ALASKA DEPARTMENT OF ENVIRONMENAL CONSERVATION
BUILDING INVENTORY AND INDOOR AIR SAMPLING QUESTIONNAIRE

This form should be prepared by a person familiar with indoor air assessments with assistance from a person knowledgeable about the building. Complete this form for each building in which interior samples (e.g., indoor air, crawl space, or subslab soil gas samples) will be collected. Section I of this form should be used to assist in choosing an investigative strategy during workplan development. Section II should be used to assist in identification of complicating factors during a presampling building walkthrough.

Preparer's Name _____Date/Time Prepared_____

Preparer's Affiliation_____Phone No._____

Purpose of Investigation_____

SECTION I: BUILDING INVENTORY

1. OCCUPANT OR BUILDING PERSONNEL:

Interviewed: Y / N

Last Name_____First Name_____

Address_____

County_____

Phone No._____

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_____

Phone No._____

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-use
Industrial	Church	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 Types(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

Have occupants noticed chemical odors in the building? Y / N

If yes, please describe:_____

_____

4. AIRFLOW

Use air current tubes, tracer smoke, or knowledge about the building to evaluate airflow patterns and qualitatively describe:

Airflow between floors

_____

_____

_____

Airflow in building near suspected source

_____

_____

_____

Outdoor air infiltration

_____

_____

_____

Infiltration into air ducts

_____

_____

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

a. Above grade construction:	wood frame	log	concrete	brick
	constructed on pilings with enclosed air space		constructed on pilings with open air space	
b. Basement type:	full	crawlspace	slab-on-grade	other_____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	unsealed	sealed	sealed with_____	
e. Foundation walls:	poured	block	stone	other _____
f. Foundation walls:	unsealed	sealed	sealed with _____	
g. The basement is:	wet	damp	dry	
h. The basement is:	finished	unfinished	partially finished	
i. Sump present?	Y / N			
j. 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)

_____

_____

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

Type of heating system(s) used in this building: (Circle all that apply – not primary)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other_____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by_____

Boiler/furnace located in: Basement Outdoors Main Floor Other_____

Do any of the heating appliances have cold-air intakes? Y / N
Type of air conditioning or ventilation used in this building:

Central Air	Window units	Open Windows	None

Commercial HVAC Heat-recovery system Passive air system

Are there air distribution ducts present? Y / N

Describe the ventilation system in the building, its condition where visible, and the tightness of duct joints. Indicate the locations of air supply and exhaust points on the floor plan.

_____

_____

_____

_____

Is there a radon mitigation system for the building/structure? Y / N Date of Installation_____

Is the system active or passive? Active/Passive

7. OCCUPANCY

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

Level	**General Use of Each Floor (e.g. family room, bedroom, laundry, workshop, storage)**
Basement	_____
1st Floor	_____
2nd Floor	_____
3rd Floor	_____

8. 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_____

9. 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.

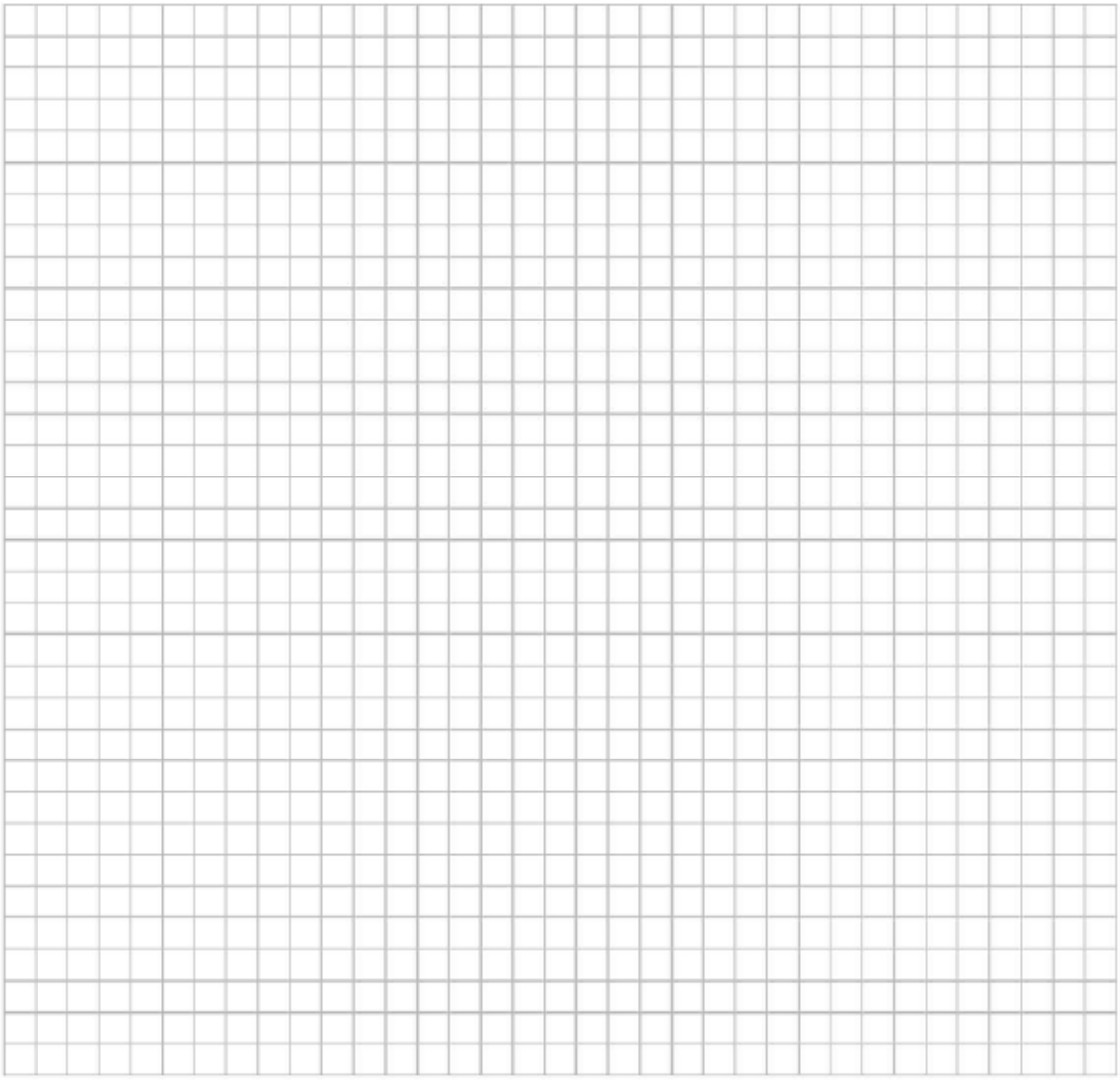
Basement:

First Floor:

10. 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.



SECTION II: INDOOR AIR SAMPLING QUESTIONNAIRE

This section should be completed during a presampling walkthrough. If indoor air sources of COCs are identified and removed, consider ventilating the building prior to sampling. However, ventilation and heating systems should be operating normally for 24 hours prior to sampling.

a) 1. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

Is there an attached garage? Y / N

Does the garage have a separate heating unit? Y / N / NA

Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, ATV, car) Y / N /NA

Please specify_____

Has the building ever had a fire? Y / N When?_____

Is a kerosene or unvented gas space heater present? Y / N Where?_____

Is there a workshop or hobby/craft area? Y / N Where & Type_____

Is there smoking in the building? Y / N How frequently?_____

Has painting/staining been done in the last 6 months? Y / N Where & When?_____

Is there new carpet, drapes or other textiles? Y / N Where & When?_____

Is there a kitchen exhaust fan? Y / N If yes, where vented?_____

Is there a bathroom exhaust fan? Y / N If yes, where vented?_____

Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

Are cleaning products, cosmetic products, or pesticides used that could interfere with indoor air sampling? 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 services

2. PRODUCT INVENTORY FORM (For use during building walkthrough)

Make & Model of field instrument used_____

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

Location	Product Description	Site (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** Y / N

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

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

This form modified from:

ITRC (Interstate Technology & Regulatory Council). 2007. *Vapor Intrusion Pathway: A Practical Guideline*. VI-1. Washington, D.C.: Interstate Technology & Regulatory Council, Vapor Intrusion Team. www.itrcweb.org.