

Indoor Air Quality (IAQ) Assessment Request

Name & Title of
Person Requesting Assessment: _____

Facility Name: _____

Telephone Number: _____

FISH/Room Numbers to Be Assessed:

Is FISH/Room a Portable:

Yes _____

No _____

Briefly Describe IAQ Concern:

IAQ Response Protocol Checklist Completed?

Yes _____

No _____

If no, please complete the checklist items prior to requesting an IAQ Assessment:

If the corrective measures identified in the checklist do not satisfactorily resolve the occupant complaint, or if you have visible microbial growth, complete and submit this IAQ Assessment Request.

Has Principal been Notified?

Yes _____

No _____

Please print, scan and email this form to Robert.krickovich@browardschools.com