



INDOOR AIR QUALITY CONCERN REPORTING

A healthy and comfortable environment within board facilities is a key aspect in providing a favourable working and learning situation for all occupants. Indoor air quality (IAQ) incorporates many factors which may influence the environment inside a building including the variety of building ventilation systems, as well as the design parameters associated with the age of the building. The definition of indoor air quality for the purpose of this procedure includes issues related to the operation of the existing systems within a school or section of a school. This includes issues such as general room ventilation, air circulation and hot or cold temperatures.

In order to assist in identifying and resolving concerns related to indoor air quality, staff, students and parents shall use the following procedure:

1. The concern shall be reported to the principal/supervisor.

2. The principal/supervisor shall review the concern with the individual(s) as soon as possible as determined by the urgency of the concern and
 - 2.1. if the issue is resolved no further action; or
 - 2.2. if the issue cannot be resolved, then a copy of the Indoor Air Quality Concern Questionnaire (APPENDIX A) shall be provided to the individual(s) and the respective Superintendent of Education informed of the concern.

3. The individual(s) addressing the concern shall complete the questionnaire and return it to the principal/supervisor.

4. The principal/supervisor shall date receipt of the questionnaire and forward a copy of the questionnaire within 3 days of receipt to:
 - the Facility Services Department, Area Maintenance Supervisor for review of the concern and
 - the Human Resource Services Department – Health and Safety for distribution where appropriate to the Joint Health and Safety Committee.

5. The Area Maintenance Supervisor shall complete Section 1-7 of the Indoor Air Quality Concern Checklist (APPENDIX B). This onsite review should occur within 10 working days of receipt of the IAQ questionnaire.

If problems were identified during the review (e.g. ventilation system shut down, fan belt broken, supply ducts blocked, etc.), the Area Maintenance Supervisor shall take action to correct the problem(s) and/or issue a work order(s) to repair/adjust as per Section 7 of the checklist.

Upon completion of the checklist, the Area Maintenance Supervisor shall forward copies as per Section 7 of the checklist within 3 working days of the review.

6. Upon receipt of the completed checklist the Maintenance Supervisor – Mechanical shall, within 3 working days, complete and return Section 8 of the Indoor Air Quality Concern Checklist to the principal/supervisor. Section 8 should outline the corrective action regarding work orders or identified problems as indicated in Section 7 (c) and (d) of the Indoor Air Quality Concern Checklist.

7. Upon receipt of the completed checklist the principal/supervisor shall complete Section 9 of the checklist within 3 working days.

8. The Human Resource Services Department – Health and Safety will review the checklist and questionnaire, and will conduct a review of the room/area within 3 working days. The review may include testing for carbon dioxide, humidity levels, temperature levels and potential contaminants where appropriate.

 Following the review, Health and Safety will complete Section 10 of the Indoor Air Quality Concern Checklist and will inform the principal/supervisor and the Maintenance Supervisor – Mechanical of the results within 3 working days and:
 - 8.1. issue a work order to adjust/repair the mechanical ventilation system; and /or
 - 8.2. issue recommendations to the principal/supervisor or the Maintenance Supervisor – Mechanical; and /or
 - 8.3. arrange for further investigation/monitoring to be conducted by an external consultant. Pending the report from the external consultant, additional work orders may ensue.

9. Upon completion of the recommendations or the work orders, a follow-up review may be conducted by the Human Resource Services Department – Health and Safety.

10. The principal/supervisor shall keep the individual(s) who initiated the concern and appropriate Superintendent of Education informed of any reports, action taken and follow-up as described in Section 9 of the checklist.

11. The Indoor Air Quality Concern Reporting - Flow Chart is outlined in APPENDIX C.

First Issued: April 1997

Reference: Occupational Health and Safety Act

Revised: October 2007

Contact: Human Resource Services Department
– Health and Safety

INDOOR AIR QUALITY CONCERN
QUESTIONNAIRE

(To be completed by the individual(s) with the concern and returned to the principal/supervisor)

School/Building: _____ Date: _____

Room #'s: _____ Room Use Description: _____

1. Define the air quality concern:

2. Who is affected?

3. What symptoms are being experienced? Continuous _____ Intermittent _____

4. Do symptoms improve or worsen at certain times of the day? Yes No

Explain: _____

5. Are symptoms experienced in any other area(s)? Yes No

6. Are symptoms experienced when individual(s) leaves the building? Yes No

7. Are symptoms experienced during certain weather conditions? Yes No

Explain: _____

8. Are the symptoms being experienced at certain times of the year? Yes No

Explain: _____

9. Does the individual(s) have allergies/environmental sensitivities? Yes No

Explain: _____

10. Are odours detected? Yes No

Explain: _____

11. What does the individual(s) feel might be the cause of the symptoms being experienced:

12. Are there any hazardous products, chemicals or equipment present or nearby? Yes No

Explain: _____

13. Is the outside air intake located where it is possible that under certain conditions contaminants or odours from automobile exhaust, boilers, etc. may be drawn into the building? Yes No

Explain: _____

Additional Notes/Comments: _____

Completed By (Print): _____ Date: _____

Principal/Supervisor:

Name: _____ Title: _____

Date Received: _____ (dd/mm/yy)

Shall be forwarded within 3 working days of receipt to the:

- Facility Services Department, Area Maintenance Supervisor _____ (dd/mm/yy)
- Human Resource Services Department – Health and Safety _____ (dd/mm/yy)

**INDOOR AIR QUALITY CONCERN
CHECKLIST**

The Area Maintenance Supervisor upon receipt of a request to initiate an indoor air quality investigation will utilize sections 1-7 of this form as a checklist to identify potential causes and document action taken to resolve the concern.

The Area Maintenance Supervisor where appropriate, will check windows, mechanical ventilation, and if possible, adjust, repair or initiate a work order to repair. The following checklist shall be used as a guideline for the review.

1. Building/Request Information

- (a) School/Building: _____
- (b) Room #(s): _____
- (c) Date of Request to Initiate Investigation: _____ (dd/mm/yy)
- (d) Initiated by Principal/Supervisor:
Name: _____ Title: _____

2. Natural Ventilation

- (a) Is the room equipped with windows that open? Yes No
If "NO" proceed to Section 3

If "YES" indicate the number of windows that open. _____
- (b) Are the windows in good condition? Yes No
If "NO" please explain
Explain: _____
- (c) Are the windows easy to open? Yes No
- (d) Are windows open during occupied periods? Yes No
Comments: _____
- (e) Are windows open during non-occupied periods? Yes No
Comments: _____

3. Temperature

(a) Is the temperature a problem in the room? Hot Cold Satisfactory

Explain: _____

(b) Is there a thermostat in the room? Yes No

(c) Can staff in the room adjust the temperature? Yes No

(d) Source of heat _____

(e) Is air conditioning available? Yes No

4. Mechanical Ventilation

(a) Is mechanical supply air available? Yes No

If "NO" proceed to Section 5

If "YES" source of mechanical supply air:

Roof top unit Unit ventilator in room Other

If "Other" please describe: _____

(b) Describe how air is supplied (i.e. number of, and location of diffusers, design of supply grills, etc):

(c) Describe velocity of supply air: Strong Average Weak None

(d) Are supply air grills blocked with paper, books, boxes, etc. Yes No

(e) Number of return air grills _____ NA

(f) Location of return air grills _____ NA

(g) Exhaust fan available? Yes No

(h) Does the exhaust fan work? Yes No NA

5. Dust/Dirt

- (a) Date of last filter change for ventilation unit _____ (dd/mm/yy) NA
- (b) Visible dust/dirt accumulation:

Supply ducts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Floors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Shelves	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>

6. Building Automation

- (a) Is the ventilation system operational? Yes No NA
 If "NO", explain: _____

- (b) Ventilation system start time: _____ AM NA
- (c) Ventilation system stop time: _____ PM NA
- (d) Percentage of outside air: _____ % NA

7. Action Taken

Immediate action taken by the Area Maintenance Supervisor (please ✓ one):

- (a) **No Problem(s) Identified**
 Copy sent to Principal/Supervisor within 3 working days Date Sent: _____
- (b) **Problem(s) Identified and Resolved**
 Explain: _____
 Copy sent to Principal/Supervisor within 3 working days Date Sent: _____
- (c) **Work Order(s) Issued to Repair/Adjust**
 Work Order # _____ Purpose: _____

 Copy sent to Principal/Supervisor and Maintenance Supervisor – Mechanical within 3 working days Date Sent: _____
- (d) **Problem(s) Identified and Not Resolved**
 Explain: _____
 Copy sent to Principal/Supervisor and Maintenance Supervisor – Mechanical within 3 working days Date Sent: _____

8. Maintenance Supervisor - Mechanical

(a) Action taken: _____

(b) Returned to Principal/Supervisor on: _____ (dd/mm/yy)

9. Principal/Supervisor

Within 3 working days of receiving this checklist shall:

- Review the action listed in Section (7) of the IAQ Checklist with the individual(s) addressing the air quality concern as well as Sections (8) and (10) if necessary.

Does it resolve the individual's concern to their satisfaction?

(a) Section 7 Yes No Employee Signature _____

(b) Section 8 Yes No Employee Signature _____

(c) Section 10 Yes No Employee Signature _____

- Post a copy on the Health and Safety bulletin board.
- Forward a copy to the Human Resource Services Department – Health and Safety for record keeping and distribution to the Joint Health and Safety Committee.

Date report sent: _____ (dd/mm/yy)

- Forward a copy to your Superintendent of Education for information.

10. Health and Safety

Date information received: _____ (dd/mm/yy)

Date of investigation: _____ (dd/mm/yy)

Investigation results: _____

Action to be taken: _____

Follow-up required: Yes No Date of follow-up: _____ (dd/mm/yy)

Report Sent To:

Principal/Supervisor _____ Date Sent: _____

Maintenance Supervisor – Mechanical _____ Date Sent: _____

Joint Health and Safety Committee _____ Date Sent: _____

Indoor Air Quality Concern Reporting – Flow Chart

