

**NEW YORK STATE DEPARTMENT OF HEALTH  
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY  
CENTER FOR ENVIRONMENTAL HEALTH**

This form must be completed for each residence involved in indoor air testing.

Preparer's Name \_\_\_\_\_ Date/Time Prepared \_\_\_\_\_

Preparer's Affiliation \_\_\_\_\_ Phone No. \_\_\_\_\_

Purpose of Investigation \_\_\_\_\_

**1. OCCUPANT:**

**Interviewed: Y / N**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Number of Occupants/persons at this location \_\_\_\_\_ Age of Occupants \_\_\_\_\_

**2. OWNER OR LANDLORD: (Check if same as occupant \_\_\_ )**

**Interviewed: Y / N**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**3. BUILDING CHARACTERISTICS**

**Type of Building:** (Circle appropriate response)

Residential  
Industrial

School  
Church

Commercial/Multi-use  
Other: \_\_\_\_\_

**If the property is residential, type?** (Circle appropriate response)

- |              |                 |                   |
|--------------|-----------------|-------------------|
| Ranch        | 2-Family        | 3-Family          |
| Raised Ranch | Split Level     | Colonial          |
| Cape Cod     | Contemporary    | Mobile Home       |
| Duplex       | Apartment House | Townhouses/Condos |
| Modular      | Log Home        | Other: _____      |

**If multiple units, how many?** \_\_\_\_\_

**If the property is commercial, type?**

Business Type(s) \_\_\_\_\_

Does it include residences (i.e., multi-use)? Y / N      If yes, how many? \_\_\_\_\_

**Other characteristics:**

Number of floors \_\_\_\_\_      Building age \_\_\_\_\_

Is the building insulated? Y / N      How air tight? Tight / Average / Not Tight

**4. AIRFLOW**

**Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:**

Airflow between floors

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Airflow near source

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Outdoor air infiltration

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Infiltration into air ducts

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**5. BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply)

- a. Above grade construction: wood frame concrete stone brick
- b. Basement type: full crawlspace slab other \_\_\_\_\_
- c. Basement floor: concrete dirt stone other \_\_\_\_\_
- d. Basement floor: uncovered covered covered with \_\_\_\_\_
- e. Concrete floor: unsealed sealed sealed with \_\_\_\_\_
- f. Foundation walls: poured block stone other \_\_\_\_\_
- g. Foundation walls: unsealed sealed sealed with \_\_\_\_\_
- h. The basement is: wet damp dry moldy
- i. The basement is: finished unfinished partially finished
- j. Sump present? Y / N
- k. Water in sump? Y / N / not applicable

**Basement/Lowest level depth below grade:** \_\_\_\_\_(feet)

**Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)**

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**6. HEATING, VENTING and AIR CONDITIONING** (Circle all that apply)

**Type of heating system(s) used in this building: (circle all that apply – note primary)**

- Hot air circulation
- Space Heaters
- Electric baseboard
- Heat pump
- Steam radiation
- Wood stove
- Hot water baseboard
- Radiant floor
- Outdoor wood boiler
- Other \_\_\_\_\_

**The primary type of fuel used is:**

- Natural Gas
- Electric
- Wood
- Fuel Oil
- Propane
- Coal
- Kerosene
- Solar

**Domestic hot water tank fueled by:** \_\_\_\_\_

**Boiler/furnace located in:** Basement Outdoors Main Floor Other \_\_\_\_\_

**Air conditioning:** Central Air Window units Open Windows None

Are there air distribution ducts present? Y / N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

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**7. OCCUPANCY**

Is basement/lowest level occupied? Full-time Occasionally Seldom Almost Never

**Level** General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)

Basement	_____
1 <sup>st</sup> Floor	_____
2 <sup>nd</sup> Floor	_____
3 <sup>rd</sup> Floor	_____
4 <sup>th</sup> Floor	_____

**8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY**

- a. Is there an attached garage? Y / N
- b. Does the garage have a separate heating unit? Y / N / NA
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) Y / N / NA  
Please specify \_\_\_\_\_
- d. Has the building ever had a fire? Y / N When? \_\_\_\_\_
- e. Is a kerosene or unvented gas space heater present? Y / N Where? \_\_\_\_\_
- f. Is there a workshop or hobby/craft area? Y / N Where & Type? \_\_\_\_\_
- g. Is there smoking in the building? Y / N How frequently? \_\_\_\_\_
- h. Have cleaning products been used recently? Y / N When & Type? \_\_\_\_\_
- i. Have cosmetic products been used recently? Y / N When & Type? \_\_\_\_\_

- j. Has painting/staining been done in the last 6 months? Y / N Where & When? \_\_\_\_\_
- k. Is there new carpet, drapes or other textiles? Y / N Where & When? \_\_\_\_\_
- l. Have air fresheners been used recently? Y / N When & Type? \_\_\_\_\_
- m. Is there a kitchen exhaust fan? Y / N If yes, where vented? \_\_\_\_\_
- n. Is there a bathroom exhaust fan? Y / N If yes, where vented? \_\_\_\_\_
- o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N
- p. Has there been a pesticide application? Y / N When & Type? \_\_\_\_\_

**Are there odors in the building?** Y / N  
 If yes, please describe: \_\_\_\_\_

**Do any of the building occupants use solvents at work?** Y / N  
 (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used? \_\_\_\_\_

If yes, are their clothes washed at work? Y / N

**Do any of the building occupants regularly use or work at a dry-cleaning service?** (Circle appropriate response)

- Yes, use dry-cleaning regularly (weekly) No
- Yes, use dry-cleaning infrequently (monthly or less) Unknown
- Yes, work at a dry-cleaning service

**Is there a radon mitigation system for the building/structure?** Y / N Date of Installation: \_\_\_\_\_  
**Is the system active or passive?** Active/Passive

**9. WATER AND SEWAGE**

**Water Supply:** Public Water Drilled Well Driven Well Dug Well Other: \_\_\_\_\_  
**Sewage Disposal:** Public Sewer Septic Tank Leach Field Dry Well Other: \_\_\_\_\_

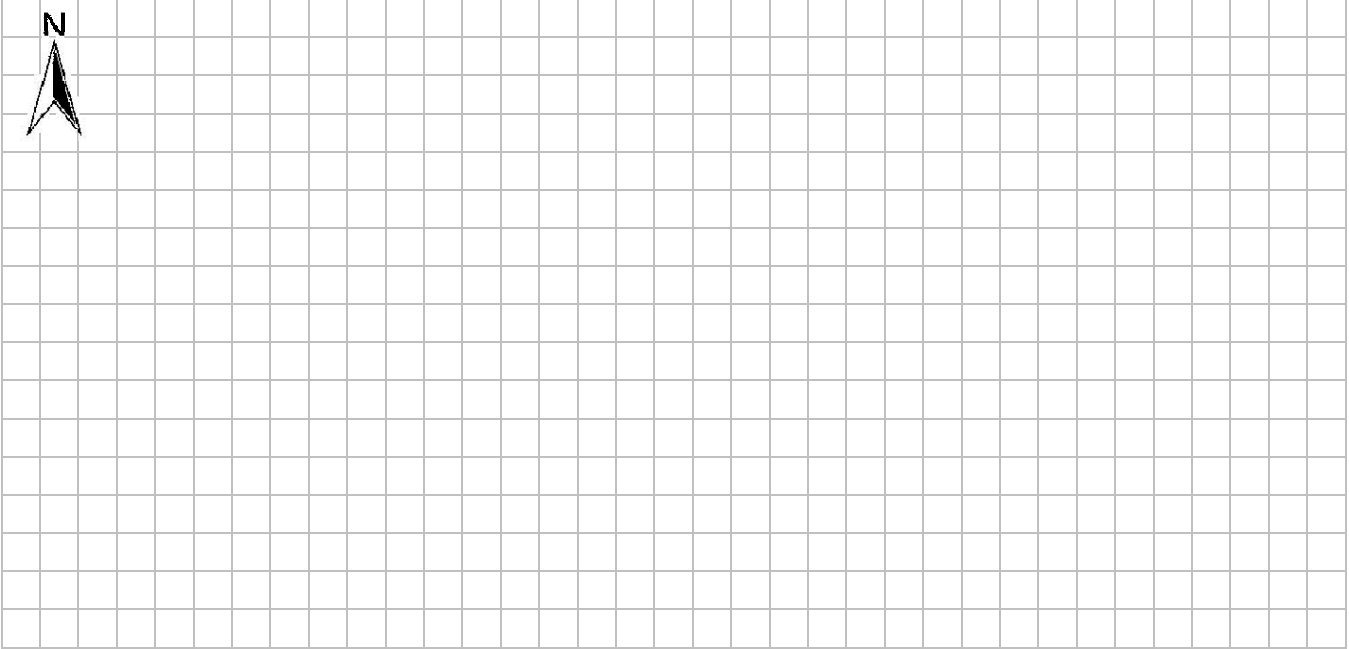
**10. RELOCATION INFORMATION (for oil spill residential emergency)**

- a. Provide reasons why relocation is recommended: \_\_\_\_\_
- b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel
- c. Responsibility for costs associated with reimbursement explained? Y / N
- d. Relocation package provided and explained to residents? Y / N

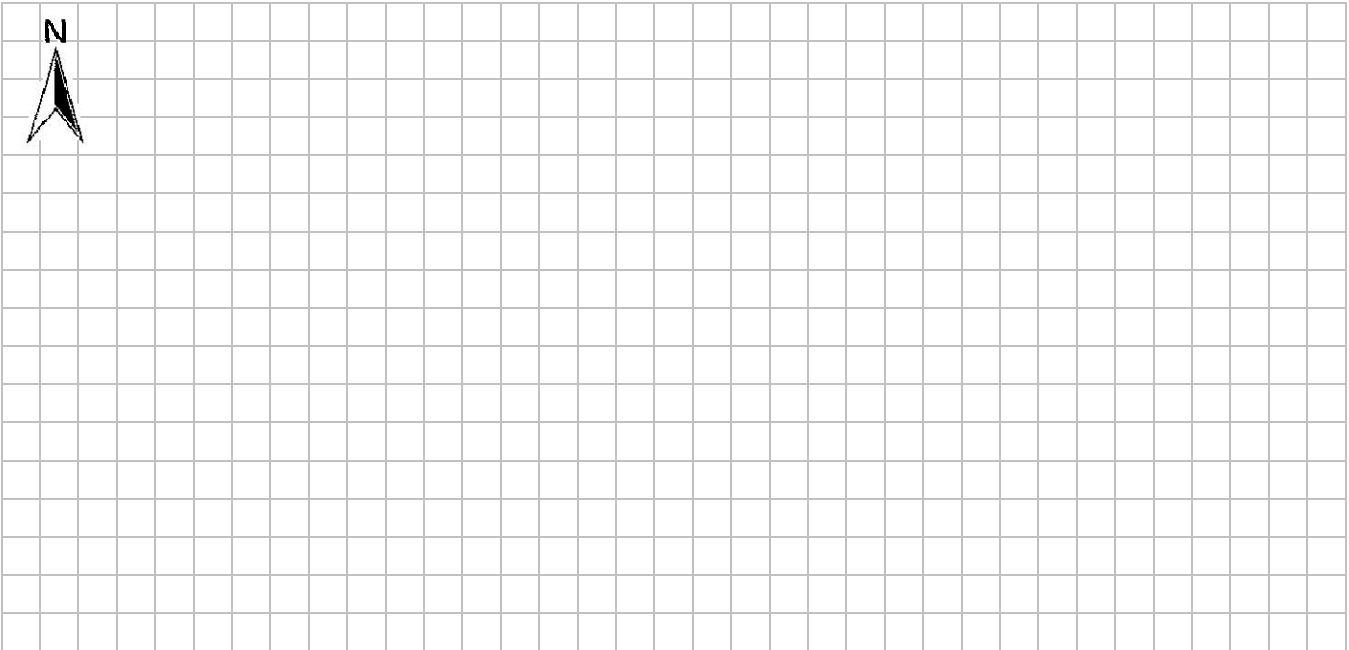
**11. FLOOR PLANS**

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

**Basement:**



**First Floor:**



**12. OUTDOOR PLOT**

**Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.**

**Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.**

