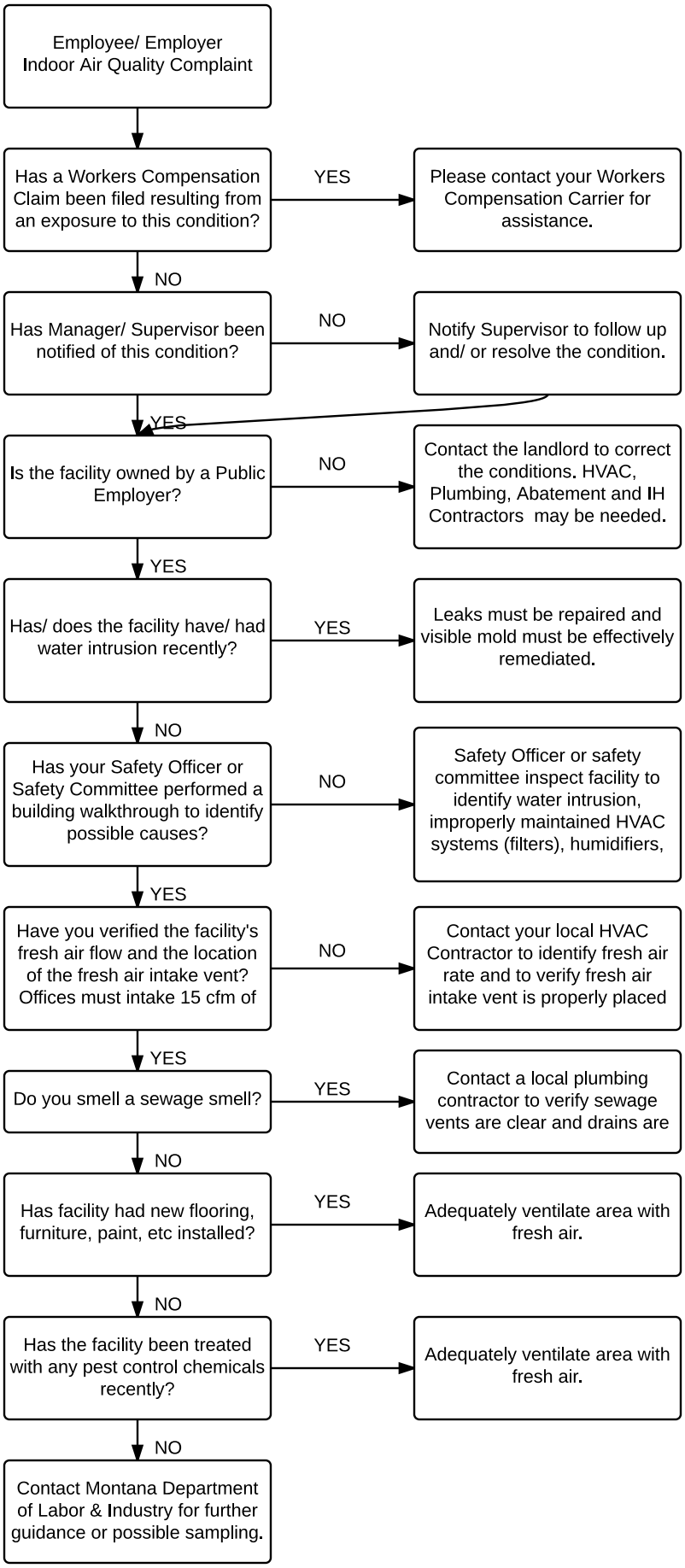
Employee/ Employer Indoor Air Quality Complaint
Has a Workers Compensation Claim been filed resulting from an exposure to this condition?
YES
Please contact your Workers Compensation Carrier for assistance.
NO
Has Manager/ Supervisor been notified of this condition?
NO
Notify Supervisor to follow up and/ or resolve the condition.
YES
Is the facility owned by a Public Employer?
NO
Contact the landlord to correct the conditions. HVAC, Plumbing, Abatement and IH Contractors may be needed.
YES
Has/ does the facility have/ had water intrusion recently?
YES
Leaks must be repaired and visible mold must be effectively remediated.
NO
Has your Safety Officer or Safety Committee performed a building walkthrough to identify possible causes?
NO
Safety Officer or safety committee inspect facility to identify water intrusion, improperly maintained HVAC systems (filters), humidifiers,
YES
Have you verified the facility's fresh air flow and the location of the fresh air intake vent? Offices must intake 15 cfm of
NO
Contact your local HVAC Contractor to identify fresh air rate and to verify fresh air intake vent is properly placed
YES
Do you smell a sewage smell?
YES
Contact a local plumbing contractor to verify sewage vents are clear and drains are
NO
Has facility had new flooring, furniture, paint, etc installed?
YES
Adequately ventilate area with fresh air.
NO
Has the facility been treated with any pest control chemicals recently?
YES
Adequately ventilate area with fresh air.
NO
Contact Montana Department of Labor & Industry for further guidance or possible sampling.