



Structure Sampling Questionnaire and Building Inventory

New York State Department of Environmental Conservation

Site Name: _____ Site Code: _____ Operable Unit: _____

Building Code: _____ Building Name: _____

Address: _____ Apt/Suite No: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Information

Preparer's Name: _____ Phone No: _____

Preparer's Affiliation: _____ Company Code: _____

Purpose of Investigation: _____ Date of Inspection: _____

Contact Name: _____ Affiliation:

Phone No: _____ Alt. Phone No: _____ Email: _____

Number of Occupants (total): _____ Number of Children: _____

Occupant Interviewed? Owner Occupied? Owner Interviewed?

Owner Name (if different): _____ Owner Phone: _____

Owner Mailing Address: _____

Building Details

Bldg Type (Res/Com/Ind/Mixed): Bldg Size (S/M/L):

If Commercial or Industrial Facility, Select Operations:

If Residential Select Structure Type:

Number of Floors: _____ Approx. Year Construction: _____ Building Insulated? Attached Garage?

Describe Overall Building 'Tightness' and Airflows(e.g., results of smoke tests):

Foundation Description

Foundation Type: Foundation Depth (bgs): _____ Unit:

Foundation Floor Material: Foundation Floor Thickness: _____ Unit:

Foundation Wall Material: Foundation Wall Thickness: _____

Floor penetrations? Describe Floor Penetrations: _____

Wall penetrations? Describe Wall Penetrations: _____

Basement is: Basement is: Sumps/Drains? Water In Sump?:

Describe Foundation Condition (cracks, seepage, etc.) : _____

Radon Mitigation System Installed? VOC Mitigation System Installed? Mitigation System On?

Heating/Cooling/Ventilation Systems

Heating System: Heat Fuel Type: Central A/C Present?

Vented Appliances

Water Heater Fuel Type: Clothes Dryer Fuel Type:

Water Htr Vent Location: Dryer Vent Location:



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Factors Affecting Indoor Air Quality

Frequency Basement/Lowest Level is Occupied?: Floor Material:

Inhabited? HVAC System On? Bathroom Exhaust Fan? Kitchen Exhaust Fan?

Alternate Heat Source: Is there smoking in the building?

Air Fresheners? Description/Location of Air Freshener: _____

Cleaning Products Used Recently?: Description of Cleaning Products: _____

Cosmetic Products Used Recently?: Description of Cosmetic Products: _____

New Carpet or Furniture? Location of New Carpet/Furniture: _____

Recent Dry Cleaning? Location of Recently Dry Cleaned Fabrics: _____

Recent Painting/Staining? Location of New Painting: _____

Solvent or Chemical Odors? Describe Odors (if any): _____

Do Any Occupants Use Solvents At Work? If So, List Solvents Used: _____

Recent Pesticide/Rodenticide? Description of Last Use: _____

Describe Any Household Activities (chemical use,/storage, unvented appliances, hobbies, etc.) That May Affect Indoor Air Quality:

Any Prior Testing For Radon? If So, When?: _____

Any Prior Testing For VOCs? If So, When?: _____

Sampling Conditions

Weather Conditions: Outdoor Temperature: °F

Current Building Use: Barometric Pressure: in(hg)

Product Inventory Complete? Building Questionnaire Completed?



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Building Code: _____ Address: _____

Sampling Information

Sampler Name(s): _____ Sampler Company Code: _____

Sample Collection Date: Date Samples Sent To Lab: _____

Sample Chain of Custody Number: _____ Outdoor Air Sample Location ID: _____

SUMMA Canister Information

Sample ID:

Location Code:

Location Type:

Canister ID:

Regulator ID:

Matrix:

Sampling Method:

Sampling Area Info

Slab Thickness (inches):

Sub-Slab Material:

Sub-Slab Moisture:

Seal Type:

Seal Adequate?:

Sample Times and Vacuum Readings

Sample Start Date/Time:

Vacuum Gauge Start:

Sample End Date/Time:

Vacuum Gauge End:

Sample Duration (hrs):

Vacuum Gauge Unit:

Sample QA/QC Readings

Vapor Port Purge:

Purge PID Reading:

Purge PID Unit:

Tracer Test Pass:

Sample start and end times should be entered using the following format: MM/DD/YYYY HH:MM

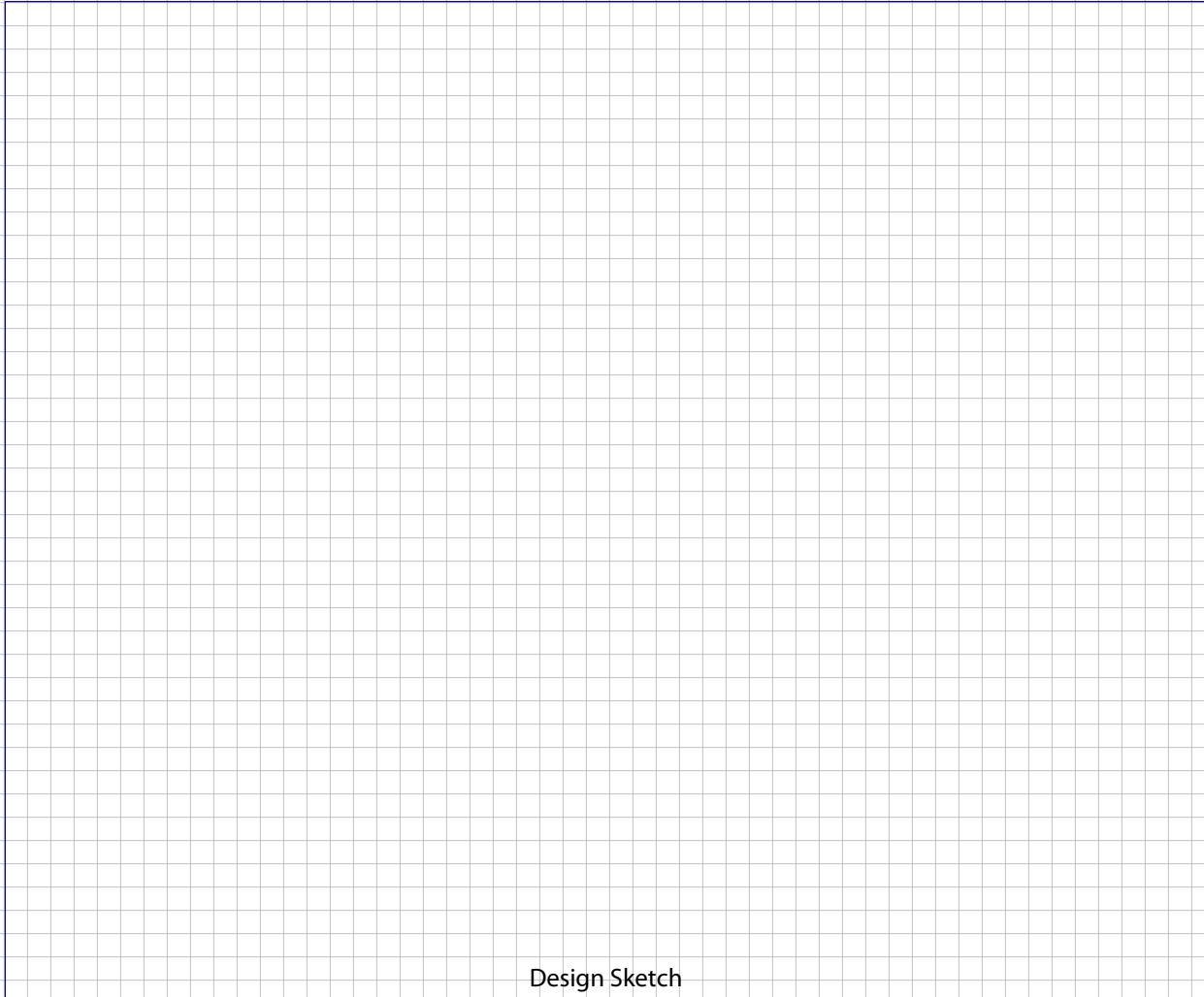


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LOWEST BUILDING LEVEL LAYOUT SKETCH

Please click the box with the blue border below to upload a sketch of the lowest building level .
The sketch should be in a standard image format (.jpg, .png, .tiff)



Design Sketch

Design Sketch Guidelines and Recommended Symbology

- Identify and label the locations of all sub-slab, indoor air, and outdoor air samples on the layout sketch.
- Measure the distance of all sample locations from identifiable features, and include on the layout sketch.
- Identify room use (bedroom, living room, den, kitchen, etc.) on the layout sketch.
- Identify the locations of the following features on the layout sketch, using the appropriate symbols:

B or F	Boiler or Furnace	o	Other floor or wall penetrations (label appropriately)
HW	Hot Water Heater	xxxxxxx	Perimeter Drains (draw inside or outside outer walls as appropriate)
FP	Fireplaces	#####	Areas of broken-up concrete
WS	Wood Stoves	● SS-1	Location & label of sub-slab samples
W/D	Washer / Dryer	● IA-1	Location & label of indoor air samples
S	Sumps	● OA-1	Location & label of outdoor air samples
@	Floor Drains	● PFET-1	Location and label of any pressure field test holes.

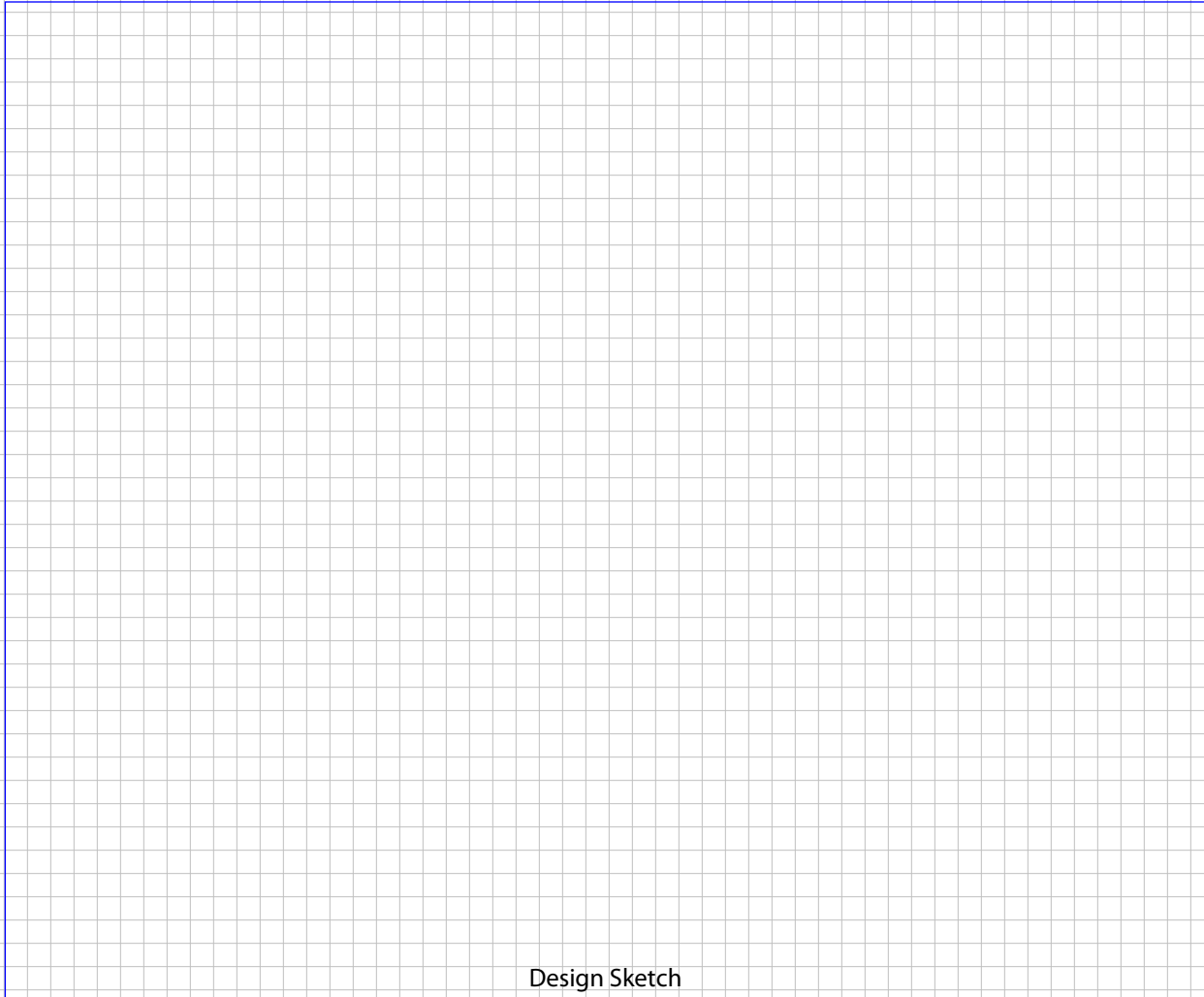


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FIRST FLOOR BUILDING LAYOUT SKETCH

Please click the box with the blue border below to upload a sketch of the first floor of the building. The sketch should be in a standard image format (.jpg, .png, .tiff)



Design Sketch

Design Sketch Guidelines and Recommended Symbology

- Identify and label the locations of all sub-slab, indoor air, and outdoor air samples on the layout sketch.
- Measure the distance of all sample locations from identifiable features, and include on the layout sketch.
- Identify room use (bedroom, living room, den, kitchen, etc.) on the layout sketch.
- Identify the locations of the following features on the layout sketch, using the appropriate symbols:

B or F	Boiler or Furnace	o	Other floor or wall penetrations (label appropriately)
HW	Hot Water Heater	xxxxxxx	Perimeter Drains (draw inside or outside outer walls as appropriate)
FP	Fireplaces	#####	Areas of broken-up concrete
WS	Wood Stoves	● SS-1	Location & label of sub-slab samples
W/D	Washer / Dryer	● IA-1	Location & label of indoor air samples
S	Sumps	● OA-1	Location & label of outdoor air samples
@	Floor Drains	● PFET-1	Location and label of any pressure field test holes.

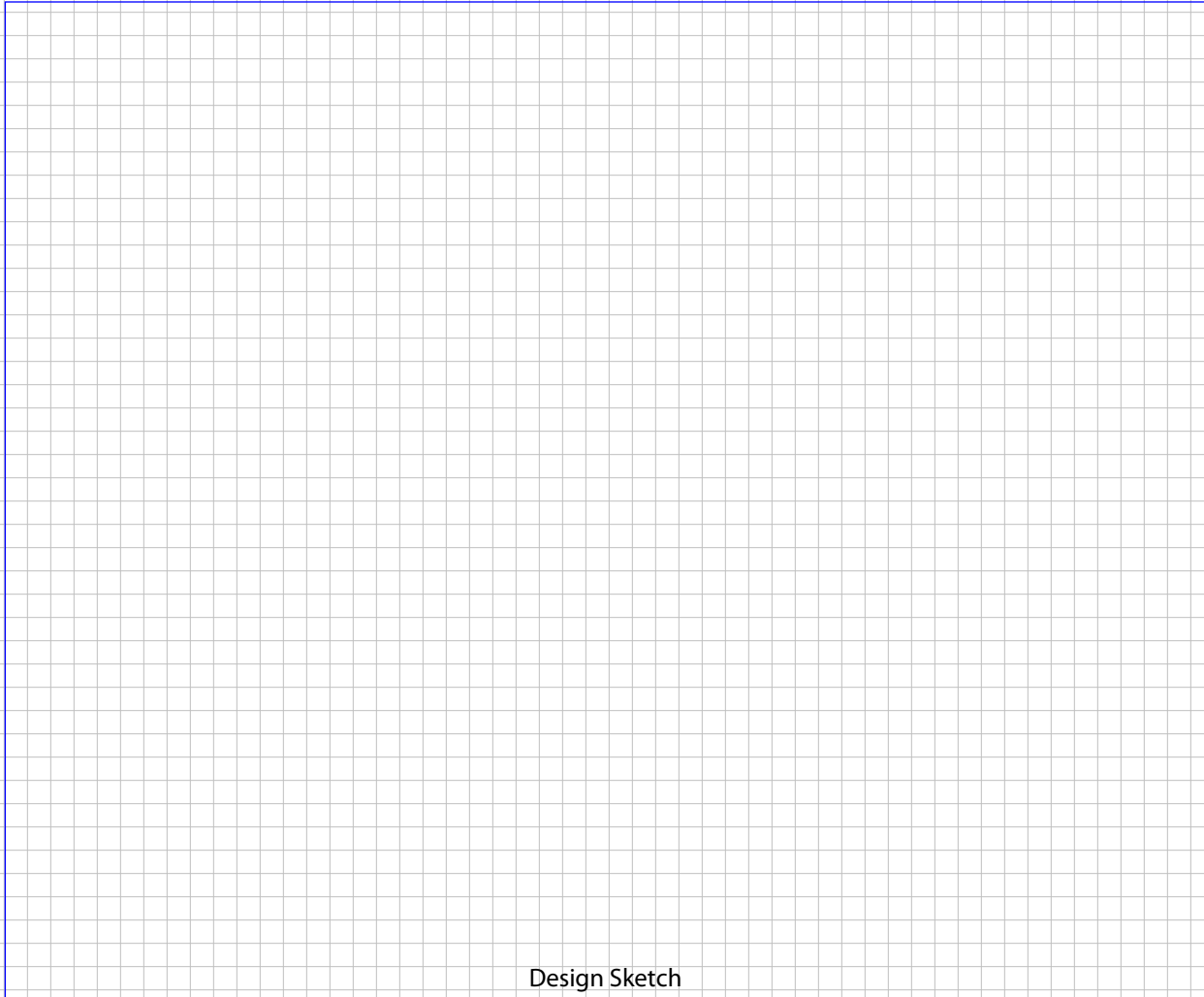


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OUTDOOR PLOT LAYOUT SKETCH

Please click the box with the blue border below to upload a sketch of the outdoor plot of the building as well as the surrounding area. The sketch should be in a standard image format (.jpg, .png, .tiff)



Design Sketch

Design Sketch Guidelines and Recommended Symbology

- Identify and label the locations of all sub-slab, indoor air, and outdoor air samples on the layout sketch.
- Measure the distance of all sample locations from identifiable features, and include on the layout sketch.
- Identify room use (bedroom, living room, den, kitchen, etc.) on the layout sketch.
- Identify the locations of the following features on the layout sketch, using the appropriate symbols:

B or F	Boiler or Furnace	o	Other floor or wall penetrations (label appropriately)
HW	Hot Water Heater	xxxxxxx	Perimeter Drains (draw inside or outside outer walls as appropriate)
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