**Appendix II – Indoor Air Quality Program**

## OCCUPANT DIARY

**Occupant Name:**

**Location:**

**Date:**

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 location.

It is important that you record the time and date and your location within the building as accurately as possible, this 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 the duration. 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 |
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