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? NO

Leaks must be repaired and visible mold must be effectively remediated.

YES

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 air.

NO

Contact your local HVAC Contractor to identify fresh air intake and to verify fresh air intake vent is properly placed.

YES

Do you smell a sewage smell? NO

Contact a local plumbing contractor to verify sewage vents are clear and drains are clear.

YES

Has facility had new flooring, furniture, paint, etc installed? NO

Adequately ventilate area with fresh air.

YES

Has the facility been treated with any pest control chemicals recently? NO

Adequately ventilate area with fresh air.

YES

Contact Montana Department of Labor & Industry for further guidance or possible sampling.