

Site No. : _____

Site Name : _____

Date: _____

Time: _____

Structure Address : _____

Preparer's Name & Affiliation : _____

Residential ? Yes No Owner Occupied ? Yes No Owner Interviewed ? Yes No

Commercial ? Yes No Industrial ? Yes No Mixed Uses ? Yes No

Identify all non-residential use(s) : _____

Owner Name : _____ Owner Phone : () _____ - _____

Secondary Owner Phone : () _____ - _____

Owner Address (if different) : _____

Occupant Name : _____ Occupant Phone : () _____ - _____

Secondary Occupant Phone : () _____ - _____

Number & Age of All Persons Residing at this Location : _____

Additional Owner/Occupant Information : _____

Describe Structure (style, number floors, size) : _____

Approximate Year Built : _____

Is the building Insulated? Yes No

Lowest level : Slab-on-grade Basement Crawlspace

Describe Lowest Level (finishing, use, time spent in space) : _____

Floor Type: Concrete Slab Dirt Mixed : _____

Floor Condition : Good (few or no cracks) Average (some cracks) Poor (broken concrete or dirt)

Sumps/Drains? Yes No Describe : _____

Identify other floor penetrations & details : _____

Wall Construction : Concrete Block Poured Concrete Laid-Up Stone

Identify any wall penetrations : _____

Identify water, moisture, or seepage: location & severity (sump, cracks, stains, etc) : _____

Heating Fuel : Oil Gas Wood Electric Other : _____

Heating System : Forced Air Hot Water Other : _____

Hot Water System : Combustion Electric Boilermate Other: _____

Clothes Dryer : Electric Gas Where is dryer vented to? _____

If combustion occurs, describe where air is drawn from (cold air return, basement, external air, etc.) : _____

Fans & Vents (identify where fans/vents pull air from and where they vent/exhaust to) : _____

Describe factors that may affect indoor air quality (chemical use/storage, unvented heaters, smoking, workshop):

Attached garage ? Yes No Air fresheners ? Yes No

New carpet or furniture ? Yes No What/Where ? _____

Recent **painting** or **staining** ? Yes No Where ? : _____

Any **solvent** or **chemical-like** odors ? Yes No Describe : _____

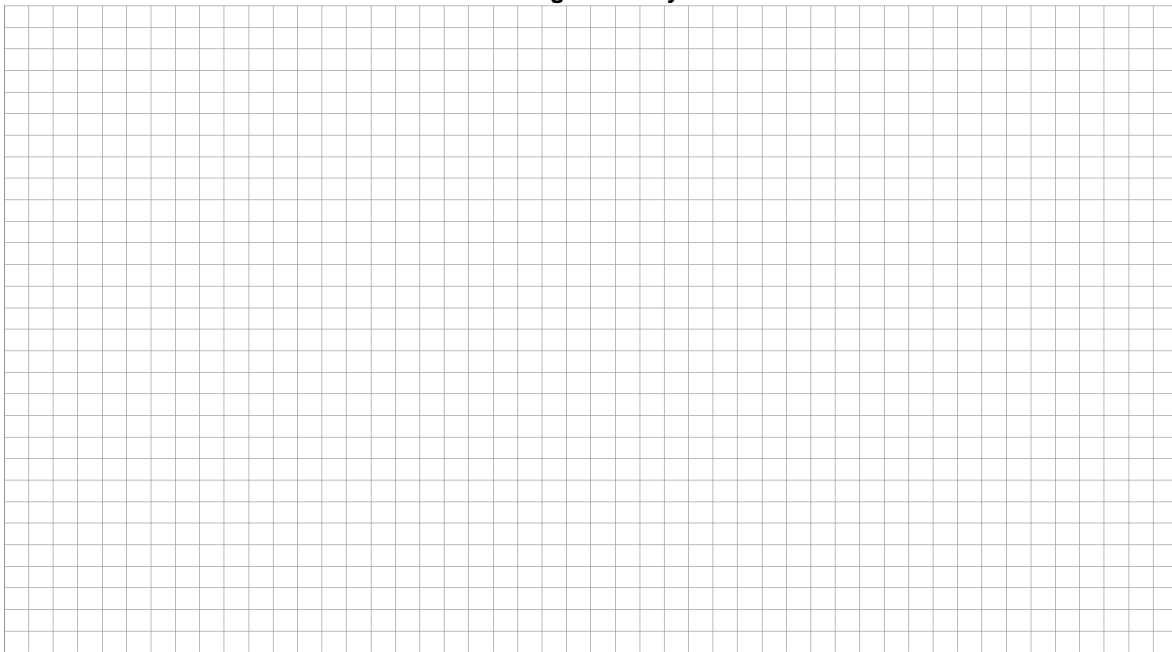
Last time **Dry Cleaned** fabrics brought in ? _____ What / Where ? _____

Do any building occupants use solvents at work ? Yes No Describe : _____

Any testing for Radon ? Yes No Results : _____

Radon System/Soil Vapor Intrusion Mitigation System present ? Yes No If yes, describe below

Lowest Building Level Layout Sketch



- Identify and label the locations of all sub-slab, indoor air, and outdoor air samples on the layout sketch.
- Measure the distance of all sample locations from identifiable features, and include on the layout sketch.
- Identify room use (bedroom, living room, den, kitchen, etc.) on the layout sketch.
- Identify the locations of the following features on the layout sketch, using the appropriate symbols:

B or F	Boiler or Furnace	o	Other floor or wall penetrations (label appropriately)
HW	Hot Water Heater	xxxxxxx	Perimeter Drains (draw inside or outside outer walls as appropriate)
FP	Fireplaces	#####	Areas of broken-up concrete
WS	Wood Stoves	● SS-1	Location & label of sub-slab vapor samples
W/D	Washer / Dryer	● IA-1	Location & label of indoor air samples
S	Sumps	● OA-1	Location & label of outdoor air samples
@	Floor Drains	● PFET-1	Location and label of any pressure field test holes.

