



COMMERCIAL / INDUSTRIAL BUILDING QUESTIONNAIRE

Indoor Air Assessment Survey

Date: \_\_\_\_\_ Survey / questionnaire completed by: \_\_\_\_\_

1. Contact Name: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. What is the best time to call to speak with you? \_\_\_\_\_

3. Are you the Owner [ ], Renter [ ], Other [ ] (please specify) \_\_\_\_\_ of this Building/Structure? If you are not the owner, please provide owner contact information
Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Total number of occupants/persons at this location? \_\_\_\_\_
Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

5. How long have you occupied this location? \_\_\_\_\_
How many days per week is the building occupied? \_\_\_\_\_
How many hours per day is the building occupied? \_\_\_\_\_

General Building / Structure Description

6. Type of Building/Structure (check only one): Single Business [ ], Multiple Businesses [ ],
Other \_\_\_\_\_

7. Building/Structure Description:
Number of floors: \_\_\_\_\_ Area /square footage of main or ground floor: \_\_\_\_\_square feet
Basement [ ] Area /square footage of Basement: \_\_\_\_\_ square feet
Crawlspace [ ] Area /square footage of Crawlspace: \_\_\_\_\_ square feet
Partial crawlspace/basement [ ] % of each \_\_\_\_\_
Slab on grade [ ] Area /square footage of Slab on grade: \_\_\_\_\_ square feet
Other [ ] \_\_\_\_\_

8. Age of Building/Structure: \_\_\_\_\_years, Not sure/Unknown [ ]

9. General Above-Ground Building/Structure construction (check all that apply):
Wood [ ], Brick [ ], Concrete [ ], Cement Block [ ], Other [ ] \_\_\_\_\_

10. Foundation Construction (check all that apply):  
 Concrete Slab   
 Fieldstone   
 Concrete Block   
 Elevated Above Ground/Grade   
 Other  \_\_\_\_\_
11. Do you have a Private Well  or Cistern   
 If yes, please describe location, use, and current condition \_\_\_\_\_  
 \_\_\_\_\_
12. Do you have a Septic System? Yes  No  Not Used  Unknown   
 If yes, what is the construction type? \_\_\_\_\_  
 Where is it located? \_\_\_\_\_  
 When was the last time it was serviced? \_\_\_\_\_  
 Do you (or have you ever) use(d) any degreaser for your septic system? Yes  No   
 If yes, when was the last application? \_\_\_\_\_
13. Do you have standing water outside of your Building? (pond, ditch, etc.) Yes  No

**Basement Description (please check all boxes that apply):**

14. Is the basement Finished  or Unfinished
15. If finished, how many rooms are in the basement? \_\_\_\_\_  
 What are rooms used for? Office , Shop , Storage ,  
 Other \_\_\_\_\_
16. If not finished, do you plan on finishing in the future? Yes  No
17. Is the basement floor (check all that apply) Concrete , Tile , Carpeted , Dirt ,  
 Other  \_\_\_\_\_
18. Are the basement walls Poured Concrete , Cement Block , Stone , Wood ,  
 Brick , Other  \_\_\_\_\_
19. Does the basement have a moisture problem?  
 Yes, frequently (3 or more times/year)   
 Yes, occasionally (1-2 times/year)   
 Yes, rarely (less than 1 time/year)   
 No   
 Describe the moisture problem \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Does the basement ever flood?  
 Yes, frequently (3 or more times/year)   
 Yes, occasionally (1-2 times/year)   
 Yes, rarely (less than 1 time/year)   
 No

21. Does the basement have any of the following? Floor Cracks , Wall Cracks , Sump , Floor Drain , Other Hole/Opening In Floor   
Describe \_\_\_\_\_
22. Are any of the following used or stored in the basement (check all that apply):  
Paint , Paint Stripper/Remover , Paint Thinner , Metal Degreaser/Cleaner , Gasoline , Diesel Fuel , Solvents , Glue , Laundry Spot Removers , Drain Cleaners , Pesticides , Other equipment with fuel tanks (chain saw, lawn mower, snow blower, etc.) , Other products with/containing Volatile Organic Compounds, describe: \_\_\_\_\_
23. Has the Building / structure recently (within the last six months) had any painting or remodeling?  
Yes  No   
If yes, specify what was done, where in the Building, and what month:  
\_\_\_\_\_  
\_\_\_\_\_
24. Has new carpeting been installed in the Building / Structure within the last year? Yes  No   
If yes, when and where? \_\_\_\_\_
25. Do any occupants / employees regularly conduct or work in the beauty / hair-dressing business?  
Yes, work at a beauty / hair-dressing business   
Yes, store supplies for beauty / hair-dressing business  Distance to sample point: \_\_\_\_\_  
Yes, building contains beauty / hair-dressing business  Distance to sample point: \_\_\_\_\_  
Yes, building is near beauty / hair-dressing business  Distance to sample point: \_\_\_\_\_  
No
26. Do any occupants / employees / anyone regularly use or work or conduct a dry cleaning service?  
Yes, use dry-cleaning regularly (at least weekly)   
Yes, use dry-cleaning infrequently (monthly or less)   
Yes, work at a dry cleaning service   
Yes, building contains or is near dry cleaning service  Distance to sample point: \_\_\_\_\_  
No
27. Do any occupants / employees / anyone in the Building / structure use solvents at work?  
Yes  If yes, how many persons?  
No  If no, go to question 28
28. If yes for question 26, are the work clothes washed at Building? Yes  No
29. Does Building / Structure contain a washer/dryer? Yes  No   
Where are they located?  
Basement   
Upstairs   
Ground floor   
Garage   
Other, please specify  \_\_\_\_\_
30. If Building / Structure contains a dryer, is it vented to the outdoors? Yes  No
31. What type(s) of Building heating do you have (check all that apply)  
Fuel type: Gas , Oil , Electric , Wood , Coal , Other  \_\_\_\_\_  
Heat conveyance system: Forced Hot Air  Forced Hot Water  Steam   
Radiant Floor Heat  Wood Stove  Coal Furnace  Fireplace   
Other  \_\_\_\_\_

32. Does Building / Structure have (or had in the past) a storage tank for storage of Gasoline , Fuel Oil , Propane   
If yes, where is/was it located? \_\_\_\_\_  
\_\_\_\_\_  
How is/was the tank filled? \_\_\_\_\_  
\_\_\_\_\_  
Is there staining near the tank? Yes  No
33. Does Building / Structure have air conditioning? Yes  No   
Central Air Conditioning   
Window Air Conditioning Unit(s)   
Other (please specify) \_\_\_\_\_
34. Does Building / Structure have any: Room Fans , Ceiling Fans , Attic Fan
35. Does Building / Structure ventilate using the fan-only mode of your central air conditioning or forced air heating system? Yes  No
36. Has Building / Structure had termite or other pesticide treatment? Yes  No  Unknown   
If yes, please specify type of pest controlled \_\_\_\_\_  
And approximate date of service \_\_\_\_\_
37. Water heater type: Gas , Electric , by Furnace ,  
Other (please describe) \_\_\_\_\_
38. Water heater location: Basement , Upstairs , Ground Floor , Attic ,  
Other (please specify) \_\_\_\_\_
39. Does Building / Structure have any cooking appliances? Electric , Gas   
Other (please describe) \_\_\_\_\_
40. Is there a stove exhaust hood present? Yes  No   
Does it vent to the outdoors? Yes  No
41. Smoking in Building / Structure:  
None , Rare (only guests) , Moderate (occupants, light smokers) ,  
Heavy (at least one heavy smoker in Building / Structure)
42. If yes to question 41, what do they smoke?  
Cigarettes  Cigars   
Pipe  Other
43. Does Building / Structure regularly contain/use air fresheners? Yes  No
44. Does anyone in the Building have indoor Building hobbies or crafts involving:  
Heating , Soldering , Welding , Model Glues , Paints ,  
Spray Paint , Wood Finishing , Other  \_\_\_\_\_  
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\_\_\_\_\_



48. **Chemical Inventory/Summary**

<b>Chemical/Chemical Product (consumer name)</b>	<b>Amount present in Building / Structure</b>
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a)

b)

c)

d)

e)

f)

g)

h)

i)

j)

k)

l)

m)

n)

o)