

OMB Instrument Form for Generic Citizen Science ICRs

Burden Statement:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2080-0083). Responses to this collection of information are voluntary under the **National Contingency Plan (NCP) § 300.415 (a) (n) (3) (i)**. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and record keeping burden for this collection of information is estimated to range up to 45 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Soil Gas Safe Communities

Building Survey - Indoor Air Sampling

Project Information	Page 1 of 7
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)	
<input type="checkbox"/> Single Family Residential	<input type="checkbox"/> Ranch
<input type="checkbox"/> Multi Family Residential	<input type="checkbox"/> Two-story
<input type="checkbox"/> Commercial / Multi-use	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Split Level	Duplex (# of other half of duplex):
<input type="checkbox"/> Tri Level	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:

Building Survey

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 building? 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
<input type="checkbox"/> Paint or Wood Finishes (spray or can)
<input type="checkbox"/> Paint stripper / remover / thinner
<input type="checkbox"/> Solvent cleaners (eg. spray-on oven cleaner)
<input type="checkbox"/> Metal degreaser / cleaner
<input type="checkbox"/> Gasoline / diesel fuel
<input type="checkbox"/> Glues or adhesives (super glue, etc)
<input type="checkbox"/> Air fresheners & scented candles
<input type="checkbox"/> Laundry / carpet spot removers
<input type="checkbox"/> Pesticides / Insecticides
<input type="checkbox"/> Nail polish remover (acetone)
<input type="checkbox"/> Aerosols (deodorizers, polish, cleaners)
<input type="checkbox"/> Other:
<input type="checkbox"/> Other:
<input type="checkbox"/> Other:

Describe any products that are containerized during sampling event:

.....

.....

.....

Provide any additional information that is provided by interviewee:

.....

.....

.....

.....

Building Survey

Residence ID _____

Date: _____

Building Sketch

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

Street (sidewalk, patios, driveway, distance to house)

Primary chemical storage location(s)

Location of heating and cooling systems, including fireplace

General orientation of garage and main rooms

General location of doors and windows (including exterior pet doors)

Exterior / Street



First Floor (or Main Living Floor)

Basement/Crawlspace

Other:



Post Sampling Review **Page 6 of 7**

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:

.....

.....

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:

.....

.....

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:

.....

.....

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:

.....

.....

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:

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:

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:

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:

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:

.....

.....