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NIOSH INVESTIGATOR:

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MESA COUNTY COURTHOUSE  
GRAND JUNCTION, COLORADO

## I. SUMMARY

On November 17, 1991, the National Institute for Occupational Safety Health (NIOSH) received a request from the Facilities Manager of County Support Services Department in Grand Junction, Colorado to conduct a health hazard evaluation (HHE) at the Mesa County Court and Annex in Grand Junction, Colorado. The requestor was seeking assistance with indoor air quality concerns in the building.

On April 2, 1992, an evaluation of the 3-story Courthouse and Ann building was conducted. The NIOSH evaluation consisted of: (1) assessment of questionnaire results from building employees, (2) examination of the building's heating, ventilation and air conditioning (HVAC) systems, (3) an examination of the building for identifiable contaminant sources, (4) interviews with representatives from the building management and building employees; (5) and an environmental survey designed to assess key parameters related to the building's quality including carbon dioxide (CO<sub>2</sub>), temperature, humidity, carbon monoxide, and smoke tests for air flow.

On the self-administered questionnaire, there was a response rate (108 of 130 occupants). Of those responding to the questionnaire average of 55% complained it was too cold, 63% too hot, and 65% it was stuffy. Headaches was the #1 symptom reported with 73% report headaches in the last year, 72% thought they were related to work 56% saying they went away within 1 hour after work, and 64% report they had had a headache in the last week. The next most commonly reported symptom (within the last year) was burning or irritated (65%), nasal congestion (52%), and sinus infection (42%). Forty reported they had had a physician diagnosis of sinusitis. Sixty rated the air quality as poor and the majority did not have a clear picture of any seasonal variation in the air quality. Most of the respondents (73%) reported they had no allergies, rated the work health and safety conditions as average (55%), thought their jobs somewhat stressful (56%), but were either very satisfied (49%) or somewhat satisfied (51%) with their job. The vast majority of workers reported they had no control of their environment (80%).

The HVAC in the old Courthouse was a constant volume system which operated on 100% outside air. Few problems, other than ones related to air distribution, were found in this building. Most of the complaints were from the Annex building which had a central HVAC system which provided constant temperature air to variable air volume (VAV) boxes throughout the building. The Annex also had a number of fan coil and four dedicated HVAC systems for the courtrooms. Few complaints noted from those areas serviced by the dedicated units.

The carbon dioxide (CO<sub>2</sub>) levels ranged from 425 up to 875 ppm throughout the building during the visit on April 2. The weather was warm, 70-76-F, and the VAVs were calling for cooling most of the day and an economizer cycle had the outside air dampers fully open. Outside levels stayed fairly constant at 325 to 350 ppm. No CO<sub>2</sub> levels were measured above 1000 ppm anywhere in the building. Temperature and humidity measurements were consistent throughout the building, ranging from 72-F to 79-F and 17% to 20% RH. Most of these values fall within the guidelines of 73-F to 77-F temperature range and the 20 to 60 percent relative humidity range recommended by ASHRAE. In general, humidity stayed just below the 20% level for the day and temperature averaged about 76-F. The highest temperatures were found in the afternoon in the Assessor's office. Carbon monoxide (CO) levels were measured throughout the building and were found to be less than 1 ppm. Generally, there was little return air available throughout the building and times when inadequate amounts of outside air were supplied to occupied spaces.

Based on the building inspection and the environmental monitoring results, the investigator was unable to identify an airborne contaminant which would constitute a health hazard. However, several deficiencies in the ventilation system were noted. Recommendations are made in Section VIII to help alleviate the employee complaint.

KEYWORDS: SIC 9222 (Legal Counsel and Prosecution), indoor air quality, indoor air pollution, IAQ.

## II. INTRODUCTION

On November 17, 1991, the National Institute for Occupational Safety and Health (NIOSH) received a request from the Facilities Manager of County Support Services Department in Grand Junction, Colorado to conduct a health hazard evaluation (HHE) at the Mesa County Court and Annex in Grand Junction, Colorado. The requestor was seeking assistance with indoor air quality concerns in the building. Employees in the building had been complaining of itchy watery eyes, chronic problems, headaches, and other problems within the last year.

On April 2, 1992, an evaluation of the 3-story Courthouse and Annex building was conducted. During the visit the investigator talked with county administrative personnel, affected employees, and supervisors. Complaint questionnaires had been distributed to all employees in the old Courthouse building and in the Annex. The results from the questionnaires had been tabulated prior to the visit. The results were used to target the employee groups with most complaints. Generally, this included most employees in the Annex and very few in the old Courthouse building. Therefore most of the visit centered around the Annex building. Responses were received from 83% of the building occupants. The major complaints, other than comfort-related, were about headaches, burning or irritated eyes, and nasal congestion. A thorough visual inspection of the heating, ventilation, and air-conditioning (HVAC) units serving the building was conducted. Also, carbon dioxide (CO<sub>2</sub>), temperature, relative humidity, and smoke tube tests were conducted to evaluate efficiency of the systems.

## III. BACKGROUND

The old Mesa County Courthouse was built in 1918 and the Annex was built in two phases, starting in the late 1960s. The Annex consists of three stories plus a basement. Each floor of the Annex has been remodeled over the last five years. Part of the remodeling involved the addition of separate HVAC systems to the four courtrooms. The employees report that they have had problems with mucous membrane irritation and headaches for the last 2-3 years. The new facilities manager has been aware of the complaints since about September of 1991.

The ventilation in the old building consisted of a central constant volume HVAC system which operated on 100% outside air at all times. The Annex building had several systems which included a main Carrier unit which supplied constant temperature air to most of the building. In different zones in the building were controlled by variable air volume (VAV) systems. Fan coil units were also used to supply air to certain parts of the building. Each of the four main courtrooms had dedicated constant volume HVAC systems. A small HVAC unit supplied air to the foyer area between the two buildings. This unit is old and is scheduled to be replaced soon. For the Carrier unit, cooling was provided by an indirect chilled water coil and heating was provided from hot water heated in a gas-fired boiler. The Carrier unit is equipped with an economizer which adjusts the outside damper opening depending on outside air temperature. The return air fans on the unit had been shut down.

The county has hired a number of environmental consultants since October of 1991 in response to the workers' complaints. These consultants have monitored extensively for formaldehyde, carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>), oxygen, and combustible gas. Other monitoring has been conducted for fibers and total organic carbon. Only the formaldehyde levels were found to be elevated in one test using detector tubes. A retest with a more sensitive and specific method for formaldehyde found no detectable levels. One of the tests for total organic carbon revealed an elevated peak which was at first thought to belong to a pesticide. Further analysis was able to eliminate pesticides as a possibility.

#### IV. MATERIALS AND METHODS

The NIOSH evaluation consisted of: (1) an assessment of questionnaire results from building employees, (2) an examination of the building heating, ventilation and air conditioning (HVAC) systems, (3) an examination of the building for identifiable contaminant sources, (4) interviews with representatives from the building management and building employees; (5) and an environmental survey designed to assess key parameters related to the building's air quality. The questionnaire was a new one which had been developed by a local county health department in the Denver area. A copy of the questionnaire is in Appendix 1. Specific measurements and types of samples collected in the environmental survey are detailed below.

- A. Instantaneous measurements of carbon dioxide (CO<sub>2</sub>) concentrations were made at several different times and locations throughout the building and outdoors. These measurements were made using a GasTech (Model 411) portable direct-reading CO<sub>2</sub> analyzer capable of measuring CO<sub>2</sub> concentrations from 50 to 5000 parts per million (ppm). The instrument was calibrated before use and checked against outdoor levels at intervals throughout the workday.
- B. Measurements of dry bulb temperatures and relative humidity were made at several different times and locations throughout the building and outdoors using an Extech Instruments Digital Humidity and Temperature Meter.
- C. Concentrations of carbon monoxide (CO) were measured using a Draeger Model 190 Datalogger. This is a direct-reading electrochemical instrument which is specific for CO.

#### V. EVALUATION CRITERIA

A number of published studies have reported high prevalences of symptoms among occupants of office buildings.<sup>1-5</sup> NIOSH investigators have completed over 700 investigations of the indoor environment in a wide variety of settings. The majority of these investigations have been conducted since 1979.

The symptoms and health complaints reported by building occupants have been diverse and usually not suggestive of any particular medical diagnosis or readily associated with a causative agent. A typical spectrum of symptoms has included headaches, unusual fatigue, vary:

degrees of itching or burning eyes, irritations of the skin, nasal congestion, dry or irritated throats and other respiratory irritations. Typically, the workplace environment has been implicated because workers report that their symptoms lessen or resolve when they leave the building.

Scientists investigating indoor environmental problems believe that there are multiple factors contributing to building-related occupant complaints.<sup>6,7</sup> Among these factors are imprecisely defined characteristics of heating, ventilation, and air-conditioning (HVAC) systems, cumulative effects of exposure to low concentrations of many chemical pollutants, odors, elevated concentrations of particulate matter, microbiological contamination, and physical factors such as thermal comfort, lighting, and noise.<sup>8-13</sup> Reports are not conclusive as to whether increases of outdoor air above currently recommended amounts (>15 cubic feet per minute per person) are beneficial.<sup>14,15</sup> However, rates lower than these amounts appear to increase the rates of complaints and symptoms in some studies.<sup>16,17</sup> Design, maintenance, and operation of HVAC systems are critical to their proper functioning and provision of healthy and thermally comfortable indoor environments. Indoor environmental pollutants can arise from either outdoor sources or indoor sources.

There are also reports describing results which show that occupant perceptions of the indoor environment are more closely related to the occurrence of symptoms than the measurement of any indoor contamination condition.<sup>19-21</sup> Some studies have shown relationships between psychological, social, and organizational factors in the workplace and the occurrence of symptoms and comfort complaints.<sup>21-24</sup>

Less often, an illness may be found to be specifically related to something in the building environment. Some examples of potential building-related illnesses are allergic rhinitis, allergic asthma, hypersensitivity pneumonitis, Legionnaires' disease, Pontiac fever, carbon monoxide poisoning, and reaction to boiler corrosion inhibitors. The first three conditions can be caused by various microorganisms or organic material. Legionnaires' disease and Pontiac fever are caused by Legionella bacteria. Sources of carbon monoxide include vehicle exhaust and inadequately ventilated kerosene heaters or other fuel-burning appliances. Exposure to boiler additives can occur if boiler steam is used for humidification or is released by accident.

Problems NIOSH investigators have found in the non-industrial indoor environment have included poor air quality due to ventilation system deficiencies, overcrowding, volatile organic chemicals from office furnishings, machines, structural components of the building and carbon monoxide, tobacco smoke, microbiological contamination, and outside air pollution. Other problems include thermal comfort problems due to improper temperature and relative humidity conditions, poor lighting, and unacceptable noise levels; adverse ergonomic conditions; and job-related psychosocial stressors. In many cases, however, no cause of the reported health effects could be determined.

Standards specifically for the non-industrial indoor environment do exist. NIOSH, the Occupational Safety and Health Administration (OSHA) and the American Conference of Governmental Industrial Hygienists (ACGIH) have published regulatory standards or recommended limits for occupational exposures.<sup>25-27</sup> With few exceptions, pollutant concentrations observed in the office work environment fall well below these published occupational standards or recommended exposure limits. The American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) has published recommended building ventilation design criteria and thermal comfort guidelines.<sup>28-29</sup> The ACGIH has also developed a manual of guidelines for approaching investigations of building-related complaints that might be caused by airborne living organisms or their effluents.

Measurement of indoor environmental contaminants has rarely proved helpful, in the general case, in determining the cause of symptoms or complaints except where there are strong or unusual sources, or a clear relationship between a contaminant and a building-related illness. However, measuring ventilation and comfort indicators such as carbon dioxide (CO<sub>2</sub>), and temperature and relative humidity, is useful in the early stages of an investigation in providing information relative to the proper functioning and control of HVAC systems. The basis for the measurements made in this investigation are presented below.

#### A. Carbon Dioxide (CO<sub>2</sub>)

CO<sub>2</sub> is a normal constituent of exhaled breath and, if monitored properly, can be used as a screening technique to evaluate whether adequate quantities of fresh air are being introduced into an occupied space. The ASHRAE Standard 62-1989, Ventilation for Acceptable Indoor Air Quality, recommends outdoor air supply rates of 20 cubic feet per minute per person (cfm/person) for office spaces and conference rooms, 15 cfm/person for reception areas, and 60 CFM/person for smoking lounges, and provides estimated maximum occupancy figures for each area.<sup>28</sup>

Indoor CO<sub>2</sub> concentrations are normally higher than the general ambient CO<sub>2</sub> concentration (range 300-350 ppm). When indoor CO<sub>2</sub> concentrations exceed 1000 ppm in areas where the only known source is exhaled breath, inadequate ventilation is suspected. Elevated CO<sub>2</sub> concentrations suggest that other indoor contaminants may also be increased.

#### B. Temperature and Relative Humidity

The perception of comfort is related to one's metabolic heat production, the transfer of heat to the environment, physiological adjustments, and body temperatures. Heat transfer from the body to the environment is influenced by factors such as temperature, humidity, air movement, personal activities, and clothing. ANSI/ASHRAE Standard 55-1981 specifies conditions in which 80% or more of the occupants will find the environment thermally comfortable.<sup>29</sup>

### C. Carbon Monoxide

Carbon monoxide can occur as a waste product of the incomplete combustion of carbonaceous fuels. Sources of carbon monoxide in indoor environments include tobacco smoke, malfunctioning or improperly vented heating systems, and the introduction of contaminated air from outside sources such as loading docks. Carbon monoxide exposure in sufficient concentrations can result in headache, dizziness, drowsiness, nausea, vomiting, collapse, coma, and death.

### E. Environmental Tobacco Smoke (ETS)

Environmental tobacco smoke is a well-recognized health hazard, associated with effects ranging from eye irritation to lung cancer.<sup>32-37</sup> NIOSH has recently published a Current Intelligence Bulletin (CIB #54) on Environmental Tobacco Smoke in the Workplace: Lung Cancer and Other Health Effects.<sup>38</sup> This document summarizes the literature on ETS and concludes that ETS meets the OSHA criteria for a potential occupational carcinogen and, therefore, exposures to ETS should be reduced to the lowest feasible concentration. The document further recommends that "Employers should minimize occupational exposure to ETS by using all available preventative measures."

The Federal Occupational Safety and Health Administration (OSHA) currently has no specific regulation regarding exposure to environmental tobacco smoke.

## VI. RESULTS AND DISCUSSION

### A. HVAC System Inspection

The central HVAC system in the old Courthouse appeared to be in good condition. The system operated on 100% outside air at all times. Employee questionnaires revealed very few reported problems in the Courthouse.

Maintenance of the various HVAC units in the Annex (as well as in the Courthouse) appeared to be quite good. In fact, the county had implemented a new preventive maintenance program which was quite impressive. The old HVAC unit, which provided air for the space between the Annex and the old Courthouse, used evaporative cooling and gas heat. Measureable levels of CO had been found near this unit when the heater was operating. The unit shows signs of water leaks and possibly mold growth. This unit is scheduled to be replaced soon.

The Carrier unit, which provides the bulk of outside air to the Courthouse, was in good condition except that the return air fans have been disconnected. The lack of substantial return air was obvious on the various floors when smoke tests were conducted. The Carrier unit

on an economizer cycle so the outside air dampers close down when temperatures are too cold or too hot. The day was mild on April the dampers were open all the way. Cold and/or hot water are provided to the VAVs and fan coil units from a boiler room which is located on the roof (cold water only is provided to the Carrier unit). The Carrier unit provides constant temperature air to a series of variable air volume (VAV) units throughout the Annex. Most of the high complaint areas were ones serviced by the Carrier unit and with some areas, such as the bathrooms in the Assessor's office, had adequate air supply or exhaust.

The new Trane units are self-contained, providing cooling and heating as needed. Few complaints were received from areas that were serviced by these units.

#### B. Environmental Survey Results

The carbon dioxide (CO<sub>2</sub>) levels ranged from 425 up to 875 ppm throughout the building during the visit on April 2. The weather was warm, 70-76-F, the VAVs were calling for cooling most of the day and the economizer cycle had the outside air dampers fully open. Outdoor CO<sub>2</sub> levels stayed fairly constant at 325 to 350 ppm. No CO<sub>2</sub> levels were measured above 1000 ppm anywhere in the building. Likewise temperature and humidity measurements were consistent throughout the building, ranging from 72- to 79-F and 17% to 20% RH. Most of the values fall within the guidelines of 73- to 77-F temperature range and the 20 to 60 percent relative humidity range recommended by ASHRAE. In general, the humidity stayed just below the 20% level for the most part and temperatures averaged about 76-F. The highest temperatures were found in the afternoon in the Assessor's office.

Carbon monoxide (CO) levels were measured throughout the building and were found to be less than 1 ppm. The areas of primary concern from earlier monitoring were near the old HVAC unit and in the boiler room. The heater was not operating much during the time of CO measurements.

#### C. Results of Questionnaires

Prior to the arrival of NIOSH, questionnaires had been circulated to the requestor and had been summarized by the investigator. The results of these questionnaires are summarized in Table 1. There was a response rate of 83% (108 of 130 occupants) to the questionnaire. An average of 55% complained it was too cold, 63% too hot, and 65% said it was stuffy. Headache was the #1 symptom reported with 73% reporting headaches in the last year, 72% thought they were related to work, 56% saying they went away within 1 hour after work, and 64% reporting they had had a headache in the last week. The next most commonly reported symptoms (within the last year) were burning or irritation (65%), nasal congestion (52%), and sinus infection (42%). Forty percent reported they had had a physician diagnosis of



sinusitis. Sixty-nine % rated the air quality as poor and the majority did not have a clear picture of any seasonal variation in the air quality. Most of the respondents (73%) reported they had no allergies. They rated the workplace health and safety conditions as average, though their jobs were somewhat stressful (56%), but were either very satisfied (49%) or somewhat satisfied (51%) with their job. The majority of workers reported they had no control of their environment (80%).

## VII. CONCLUSIONS

In general, measurements of ventilation system parameters (i.e., CO<sub>2</sub> concentration, temperature, and relative humidity) did not reveal any particular problems with the system on the day examined. However, conditions were such that the outside air dampers were fully open and the VAVs and fan coil units were calling for cooling (thus supplying more air to the affected spaces). There was almost no return air available throughout the Annex. In some cases, the only avenue for return air, since the return air fans on the Carrier unit were not on, was out the doors, down the halls, and out through the old Courthouse. Furthermore, many areas in the Annex lack if any return air grills. Granted there was no reason for return air grills with no return fan, but this is an area that will need to be modified.

The areas of the Annex where symptoms were highest, e.g. the Assessment and DA's office, are also areas with the largest number of people per square foot and little or no return air. Some of these areas may exceed the ASHRAE recommended maximum occupancy level for offices of 7 people per 1000 square feet.<sup>28</sup> Successful dilution ventilation is dependent on adequate supply and removal of air from occupied spaces. Usually the exhausted air should be just slightly greater than the supply. This was not the conditions that apply in the Annex.

There appeared to be few problems in the old Courthouse area. The combination of induction units and a 100% outside air HVAC system appears to be effective. There were some cases where good air distribution in certain spaces may have been a problem, e.g., in the library, due to design changes. No obvious source of environmental or chemical contamination could be found in either the old Courthouse or in the Annex. The sampling conducted by the various consultants support this conclusion.

Smoking is not allowed in the building, yet there are several areas where environmental tobacco smoke (ETS) from outside or adjacent public areas can get into non-smoking areas. ETS is a known carcinogen and is also an irritant and allergen. Exposure to ETS should be reduced to the lowest amount feasible.

VIII. RECOMMENDATIONS

- 1) The preventive maintenance schedule for the HVAC systems appears quite good and should be continued.
- 2) In general, the ventilation in the Annex building needs to be corrected. The ventilation system should be adjusted to meet the current ASHRAE standard for outside air, i.e., 20 cubic feet per (CFM) of outside air per person.<sup>28</sup> The major problem appears to be a lack of proper return air throughout the building. This is further exacerbated by the use of an economizer cycle on the outside air dampers and the use of VAVs to supply air to occupied spaces. There will be many times when the outside air dampers are closed, thus reducing the amount of outside air distribution throughout the building. Plus, if there is no demand for cooling through the VAVs, the supply of outside air is also shut down or severely reduced. A number of actions can be taken to improve the ventilation (these are listed below) but an overall evaluation of the ventilation system in the Annex is recommended.
  - a). Reconnect the return air fans on the Carrier unit. This will provide at least a source of return air for the Annex.
  - b). Add return air grills to areas where there are none. In some areas, the return air grill was located directly adjacent to the supply vent in the ceiling. More distance should be provided between these grills.
  - c). The outside air damper on the Carrier unit should be set to insure a minimum of 10-20% outside air at all times. The HVAC system will have to be checked to make sure it can handle the increased thermal loads during the summer and winter.
  - d). The minimum openings on the VAVs should be set so that the CFM per person requirement of ASHRAE 62-1989 is satisfied at all times.
  - e). Continue running the ventilation system after occupants leave and start it up earlier in the morning to insure that the building is purged prior to occupancy.
- 3) The old HVAC unit supplying air to the foyer area should be replaced.
- 4) There were some areas in the Assessor's office where water had damaged the carpet along the outside wall. The carpet should be thoroughly cleaned or, preferably, replaced and make sure that the cause of water damage has been corrected.
- 5) The bathrooms, particularly in the Assessor's office, need to be exhausted. One idea that was suggested is to provide booster fans for the exhaust on the lower floors since this area is at the end of a long duct for the exhaust fan located on the ceiling.

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2. Assistant to the District Attorney, 21st Judicial District of Colorado, Grand Junction, Colorado.
3. Safety and Loss Control Representative, Division of Risk Management, State of Colorado
4. U.S. Department of Labor/OSHA - Region VIII.
5. NIOSH, Region VIII
6. Colorado State Health Department, Denver, Colorado

For the purpose of informing affected employees, a copy of this report shall be posted in a prominent place accessible to the employees for a period of 30 calendar days.

TABLE 1  
 Indoor Air Quality Questionnaire Summary  
 MESA COUNTY COURTHOUSE  
 Grand Junction, Colorado  
 HETA 92-152  
 April 2, 1992

AREA		Percentage of Respondents (N=108)					
		<u>DA</u>	<u>ASSESSOR</u>	<u>COURTS</u>	<u>TREAS</u>	<u>ANNE</u>	
#1- <u>Complaints</u>							
	Too cold	50	61	33	-	65	38
	Too hot	63	57	100	25	65	63
	Stuffy	71	78	50	50	60	50
	Moldy	4	9	-	-	7	-
	Other odors	17	70	-	-	47	25
	Crowded	8	61	17	-	53	-
	Vibration	4	4	-	-	2	25
	No complaints	8	-	-	-	5	-
	Dusty	25	22	33	-	37	38
	Noisy	17	17	17	-	21	-
	Too dry	17	30	33	-	16	25
	Too humid	-	-	-	-	-	-
	Drafty	8	30	17	-	26	25
	Lightning	13	-	50	25	30	25
	Other	-	9	-	50	-	-
#2- <u>Which apply?</u>							
	Contacts	25	30	33	-	33	13
	VDTs	38	61	83	75	72	75
	Photocopiers	21	4	-	25	12	13
	Smoke	8	26	17	25	9	25
	None	42	9	-	-	16	25
#3- <u>Physician diagnoses</u>							
	Allergic R	17	13	17	-	7	-
	Asthma	-	9	17	-	7	-
	Allergies	33	26	33	-	16	25
	Conjunctivitis	13	-	17	-	2	-
	Sinusitis	42	39	50	-	35	25
	None	38	22	50	75	44	63
	Emphysema	-	-	-	-	2	-
	Laryngitis	-	13	-	-	9	13
	Bronchitis	13	22	17	-	23	25
	Pneumonia	8	4	17	-	5	13
	Other chest	13	4	-	-	2	-
#4- <u>Symptoms last year</u>							
	Cough	25	30	17	-	23	13
	Wheezing	4	4	17	-	12	-
	>4 colds	25	26	17	-	12	-
	Shortness br	13	4	17	-	14	13
	Chest pain	-	4	-	-	5	13
	Headache	79	83	67	50	56	38



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#4- <u>(cont)</u>							
	Br or irr Eyes	75	57	67	-	63	50
	Hay fever	33	17	33	-	19	13
	OTHER	8	-	-	-	-	-
	Nasal cong	54	48	50	25	53	13
	Sinus inf	38	43	67	25	44	25
	Sore throat	50	57	33	-	42	13
	Hoarse voice	25	43	33	-	23	25
	Migranes	33	13	17	25	26	25
	Fevers	-	-	-	-	5	-
	Sneezing	33	48	33	25	49	-
	NONE	-	13	17	25	14	25
#5- <u>Medications</u>							
	Pain relief	46	52	50	50	47	50
	Decongestant	21	13	33	-	12	-
	Antihistamine	17	17	33	25	5	-
	Antidepressant	-	-	-	-	5	-
	NONE	29	30	17	50	42	50
	OTHER	13	9	-	-	14	-
#6- <u>Rate IAQ in building</u>							
	Good	4	-	33	25	7	13
	Average	25	17	17	75	33	63
	Poor	67	83	50	-	58	25
#7- <u>Seasonal variation?</u>							
	Yes	17	39	33	25	19	13
	No	29	17	33	25	26	38
	Don't know	54	30	33	25	44	-
	NA	-	-	-	25	5	50
	Winter						
	Spring						
	Summer						
	Fall						
#8- <u>Symptoms related to work</u>							
	Headache	71	87	67	50	58	38
	Nasal Cong	33	26	33	-	26	13
	Sinus Cong	42	39	33	-	35	13
	Sinus Infection	25	22	17	-	26	13
	Eye irritation	67	48	50	25	56	38
	Sore throat	29	26	17	-	19	13
	Hoarseness	8	22	17	-	16	13
	Runny nose	33	26	33	-	16	13

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<u>#8- (cont.)</u>						
Memory loss	-	-	-	-	5	-
Dizziness	4	4	-	-	7	-
NONE	4	-	33	25	16	50
Fever	4	-	-	-	2	-
Sneezing	29	61	33	25	44	13
Fatigue	33	26	17	-	35	38
Eyes red	50	22	33	-	23	13
Cough	8	26	17	-	19	13
Wheezing	-	4	17	-	12	-
Shortness br	8	4	17	-	12	-
Chest tight	4	-	17	-	7	-
Skin/rash	8	-	17	-	7	-
Hearing prob	-	4	-	-	-	-
OTHER	-	4	-	-	-	-
<u>#9- Go away after 1 hr?</u>						
Yes	46	74	17	75	49	38
No	33	17	50	-	30	-
NA	4	4	17	-	16	50
<u>Next morning?</u>						
Yes	21	39	50	25	28	13
No	17	-	-	-	9	-
NA	13	13	-	-	30	50
<u>On vacation?</u>						
Yes	9	22	17	50	14	13
No	-	-	-	-	5	-
NA	3	17	17	-	33	50
<u>#10- Symptoms in last week</u>						
Headache	50	83	67	25	58	25
Nasal Cong	25	22	33	-	21	-
Sinus Cong	21	30	33	-	21	-
Sinus Infect	13	17	-	-	5	13
Eye irritation	54	39	50	-	44	-
Sore throat	17	13	17	-	12	13
Hoarseness	4	13	17	-	7	13
Runny nose	29	30	17	-	19	13
Memory loss	-	-	-	-	2	-
Dizziness	4	-	-	-	5	63
NONE	21	9	33	25	19	-
Fever	-	-	-	-	2	-
Sneezing	21	26	33	25	26	-
Fatigue	13	30	33	-	21	13
Eyes red	29	13	17	-	21	13
Cough	-	22	17	-	9	-
Wheezing	-	4	17	-	5	-
Shortness br	4	-	17	-	7	-

Chest tight	-	-	17	-	-	-
Skin/rash	-	-	-	-	5	-
Hearing prob	-	-	-	-	5	-
OTHER	-	4	-	-	-	-

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#11-	<u>Allergies or other Probs?</u>						
	Yes	17	26	17	25	16	13
	No	67	74	50	50	77	63
#12-	<u>Work H &amp; S rank?</u>						
	Excellent	-	-	-	-	2	-
	Good	21	-	33	25	19	75
	Average	29	61	33	75	30	25
	Poor	-	33	43	33	-	40
	-						
	Bad	13	-	-	-	5	-
#13-	<u>Job stress level</u>						
	Very Stress	38	35	-	25	37	-
	Somewhat	50	48	100	75	51	88
	Not very	8	22	-	-	14	13
	Not at all	-	-	-	-	-	-
#14-	<u>Job satisfaction</u>						
	Very Satisfied	38	48	33	50	63	88
	Somewhat	50	52	33	50	56	13
	Dissatisfied	-	-	-	-	-	-
	Very Dissat	-	-	-	-	-	-
#15-	<u>% time in bldg</u>						
	0-25%						
	26-50%						
	51-75%	8	39	-	-	5	-
	76-100%	88	61	100	100	95	100
#16-	<u>% time in office</u>						
	0-25%	-	-	17	-	7	-
	26-50%	4	4	-	-	2	-
	51-75%	29	39	17	-	21	13
	76-100%	63	57	50	100	70	88
#17-	<u>Items located near</u>						
	Photo copier	33	74	83	100	58	88
	Laser printer	29	9	17	-	28	13
	Windows	29	74	100	100	60	88
	Plants	42	61	100	100	74	100

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#18-	<u>Control of work environ</u>					
	Very good contr	-	-	50	9	-
	Some	8	-	50	42	38
	No control	88	100	50	51	63
#19-	<u>Which can be controlled?</u>					
	Temperature	-	-	33	25	33
	Air movement	4	4	50	75	28
	Light	4	-	17	-	19
	No control	83	96	33	-	44
#20-	<u>Rate lighting</u>					
	Too bright	13	-	-	21	25
	Little too	21	17	-	35	13
	Just right	46	61	50	35	50
	Little too dim	8	17	17	100	5
	Too dim	-	-	33	-	-