Please describe when the issue was first noticed and how long it has been occurring:

Please list specific locations where employee(s) have experienced symptoms (if applicable):

Do symptoms persist or do they go away when employee(s) leave the area:

**Please list any changes in building conditions or work environment:
(Moisture intrusion, recent painting, construction, HVAC issues, building repair)**

Additional comments:
