



## Item #5

New Jersey Department of Environmental Protection

### INDOOR AIR BUILDING SURVEY and SAMPLING FORM

Preparer's name: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's affiliation: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### 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<sup>2</sup>

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.

<b>Potential Sources</b>	<b>Location(s)</b>	<b>Removed (Yes / No / NA)</b>
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 / Ambient Air

Sampler Type: Stainless Steel Canister / Other (specify): \_\_\_\_\_

Analytical Method: LL TO-15 Certified Laboratory: \_\_\_\_\_

Sample locations (floor, room):

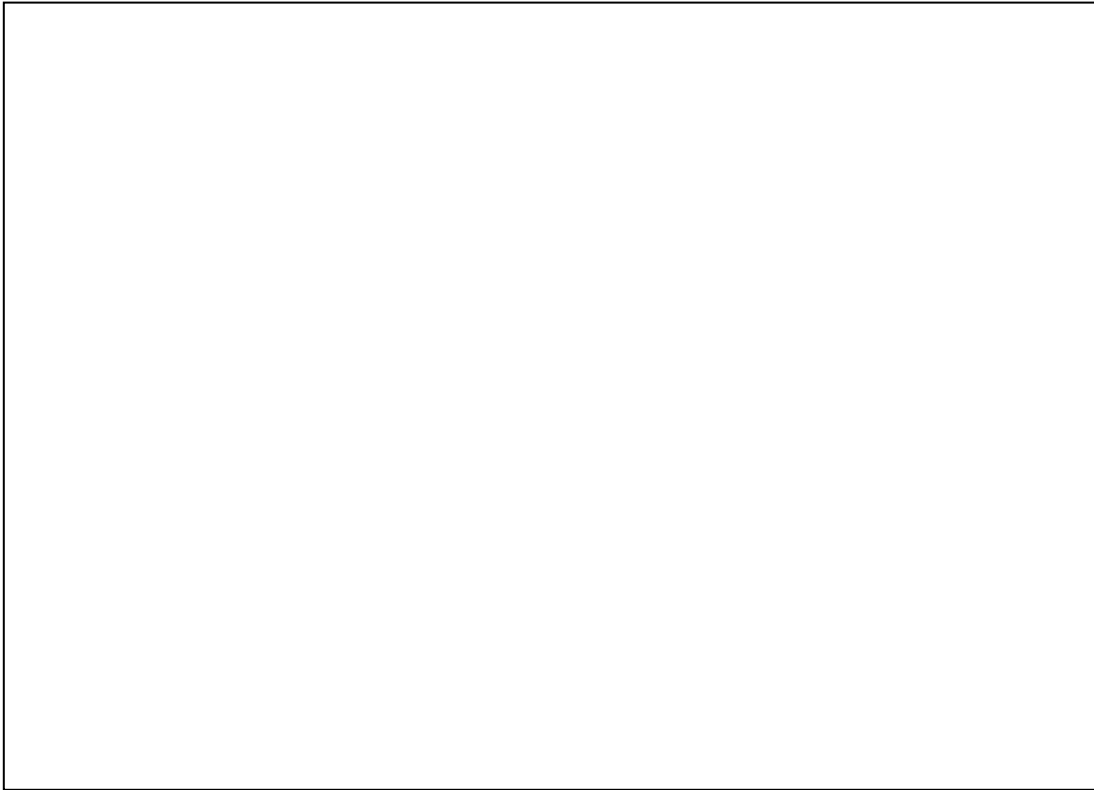
Field ID # \_\_\_\_\_ - \_\_\_\_\_ Field ID # \_\_\_\_\_ - \_\_\_\_\_

Field ID # \_\_\_\_\_ - \_\_\_\_\_ Field ID # \_\_\_\_\_ - \_\_\_\_\_

Were "Instructions for Occupants" followed? *Yes / No*

If not, describe modifications: \_\_\_\_\_

*Provide Drawing of Sample Location(s) in and outside 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.

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