



INDOOR AIR BUILDING SURVEY and SAMPLING FORM

Preparer's name: _____ Date: _____
Preparer's affiliation: _____ Phone #: _____
Site Name: _____ Case #: _____

Part I - Occupants

Building Address: _____
Property Contact: _____ Owner / Renter / other: _____
Contact's Phone: home () _____ work () _____ cell () _____
of Building occupants: Children under age 13 _____ Children age 13-18 _____ Adults _____

Part II - Building Characteristics

Building type: residential / multi-family residential / office / strip mall / commercial / industrial
Describe building: _____ Year constructed: _____
Sensitive population: day care / nursing home / hospital / school / other (specify): _____
Number of floors below grade: _____ (full basement / crawl space / slab on grade)
Number of floors at or above grade: _____
Depth of basement below grade surface: _____ ft. Basement size: _____ ft^2
Basement floor construction: concrete / dirt / floating / stone / other (specify): _____
Foundation walls: poured concrete / cinder blocks / stone / other (specify) _____
Basement sump present? Yes / No Sump pump? Yes / No Water in sump? Yes / No

Type of heating system (circle all that apply):
hot air circulation hot air radiation wood steam radiation
heat pump hot water radiation kerosene heater electric baseboard
other (specify): _____

Type of ventilation system (circle all that apply):
central air conditioning mechanical fans bathroom ventilation fans individual air
conditioning units kitchen range hood fan outside air intake
other (specify): _____

Type of fuel utilized (circle all that apply):
Natural gas / electric / fuel oil / wood / coal / solar / kerosene

Are the basement walls or floor sealed with waterproof paint or epoxy coatings? Yes / No

Is there a whole house fan? *Yes / No*

Septic system? *Yes / Yes (but not used) / No*

Irrigation/private well? *Yes / Yes (but not used) / No*

Type of ground cover outside of building: grass / concrete / asphalt / other (specify) _____

Existing subsurface depressurization (radon) system in place? *Yes / No* *active / passive*

Sub-slab vapor/moisture barrier in place? *Yes / No*
 Type of barrier: _____

Part III - Outside Contaminant Sources

NJDEP contaminated site (1000-ft. radius): _____

Other stationary sources nearby (gas stations, emission stacks, etc.): _____

Heavy vehicular traffic nearby (or other mobile sources): _____

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the building (including attached garages), the location of the source (floor and room), and whether the item was removed from the building 48 hours prior to indoor air sampling event. Any ventilation implemented after removal of the items should be completed at least 24 hours prior to the commencement of the indoor air sampling event.

Potential Sources	Location(s)	Removed (Yes / No / NA)
Gasoline storage cans		
Gas-powered equipment		
Kerosene storage cans		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
Fuel tank (inside building)		NA
Wood stove or fireplace		NA
New furniture / upholstery		
New carpeting / flooring		NA
Hobbies - glues, paints, etc.		

Part V – Miscellaneous Items

Do any occupants of the building smoke? *Yes / No* How often? _____

Last time someone smoked in the building? _____ hours / days ago

Does the building have an attached garage directly connected to living space? *Yes / No*

If so, is a car usually parked in the garage? *Yes / No*

Are gas-powered equipment or cans of gasoline/fuels stored in the garage? *Yes / No*

Do the occupants of the building have their clothes dry cleaned? *Yes / No*

If yes, how often? weekly / monthly / 3-4 times a year

Do any of the occupants use solvents in work? *Yes / No*

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? *Yes / No*

Have any pesticides/herbicides been applied around the building or in the yard? *Yes / No*

If so, when and which chemicals? _____

Has there ever been a fire in the building? *Yes / No* If yes, when? _____

Has painting or staining been done in the building in the last 6 months? *Yes / No*

If yes, when _____ and where? _____

Part VI – Sampling Information

Sample Technician: _____ Phone number: () _____ - _____

Sample Source: Indoor Air / Sub-Slab / Near Slab Soil Gas / Exterior Soil Gas

Sampler Type: Tedlar bag / Sorbent / Stainless Steel Canister / Other (specify): _____

Analytical Method: TO-15 / TO-17 / other: _____ Cert. Laboratory: _____

Sample locations (floor, room):

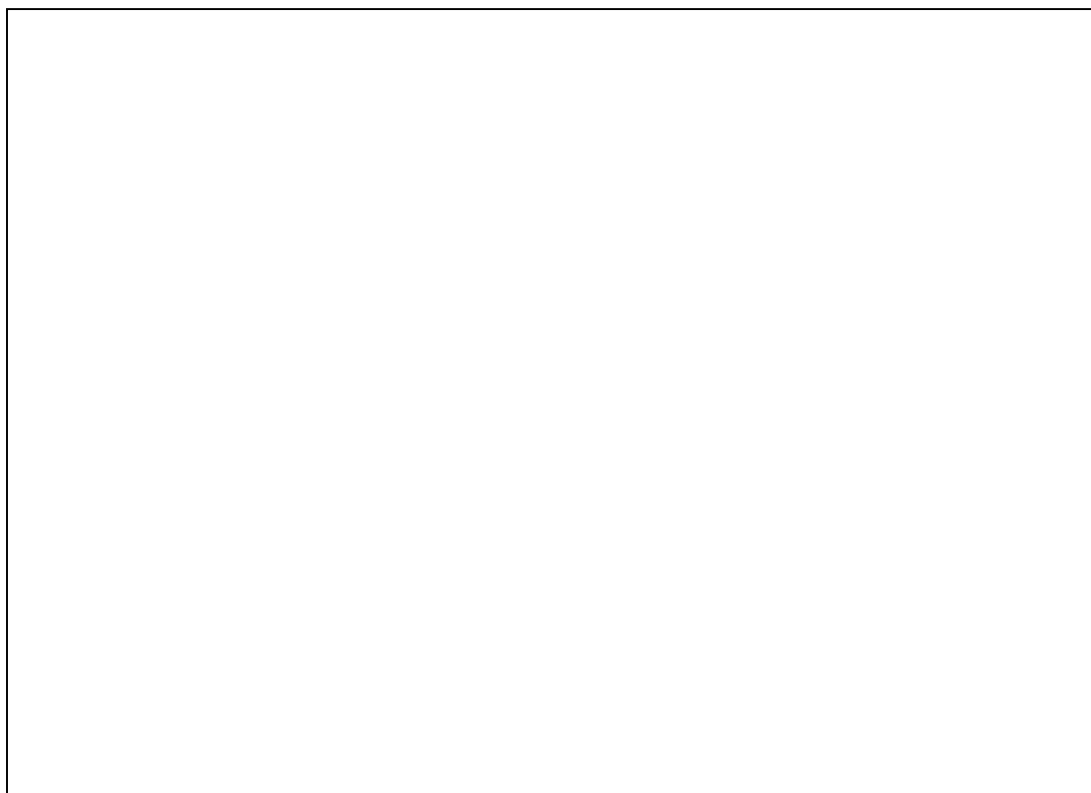
Field ID # _____ - _____ Field ID # _____ - _____

Field ID # _____ - _____ Field ID # _____ - _____

Were “Instructions for Occupants” followed? *Yes / No*

If not, describe modifications: _____

Provide Drawing of Sample Location(s) in Building



Part VII - Meteorological Conditions

Was there significant precipitation within 12 hours prior to (or during) the sampling event? *Yes / No*

Describe the general weather conditions: _____

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

(NJDEP 1997; NHDES 1998; VDOH 1993; MassDEP 2002; NYSDOH 2005; CalEPA 2005)