OMB Instrument Form for Generic Citizen Science ICRs

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Soil Gas Safe Communities

Building Survey - Indoor Air Sampling

Project Information

Project Name: ____________________ Site Name: ____________________

Survey Completed By: ____________________ Date: ____________________

Building Address: ____________________ Residence ID: ____________________

Resident and Contact Information

Name of Occupant: ____________________ Owner / Tenant / Other: ____________________

Name of Interviewee for Building Survey (if different from above): ____________________

Occupant Phone #s: Home: ____________________ ____________________ Cell: ____________________

Duration at Current Residence: ____________________ Best Time To Call / Visit: ____________________

Number of Building Occupants: Children (list ages): ____________________ Adults: ____________________

(If Rental) Property Owner Name: ____________________ *Cell or Home #:* ____________________

Owner Address: ____________________ *Work #:* ____________________

Do you have a dog, cat, or other pet we need to be aware of while inside the house? : Yes / No

If yes, is the animal friendly (e.g., won't try to bite): Yes / No

Do you have a security system that needs needs to be disarmed before we enter a portion of the house?: Yes / No

Notes: ____________________

Awareness of Subsurface Contamination

Is anyone in your household familiar with environmental cleanup in general or vapor intrusion? Yes / No

Are you or anyone else in your household familiar with subsurface contamination in the area? Yes / No

If yes, were you aware of the contamination when you moved in or purchased the property? Yes / No

Has anyone in your household interacted with consultants or officials engaged in the environmental response for contamination in your area? Yes / No

Has anyone in your household ever attended a meeting about environmental contamination or cleanup in your area? Yes / No

Is there someone or an organization that you trust to provide you with reliable information about addressing site contamination? Yes / No

If yes, are you willing to share the name of the organization: ____________________

Building Construction Characteristics

Building Type: (Check box for all that apply)

- ☐ Single Family Residential
- ☐ Multi Family Residential
- ☐ Commercial / Multi-use
- ☐ Ranch
- ☐ Two-story
- ☐ Other (specify): ____________________
- ☐ Split Level
- ☐ Tri Level
- ☐ Duplex (# of other half of duplex): ____________________
- ☐ Apartment (# of units in Building): ____________________

Describe Building: (General Description, Construction Materials, etc.) ____________________

____

Approximate Age: ________ years **Approximate Area:** Total Living Space: ________ sq.ft. First Floor: ________ sq.ft.

Floors: # Floors at or above grade: ____________________

Which floors of the residence are utilized as living space / occupied? ____________________

Foundation Type: Foundation Description: (Split Foundation or Multiple Types)

Crawl Space: Yes / No ____________________

Slab on Grade: Yes / No ____________________

Basement: Yes / No Slab & Crawl Space Construction: ____________________

Residence ID ____________ Date: ____________

Basement or Crawl Space Details: (if applicable)

Finished Basement: Yes / No Basement Finished When: ____________ Approximate Area: ____________ sq.ft.

Basement or Crawl Space Floor: (Check box for all that apply)

☐ Concrete ☐ Dirt ☐ Floating (built on top of actual floor) ☐ Other (specify): ____________

Foundation Walls: (Check box for all that apply)

☐ Poured Concrete ☐ Block ☐ Stone ☐ Other (specify): ____________

Does the basement or crawl space have a moisture problem - dampness? (Check only one)

☐ Yes, frequently (3 or more times/year) ☐ Yes, occasionally (1-2 times/year) ☐ Yes, rarely (less than 1 time/year) ☐ No

Is the basement or crawl space ever wet - flooded? (Check only one)

☐ Yes, frequently (3 or more times/year) ☐ Yes, occasionally (1-2 times/year) ☐ Yes, rarely (less than 1 time/year) ☐ No

Basement or Crawl Space Details Continued: (if applicable)

Does the basement have any of the following? (Check all that apply)

☐ Floor cracks ☐ Wall cracks ☐ Floor Drain ☐ Sump pump

☐ Other hole / opening in floor (describe): ____________

Is the sump pump used? Yes / No Depth of sump? ____ ft Where does the sump pump drain? ____________

Describe ventilation of crawl space: ____________

____

Description of ground cover outside of building: ☐ Grass ☐ Concrete ☐ Asphalt ☐ Other: ____________

Heating, Ventilation, and Air Conditioning Systems

Heating System - Fuel Type: (Check box for all that apply)

☐ Natural Gas ☐ Electric ☐ Coal ☐ Fuel Oil

☐ Wood ☐ Other (specify): ____________

Heating - Conveyance System: (Check box for all that apply)

☐ Forced Hot Air ☐ Electric Baseboard ☐ Wood Stove ☐ Fireplace

☐ Forced Hot Water ☐ Hot Water Radiation ☐ Heat Pump ☐ Kerosene Heater

☐ Other (specify): ____________

Type of Ventilation System: (Check box for all that apply)

☐ Central air handler / blower ☐ Mechanical / ceiling fans ☐ Bathroom ventilation fans ☐ Air-to-air heat exchanger

☐ Kitchen range hood fan ☐ Other (specify): ____________

Does the Residence have Air Conditioning: (Check box for all that apply)

☐ Central Air Conditioning ☐ Window Air Conditioners ☐ Other (specify): ____________

Describe the current operating conditions of the HVAC system: ____________

____

Residence ID ______________________ Date: ______________

Miscellaneous Information

Does the Residence have any of the following?

Septic System? Yes / Yes (but not used) / No   Irrigation / Private Well? ______________

Existing subsurface depressurization (radon) system in place? Yes / No   Is it running? Yes / No

Standing water outside the residence (pond, ditch, swale)? Yes / No   If yes, describe (with location): ______________

Is there a pet door to the exterior? Yes / No   If yes, describe (with location): ______________

Has the residence been retrofitted / weatherized with any of the following? (Check box for all that apply)

☐ Insulation   ☐ Storm Windows   ☐ Energy-efficient windows   ☐ Other (specify): ______________

Does the building have an attached garage? Yes / No   If yes, is a car usually parked in the garage? Yes / No

Chemicals

Have any pesticides / herbicides been applied around the building foundation or in the yard / gardens? Yes / No

If yes, when - and which chemicals? ______________

Has the residence had a pesticide treatment inside? Yes / No   When / by whom? ______________

Do any occupants have their clothes dry-cleaned? Yes / No   When were dry-cleaned clothes last brought into the building? ______________

Have the occupants ever noticed any unusual odors in the buidling? Yes / No

If yes, describe (with location): ______________

Have there been any known spills of a chemical immediately outside or inside the building? Yes / No

Describe (with location): ______________

Do any of the occupants smoke inside the building? Yes / No   How often? ______________

Do any of the occupants use solvents at work? Yes / No   Are their clothes washed at home? Yes / No

If so, when - and what rooms? ______________

Within the last 6 months, has there been any painting or remodeling in the residence? Yes / No   If yes, when ______________

What rooms, and what specifically was done? ______________

Do you plan to remodel your home or repaint the interior within the next year? Yes / No   If yes, when ______________

Within the last 6 months, has any new carpeting been installed? Yes / No   Have the carpets or rugs been cleaned? Yes / No

If so, when, what rooms, and what type of cleaners? ______________

Residence ID .... Date: ....

Consumer Products Inventory

Check consumer products that are present in the residence.

		Storage Location	Frequency of Usage	Date of Last Use
☐	Paint or Wood Finishes (spray or can)			
☐	Paint stripper / remover / thinner			
☐	Solvent cleaners (eg. spray-on oven cleaner)			
☐	Metal degreaser / cleaner			
☐	Gasoline / diesel fuel			
☐	Glues or adhesives (super glue, etc)			
☐	Air fresheners & scented candles			
☐	Laundry / carpet spot removers			
☐	Pesticides / Insecticides			
☐	Nail polish remover (acetone)			
☐	Aerosols (deodorizers, polish, cleaners)			
☐	Other:			
☐	Other:			
☐	Other:			

Describe any products that are containerized during sampling event:

....

....

....

Provide any additional information that is provided by interviewee:

....

....

....

....

Residence ID ....

Date: ....

Building Sketch

Provide sketch of floors in house, including the following information:

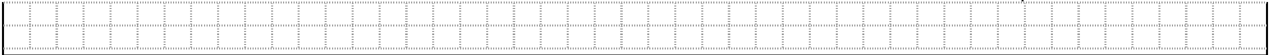
- Street (sidewalk, patios, driveway, distance to house)
- Location of heating and cooling systems, including fireplace
- General location of doors and windows (including exterior pet doors)
- Primary chemical storage location(s)
- General orientation of garage and main rooms

Exterior / Street

First Floor (or Main Living Floor)

Basement/Crawlspace

Other



Post Sampling Review

Residence ID ______________ **Complete for each Post Sampling Visit**

Sampling Revisit #: ________ **Date:** ________ **Sampling Team:** ________

Has any information changed since the beginning of the last sampling event?

Did windows and doors remain closed? Yes / No If yes, in which rooms: ________

Was any dry cleaning brought home? Yes / No

Did you do anything unusual in terms of cleaning, painting, or renovating your home in the past week? ________

Were any of the consumer products discussed earlier this week used in the last 24-hours? Yes / No If yes, which products: ________

Notes / other information observed post-sampling: ________

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