



# UNIVERSITY OF WYOMING

## Safety Office Indoor Air Quality Evaluation Request Form

<b>Name:</b>	<b>Phone:</b>
<b>Position Title:</b>	<b>Date:</b>
<b>Supervisor's Name:</b>	<b>Supervisor's Phone:</b>
<b>Department:</b>	

Please indicate why you are requesting an indoor air quality evaluation (check all that apply):

<b>Odor Concerns</b>	<input type="checkbox"/>
<b>Temperature Concerns (too hot or too cold)</b>	<input type="checkbox"/>
<b>Air Circulation Concerns</b>	<input type="checkbox"/>
<b>Dust/Particulates</b>	<input type="checkbox"/>
<b>Recent Water Intrusion</b>	<input type="checkbox"/>
<b>Health Symptoms (please describe below)</b>	<input type="checkbox"/>
<b>Other (bird feces, rodents, smoking, etc)</b>	<input type="checkbox"/>

**Please describe your health symptoms:**

Please return this form to the UW Safety Office at [ccannell@uwyo.edu](mailto:ccannell@uwyo.edu) or [uwehs@uwyo.edu](mailto:uwehs@uwyo.edu).