

Aston A. Henry, Supervisor Risk Management Department

**FISH 264** 

May 22, 2009

TO:

FROM:

SUBJECT:

# managing risk with responsibility

 Telephone:
 754 321-1900

 Fax:
 754 321-1917

| Signature on File   | For Custodial Supervisor Use Only |  |  |
|---|-----------------------------------|--|--|
| Mr. William Mowery, Manager I                             | Custodial Issues Addressed        |  |  |
| Physical Plant Operations, Zone 2                         | Custodial Issues Not Addressed    |  |  |
| Edward See, Project Manager<br>Risk Management Department |                                   |  |  |
| Indoor Air Quality (IAQ) Assessment                       |                                   |  |  |

On May 21, 2009 I conducted an assessment of FISH 264 at **Physical Plant Operations - COMPASS**. This evaluation included observations of the flooring system, ceiling tiles, false ceiling plenum, environmental surfaces, interior and exterior walls, and the accessible ventilation equipment. Additionally, environmental parameter measurements were taken to include temperature, relative humidity, and carbon dioxide. The detailed findings, along with the recommended corrective action can be found on the attached IAQ Assessment Worksheets.

The IAQ assessment did identify one or more existing conditions impacting IAQ and has generated appropriate work orders to correct deficiencies in systems and maintenance that could contribute to decreased indoor air quality. At the time of the assessment, these concerns were not an immediate health or safety concern to building occupants. However, due to individual sensitivities and predisposing health factors, it is possible that some building occupants may elicit a health response to agents and / or conditions identified during the evaluation. Therefore, to further improve IAQ, prevent development of future IAQ-related problems, and to reduce the potential for IAQ-related complaints by building occupants, the IAQ Assessment Team recommends appropriate follow up of each item identified and listed in the attached evaluation.

Please ensure that your Head Facilities Serviceperson receives a copy of this correspondence so that the recommendations requiring their attention can be addressed. Within two weeks a representative from the Custodial/Grounds Department will conduct a follow-up visit to ensure that all issues have been appropriately addressed.

Should any questions arise, or if the current concerns continue after the attached recommendations have been addressed, please feel free to contact me at 754-321-1900.

cc: Jeffrey S. Moquin, Executive Director, Support Operations Mark Dorsett, Manager 1, Physical Plant Operations Division, Zone 1 Roy Norton, Manager Custodial/Grounds, Physical Plant Operations Division Robert Krickovich, Coordinator, LEA, Facilities and Construction Management Raul Valero, FSS Manager, Physical Plant Operations Division

ES/tc Enc.

|                          |                |                        | IAQ As                           | sessment                    | Location Number                 |          |           |
|--------------------------|----------------|------------------------|----------------------------------|-----------------------------|---------------------------------|----------|-----------|
|                          | Physical Plant | Operations (CC         | OMPASS)                          |                             | Evaluation Requested            | May      | 21, 2009  |
| Time of Day              | 5:15 pm        |                        |                                  |                             | Evaluation Date                 | May      | 21, 2009  |
| Outdoor Condi            | tions Ten      | nperature              | 86.4                             | Relative Humidity           | 61.4 Ambie                      | ent CO2  | 399       |
| Fish 1                   | Temperature    | Range Rel              | ative Humidity                   | Range                       | CO2 Rar                         | nge #    | Occupants |
| 264                      | 77.2           | /2 - 78                | 65.8                             | 30% - 60%                   | 1063 Max 700                    | > Ambien | t 2       |
| Noticeable Od            | or No          | ]da                    | Visible water<br>mage / staining | Visible microl<br>? growth? | bial Amount o<br>material affeo |          |           |
| Ceiling Type             | 2 x 4 Lay      | In                     | No                               | No                          |                                 | None     |           |
| Wall Type                | Drywall/Pla    | aster                  | No                               | No                          |                                 | None     |           |
| Flooring                 | 12 x 12 Vi     | nyl                    | No                               | No                          |                                 | None     |           |
|                          | Clean          | Minor Dust<br>/ Debris | Needs<br>Cleaning                |                             | Corrective Action Re            | equired  |           |
| Ceiling                  | Yes            | No                     | No                               |                             |                                 |          |           |
| Walls                    | Yes            | No                     | No                               |                             |                                 |          |           |
| Flooring                 | No             | Yes                    | Yes                              |                             | Clean and saniti                | ze       |           |
| HVAC Supply              | Grills Yes     | No                     | No                               |                             |                                 |          |           |
| HVAC Return              | Grills Yes     | No                     | No                               |                             |                                 |          |           |
| Ceiling at Sup<br>Grills | ply Yes        | No                     | No                               |                             |                                 |          |           |
| Surfaces in Ro           | oom No         | Yes                    | Yes                              |                             | Clean as appropri               | ate      |           |

#### **Observations**

#### Findings:

- Spot cooler in room. A/C unit was not working at the time of the assessment.
- Occupants complained of burning odor.
- Non-approved chemicals in room (air freshener)
- Dust and debris on floor behind partitions
- Dust build up on environmental surfaces
- Central vehicle maintenance garage is adjacent to this building.
- Observed 3 outside air vents on the West wall potentially bringing in outside vehicle exhaust; no pull from restroom exhaust.

## Recommendations:

## Site Based Maintenance:

- Remove non-approved chemicals from room air freshener
- Clean environmental surfaces throughout the room
- Thoroughly clean and sanitize floor behind partitions
- Ensure that exterior doors remain closed at all times

- Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate

### Physical Plant Operations:

- Evaluate for cause of burning odor as advised by occupants
- Evaluate air vents on West wall for possible intrusion of vehicle exhaust and repair as appropriate
- Evaluate restroom exhaust fans for proper operation and repair as appropriate
- A/C unit was repaired by evening A/C on 5/21/09