INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY CHECKLIST

NOTE: This example questionnaire was based on the New York State Department of Health's Indoor Air Quality Questionnaire and Building Inventory. The questions may need to be altered to meet state-specific requirements or policies. For federal projects (e.g., Department of Defense sites), practitioners can use one of the questionnaires in the following links.

Building Evaluation Form (Exhibit G-3) DOD Vapor Intrusion Handbook

Occupied Dwelling Questionnaire – Indoor Air Assessment Survey: EPA 2002 Draft Guidance for Evaluating the Vapor Intrusion to Indoor Air Pathway from Groundwater and Soils (Appendix H)

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

1. PREPARER:

Preparer's Name: _____ Date/Time Prepared: _____

Preparer's Affiliation: _____ Phone No.: _____

Purpose of Investigation: _____

2. OCCUPANT: **Interviewed: ☐ Yes ☐ No**

Last Name: _____ First Name: _____

Street Address: _____

County: _____ City, State, ZIP: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location: _____ Age of Occupants: _____

3. OWNER OR LANDLORD: (Check if same as occupant ☐) **Interviewed: ☐ Yes ☐ No**

Last Name: _____ First Name: _____

Street Address: _____

County: _____ City, State, ZIP: _____

Home Phone: _____ Office Phone: _____

4. BUILDING CHARACTERISTICS:

Type of Building: (Circle appropriate response.)

Residential School Commercial / Multi-Use Industrial Church

Other: _____

If the property is residential, what type is it? (Circle appropriate response.)

2-Family	3-Family	Apartment House	Cape Cod	Colonial
Condos/Townhome	Contemporary	Duplex	Log Home	Mobile Home
Modular	Raised Ranch	Ranch	Split Level	

Other: _____

If the property is commercial, what type is it?

Business Type(s): _____

Does it include residences (i.e., multi-use)? ☐ **Yes** ☐ **No**

If yes, how many?_____

Other characteristics:_____

Building age: _____ Number of floors: _____

Is the building insulated? ☐ **Yes** ☐ **No**

How airtight? ☐ Tight ☐ Average ☐ Not Tight

5. AIRFLOW:

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

Airflow between floors: _____

_____

_____

Airflow near source: _____

_____

_____

Outdoor air infiltration: _____

_____

_____

Infiltration into air ducts: _____

_____

_____

6. BASEMENT AND CONSTRUCTION CHARACTERISTICS: (Circle all that apply.)

a. Above-grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawl space	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?	☐ Yes	☐ No		
k. Water in sump?	☐ Yes	☐ No	☐ N/A	

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

_____

7. HEATING, VENTING, AND AIR CONDITIONING:

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

Electric baseboard	Heat pump	Hot air circulation
Hot water baseboard	Outdoor wood boiler	Radiant floor
Space heaters	Steam radiation	Wood stove

Other: _____

The primary type of fuel is (circle all that apply):

Coal	Electric	Fuel Oil	Kerosene
Natural gas	Propane	Solar	Wood

Domestic hot water tank fueled by:_____

Boiler / furnace located in:		Basement	Main Floor	Outdoors

Other: _____

Air Conditioning:	Central Air	Window Units	Open Windows	None

Are air distribution ducts present? ☐ Yes ☐ No

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.

_____

_____

_____

_____

8. OCCUPANCY:

How frequently is the basement/lowest level occupied?

Full-time Occasionally Seldom Almost Never

Describe the general use of each floor (e.g., family room, bedroom, laundry, workshop):

Basement: _____

1st Floor:_____

2nd Floor: _____

3rd Floor: _____

4th Floor:_____

9. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY:

a. Is there an attached garage? ☐ Yes ☐ No ☐ N/A

b. Does the garage have a separate heating unit? ☐ Yes ☐ No ☐ N/A

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, ATV, car)? ☐ Yes ☐ No ☐ N/A

Please specify: _____

d. Has the building ever had a fire? ☐ Yes ☐ No ☐ N/A

When?_____

e. Is a kerosene or unvented gas space heater present? ☐ Yes ☐ No ☐ N/A

Where? _____

f. Is there a workshop or hobby/craft area? ☐ Yes ☐ No ☐ N/A

Where and what type? _____

g. Is there smoking in the building? ☐ Yes ☐ No ☐ N/A

How frequently? _____

h. Have cleaning products been used recently? ☐ Yes ☐ No ☐ N/A

When and what type? _____

i. Have cosmetic products been used recently? ☐ Yes ☐ No ☐ N/A

When and what type? _____

j. Has painting/staining been done in the last six months? ☐ Yes ☐ No ☐ N/A

Where and when? _____

k. Is there new carpet, drapes, or other textiles? ☐ Yes ☐ No ☐ N/A

Where and when? _____

l. Have air fresheners been used recently? ☐ Yes ☐ No ☐ N/A

When and what type? _____

m. Is there a kitchen exhaust fan? ☐ Yes ☐ No ☐ N/A

If yes, where vented? _____

n. Is there a bathroom exhaust fan? ☐ Yes ☐ No ☐ N/A

If yes, where vented? _____

o. Is there a clothes dryer? ☐ Yes ☐ No ☐ N/A

If yes, is it vented outside? ☐ Yes ☐ No ☐ N/A

p. Has there been a pesticide application? ☐ Yes ☐ No ☐ N/A

When and what type? _____

Are there odors in the building? ☐ **Yes** ☐ **No** ☐ **N/A**

If yes, please describe: _____

Do any of the building occupants use solvents at work? ☐ **Yes** ☐ **No**

(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? ☐ Yes ☐ No

Do any of the building occupants regularly use or work at a dry-cleaning service? (Check the 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? ☐ **Yes** ☐ **No**

Date of Installation: _____

Is the system active or passive? Active Passive

10. WATER AND SEWAGE:

Water Supply: Drilled Well Driven Well Dug Well Public Water

Other: _____

Sewage Disposal: Dry Well Leach Field Public Sewer Septic Tank

Other: _____

11. RELOCATION INFORMATION: (for residential emergency)

a. Provide reasons why relocation is recommended: _____

_____

b. Residents choose to: ☐ remain in home ☐ relocate to friends/family ☐ relocate to hotel/motel

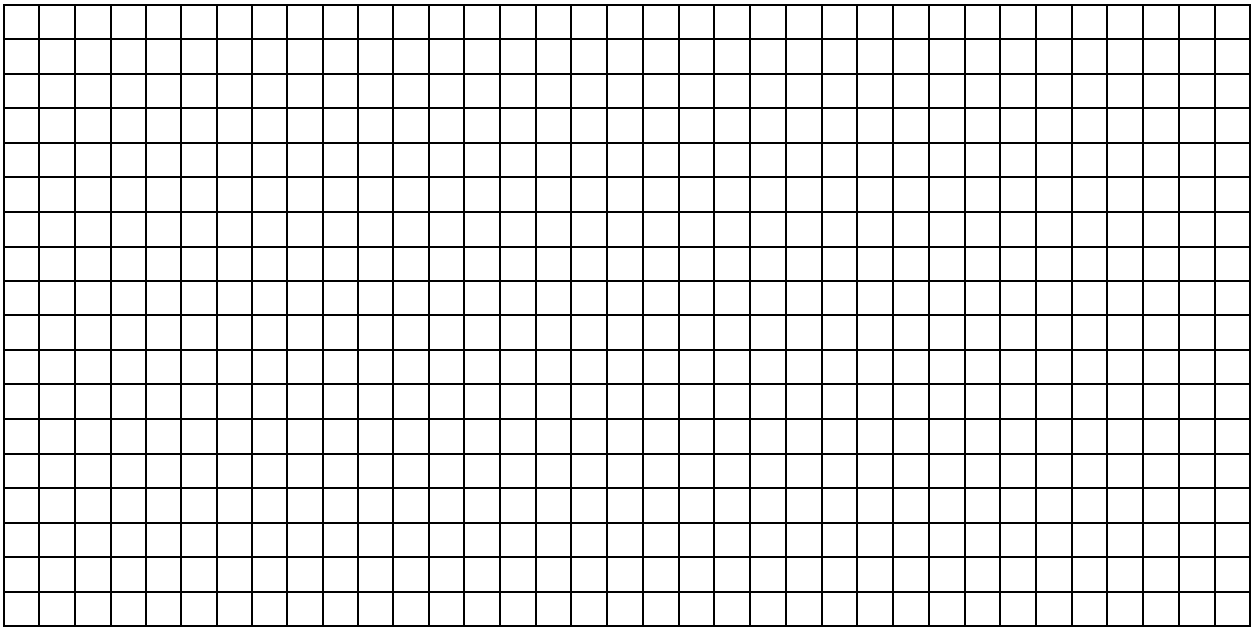
c. Responsibility for costs/reimbursement associated with relocation explained? ☐ Yes ☐ No

d. Relocation package provided and explained to residents? ☐ Yes ☐ No

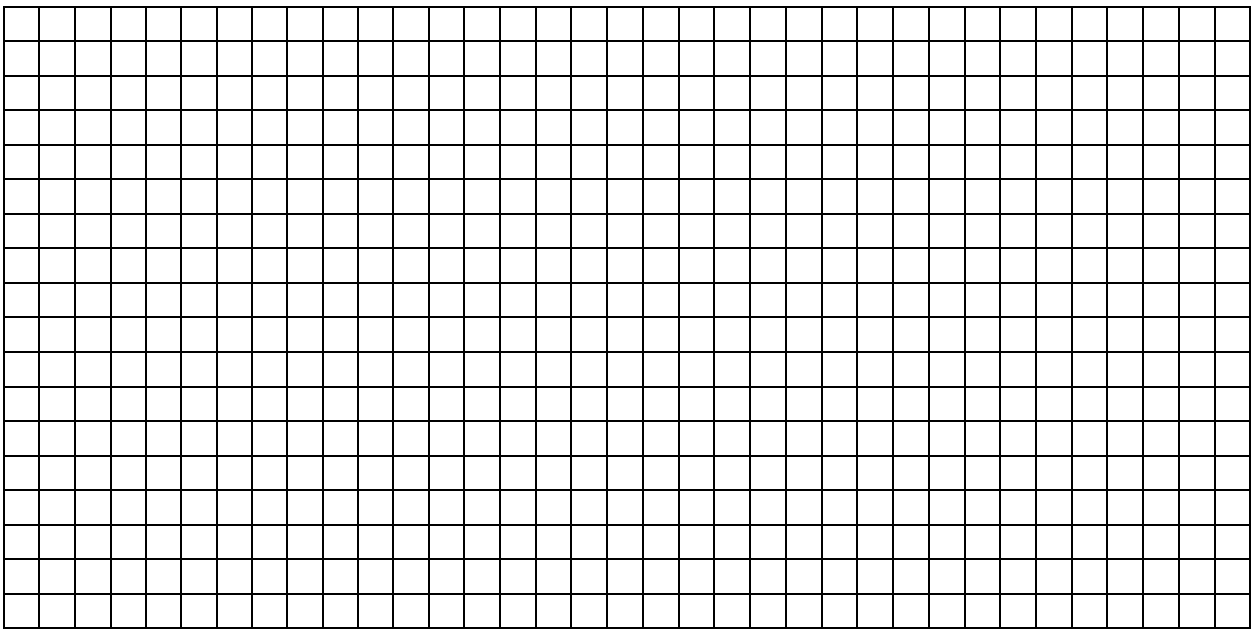
12. FLOOR PLANS:

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

Basement:



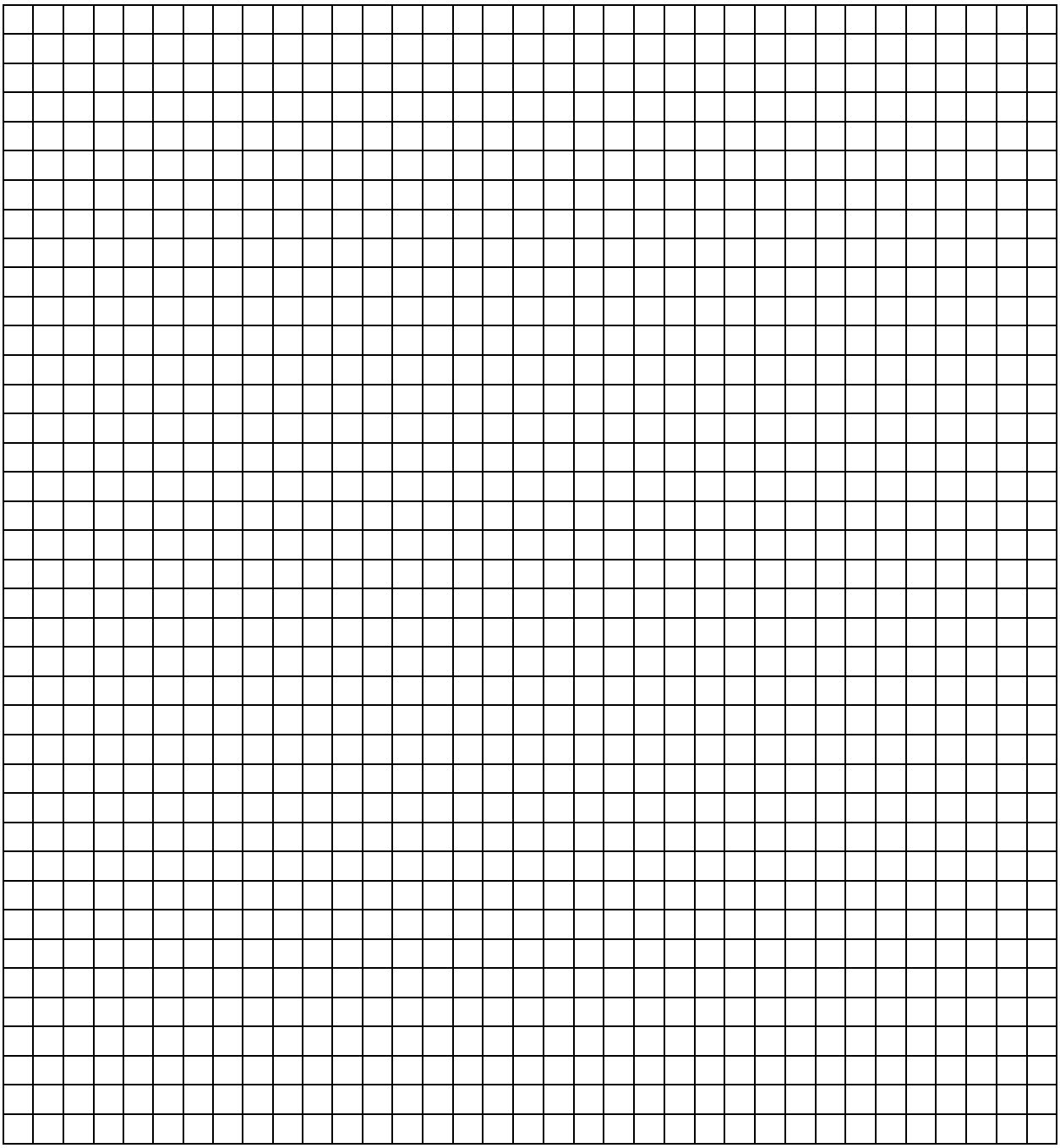
First Floor:



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 photoionization detector meter readings.

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



13. PRODUCT INVENTORY FORM:

Additional information on the types of products that should be recorded can be found in the **Background Sources to Indoor Air Fact Sheet**. Several existing lists can be found at **https://www.epa.gov/indoor-air-quality-iaq/indoor-pollutants-and-sources**.

Make and model of field instrument used: _____

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition[1]	Chemical Ingredients	Field Instrument Reading (units)	Photo[2] Y or N

1. Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)

2. Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients, but the photographs must be of good quality and the ingredient labels must be legible.