



# Indoor Environmental Quality (IEQ) Concern Report

Please complete this form in its entirety to initiate an indoor environmental quality investigation. Submission of a concern report is according to internal departmental procedures, found on RMS's website at <http://riskmanagement.ok.ubc.ca/health/indoorenvqual.html>:

Upon review, follow up action will be taken.  
(Please Print).

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

e-mail: \_\_\_\_\_

Building: \_\_\_\_\_

Specific Location of Concern: \_\_\_\_\_

Describe the nature of your concern in detail:

Are you experiencing any health concerns or conditions that you feel are related to this report?  yes  no  
Have you been absent from work as a result of these health concerns or conditions?  yes  no

List all causes you might suspect:

What action would you recommend:

Are you aware of any other individual that may be affected?  yes  no  
If so, please ask them to fill out a Concern Report following internal department procedures.

Completion of this form will initiate an investigation with Risk Management Services.

Concern registered by: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY RISK MANAGEMENT SERVICES**

Date Received: \_\_\_\_\_ By Whom: \_\_\_\_\_

**Further Action Required:**

RMS: \_\_\_\_\_

Facilities Management: \_\_\_\_\_

WRAP: \_\_\_\_\_

Work Order #: \_\_\_\_\_