ILLINOIS
Facilities & Services
Safety and Compliance

Indoor Air Qulaity
Occupant Diary

Occupant Name:_____Title:_____

Phone:_____Building:_____Room:_____

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.

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

Also, please try to describe the severity of your symptoms (e.g., mild, 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 for each event if you need more room to record your observations.

Time/Date	Location	Symptom	Severity/Duration	Comments