Health Hazard Survey Questionnaire

Date: ____________________
Respondent (please print):________________________________
Building ______________  Room _________  Ext. _________

Instructions: Please complete this form and return it to your supervisor. The information in this form should represent only your opinion and not those of your coworkers. Forms should not be completed by groups of people or by second parties for others.

1. Your work location(s):
   ____________________________________________________________________

2. Provide a description of your complaint(s) (include symptoms, physician's visits and other relevant information):
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

   When did problem begin?______________________________________________
   Is there a pattern of occurrence?______________________________________

3. Is there an odor involved? ______________

   Describe odor as to type, when it began, frequency and usual time of occurrence:
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

4. What do you believe are the possible causes of the problem?
   ____________________________________________________________________
   ____________________________________________________________________

5. Other comments:
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

6. Department/Supervisor:_________________________

   Signature___________________________________________________________

Revised 02/08