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Name: Indoor Air Quality Concerns
Policy Number: 3-4016
Origin: Facilities Management
Approved: February 2001
Issuing Authority: Director, Facilities Management
Responsibility: Manager, Maintenance and Operations
Revision Date(s): December 2004
Effective Date: December 21, 2004

Policy:

Facilities Management shall be responsible to investigate, resolve and report air quality concerns such that staff, faculty, students and management are well informed and the requirements of the Nova Scotia OHS Act are met. The following procedure shall be followed.

Procedures:

1. All air quality concerns shall be immediately reported to Facilities Management.
2. The Facilities Management staff assigned to investigate the concern shall complete the attached survey worksheet and forward a copy to the Manager, Maintenance and Operations. Unresolved concerns shall be reported immediately to the Director, Facilities Management.
3. The Manager, Maintenance and Operations, shall keep the Director, Facilities Management, informed of any air quality concerns.
4. The Director, Facilities Management shall inform the University Safety Officer, and the appropriate Dean, Director or Department Head/Manager and appropriate Science Technician(s) if applicable.
5. All air quality tests shall be done in the presence of a staff representative from the affected area.
6. All information observed and measured shall be documented by the Facilities Management staff assigned to investigate the concern and shall be shared with all staff during the process.
7. The incident will be considered resolved and closed when agreed by the Director, Facilities Management and the appropriate Department Head.

**Saint Mary's University
Facilities Management**

I.A.Q. Investigator Survey Worksheet

Investigator: _____ Date: _____
 Complaint Name: _____ Dept. _____
 Location: _____ Phone: _____

Time/Day of Survey (if different from above) _____

Time/Day complaint originated _____

of Days (if more than one) 1 2 3 4 5 more # _____

of Complainants 1 2 3 4 5 more # _____

<u>Problem</u>	<u>Yes/No/N/A (not applicable)</u>	<u>Comments</u>
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Symptoms present _____

Detectable odors/ contaminants present previous _____

auto exhaust diesel fumes burning dusty chemical cutting/welding fumes

mold/mildew decay sewage tar tobacco propane paint fumes gasoline

solvent fumes rubber fuel oil flue gas other _____

Temperature too warm _____

Temperature too cold _____

Temperature Degree C° _____

Air infiltration _____

Humidity too high _____

Condensation on windows _____

Visible mold/slime _____

Water visible _____

Dirty/organic debris _____

Type of activities lab office apt room house workshop Boiler Rm.

other _____

Supply diffusers _____ open closed restricted _____

Return grills _____ open closed restricted _____

Exhaust _____ open closed restricted _____

Open ceiling tile(s) _____

Test Co2 levels _____ Readings _____

Corrective Remedial Advisory Prevention Measures _____

