



### Indoor Air Quality Evaluation

Employee's Name: _____	Employee's Phone: _____
Job Title: _____	Date: _____
Supervisor's Name: _____	Supervisor's Phone: _____
Department: _____	Date: _____

What is the reason that the employee is requesting an indoor air quality evaluation?

(Check all that applies):

Employee concern about odors	<input type="checkbox"/>
Employee concern about comfort level (too hot or cold, etc)	<input type="checkbox"/>
Employee is having symptoms while at work	<input type="checkbox"/>
Employee concern about quality of air in workplace	<input type="checkbox"/>
Other (bird feces, pigeons, rodents, smoking, etc)	<input type="checkbox"/>

If having symptoms, please give more information below:

Once this form is completed please save it on your computer under a unique name, and email it to:

[uwehs@uwyo.edu](mailto:uwehs@uwyo.edu)