Log of Activities and System Operations

Building Name: _____ Address: _____ File Number:_____

Completed by:_____ Title: _____ Phone: _____

On the form below, please record your observations of the HVAC system operation, maintenance activities, and any other information that you think might be helpful in identifying the cause of IAQ complaints in this building. Please report any other observations (e.g., weather, other associated events) think may be important as well.

Feel free to attach additional pages or use more than one line for each event.

Equipment and activities of particular interest:

Air Handler(s): _____

Exhaust Fan(s): _____

Other Equipment or Activities: _____

Date/Time	Day of Week	Equipment Item/Activity	Observations/Comments