WESTERN
WASHINGTON UNIVERSITY

Occupant Log

Name _____ Work Location _____
Building _____ Phone _____
Date _____

On the form below, please record each occasion when you experience a symptom of ill-health or discomfort that you think may be linked to an environmental condition in this building. This information is requested to help us determine the cause(s) of indoor air quality symptoms. Completing this form is completely voluntary. If you disclose medical information, it will be maintained in a secure and confidential manner. You may complete this form multiple times as your symptoms and situation change.

It is important that you record the time, date, and location within the building as accurately as possible, because that will help to identify conditions, such as equipment operation, that may be associated with your problem.

Please try to describe the severity of your symptoms, such as mild or severe, and their duration (the length of time that they persist).

Any other observations that you think may help in identifying the cause of the problem should be noted in the 'comments' column. Feel free to attach additional pages, or use more than one line per event, if you need more room to write.

Please turn these in on a regular basis, either weekly or monthly.

Time & Date	Location	Symptom	Severity/ Duration	Comments

RETURN TO Environmental Health and Safety, MAIL STOP 9070