RESAMPLE OVERSIGHT FORM

Date: 01/29/2018 Site: Triple Site EPA Residence Location #: RES 114

PART 1: General Information

Address: Ex. 6 Personal Privacy (PP)

Occupant Information New Tenant/Occupant?: ☐ Yes ☐ No

Vacant – property manager Vicky Woodfield – (let us in)

Occupant Name: _____ Interviewed: ☐ Yes ☐ No

Phone: _____ Email: _____

Owner/Landlord Information (if applicable)

Name: _____ Interviewed: ☐ Yes ☐ No

Phone: _____ Email: _____

Locus team placed one sample in the living room area

Building Type (Circle)

Apartment Building / Single Family Home / Duplex

Building Occupancy

What times / days is building likely to receive ventilation _____

Are the heating / cooling systems routinely operated? ☐ Yes ☐ No

If yes, what times of the day / year? _____

Foundation Type (Check appropriate boxes)

☐ Crawl Space – Describe Crawlspace (Access Location, Height, and Vent Locations)

_____

☐ Slab Condition of the Concrete / Floor _____

PART 2: Factors Impacting Indoor Air Quality

Questions

Describe remodeling, painting, or significant cleaning activities that have occurred over the last 6 months (what was done, what area, and when):

_____

Describe any open combustion in the building (Smoking/Incense/Candles/Fireplace):

_____

Describe any chemical-infused materials that are regularly brought into the building (including **dry cleaned** clothes/fabrics or those brought home from work (what/how often):

_____

Have site chemicals of concern been used or stored in building or adjacent garage?

☐ Yes ☐ No

Have any significant amounts of volatile chemicals been used recently? ☐ Yes ☐ No

Please list the chemicals _____

Observations

What is the temperature relative to outside? _____

What pathways to the subsurface were observed? _____

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Are windows and door kept open? _____
Do parts of the indoor environment appear stagnant? _____

Describe any strong odors. _____

Sampling Locations/ Notes
General notes on potential sample locations and type:

_____

_____

PART 3: Inventory of Potential Indoor Chemical Sources

Potential chemical source	Location of Product Source	Photograph, ingredients, PID reading?

PART 4: Building Ventilation Systems

Type(s) of Cooling/Heating Used (Check appropriate boxes)

☐ Central Forced Air (ducted)

- ☐ Natural Gas Furnace
- ☐ Air Conditioner?
- ☐ Outdoor Air Intake?
- ☐ Floor Vents on the first floor?

Location of the Furnace _____

Which rooms have air supply _____

Location of air returns _____

☐ Centrally located wall heater(s)
Natural Gas or Electric?
Location(s) _____

☐ Centrally located floor heater(s)
Natural Gas or Electric?
Location(s) _____

☐ Fireplace
Location(s) _____

☐ Window / Wall Air Conditioning Units
Location(s) _____
Are the outdoor air vents opened (if equipped) _____

Are fans used?

☐ No ☐ Yes, Ceiling fans ☐ Yes, Room Fans ☐ Yes, Kitchen Exhaust ☐ Yes, Bathroom Exhaust