

February 7, 2007



Mr. Todd M. Caffoe, P.E.
Project Manager
New York State Department of
Environmental Conservation
6274 East Avon-Lima Road
Avon, New York 14414

RECEIVED
FEB 12 2007
DER/HAZ. WASTE REMED
REGION 8

Re: Former Brainerd Manufacturing Site
Indoor Air Quality Questionnaire & Building Inventory

Dear Mr. Caffoe:

As per your request, enclosed please find copies of the completed Indoor Air Quality Questionnaire & Building Inventory related to sub-slab vapor sampling for the above referenced site.

Questionnaires and building inventories were completed for 18 Apple Street, 20 Apple Street, 27 Taft Street, 49 W. Walnut Street, and 45 W. Walnut Street, East Rochester NY.

Please contact us if you have any questions.

Sincerely,
Benchmark Environmental Engineering & Science, PLLC

A handwritten signature in blue ink, appearing to read 'Tom Forbes'.

Thomas H. Forbes, P.E.
Project Manager

Enclosure

A. Shaffer (Despatch Industries)
S. Chalifoux (Boylan Brown)

File: 0040-002-200

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

Project Name: Despatch RI Project No. 0040-002-400
Project Location: 49 W. Walnut St., E. Rochester Client: Boylan Brown / Despatch
Preparer's Name: *BM* Date/Time: 25 January 2007
Preparer's Affiliation: Benchmark Phone No:
Purpose of Investigation: Subslab / Indoor Air - Offsite Investigation

1. OCCUPANT:

Interviewed: yes no

Last Name: *Winter*

First Name: *Alan*

Address:

County:

Home Phone:

Office Phone:

Number of Occupants/persons at this location: 3 Age of Occupants:

2. OWNER OR LANDLORD: (check if same as occupant ☒)

Interviewed: yes no

Last Name:

First Name:

Address:

County:

Home Phone:

Office Phone:

3. BUILDING CHARACTERISTICS

Type of Building: check appropriate response)

☒ Residential

☐ School

☐ Commercial/Multi-use

☐ Industrial

☐ Church

☐ Other:

If the property is residential, type? (check appropriate response)

☐ Ranch

☒ 2-Family

☐ 3-Family

☐ Raised Ranch

☐ Split Level

☐ Colonial

☐ Cape Cod

☐ Contemporary

☐ Mobile Home

☐ Duplex

☐ Apartment House

☐ Townhouse/Condo

☐ Modular

☐ Log Home

☐ Other:

If multiple units, how many?

If the property is commercial, type?

Business Type(s):

Does it include residences (i.e., multi-use)? yes no If yes, how many?

Other Characteristics:

Number of floors 2

Building age ~10 yrs

Is the building insulated? yes no

How air tight? tight average not tight

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

4. AIR FLOW

Use air current tubes or tracer smoke to evaluate air flow patterns and qualitatively describe:

Airflow between floors

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (check all that apply)

- | | | | |
|------------------------------|------------------------------------------------|------------------------------------------------|---------------------------------------------|
| a. Above grade construction: | <input checked="" type="checkbox"/> wood frame | <input type="checkbox"/> concrete | <input type="checkbox"/> stone |
| b. Basement type: | <input checked="" type="checkbox"/> full | <input type="checkbox"/> crawlspace | <input type="checkbox"/> slab |
| c. Basement floor: | <input checked="" type="checkbox"/> concrete | <input type="checkbox"/> dirt | <input type="checkbox"/> stone |
| d. Basement floor: | <input checked="" type="checkbox"/> uncovered | <input type="checkbox"/> covered | <input type="checkbox"/> covered with |
| e. Concrete floor: | <input checked="" type="checkbox"/> unsealed | <input type="checkbox"/> sealed | <input type="checkbox"/> sealed with |
| f. Foundation walls: | <input type="checkbox"/> poured | <input checked="" type="checkbox"/> block | <input type="checkbox"/> stone |
| g. Foundation walls: | <input checked="" type="checkbox"/> unsealed | <input type="checkbox"/> sealed | <input type="checkbox"/> sealed with |
| h. The basement is: | <input type="checkbox"/> wet | <input type="checkbox"/> damp | <input checked="" type="checkbox"/> dry |
| i. The basement is: | <input type="checkbox"/> finished | <input checked="" type="checkbox"/> unfinished | <input type="checkbox"/> partially finished |
| j. Sump present? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | |
| k. Water in Sump? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |

Basement/Lowest level depth below grade:

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

- Sewer/water - toilet in basement

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

6. HEATING, VENTING, and AIR CONDITIONING (check all that apply)

Type of heating system(s) used in this building: (check all that apply - note primary)

- | | | |
|---------------------------------------------------------|------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Hot air circulation | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Hot water baseboard |
| <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Steam radiation | <input type="checkbox"/> Radiant floor |
| <input type="checkbox"/> Electric baseboard | <input type="checkbox"/> Wood stove | <input type="checkbox"/> Outdoor wood boiler |
| | <input type="checkbox"/> Other | |

The primary type of fuel used is:

- | | | |
|-------------------------------------------------|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Fuel oil | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Coal | <input type="checkbox"/> Other |

Domestic hot water tank fueled by: NG

Boiler/furnace located in:

- | | | | |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Main Floor | <input type="checkbox"/> Other |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|

Air Conditioning:

- | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Window units | <input type="checkbox"/> Open Windows | <input checked="" type="checkbox"/> None |
|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------------------|

Are there air distribution ducts present? ☒ yes ☐ no

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Ducts in Good Condition

7. OCCUPANCY

Is basement/lowest level occupied? ☐ Full-time ☐ Occasionally ☐ Seldom ☐ Almost Never

Level **General Use of Each Floor** (e.g., family room, bedroom, laundry, workshop, storage)

Basement - Storage / Laundry

First Floor - One Apartment (Kitchen / Bedroom / Bath)

Second Floor - One Apartment (Kit / Bdrm / Bath)

Third Floor

Fourth Floor

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? ☐ yes ☒ no
- b. Does the garage have a separate heating unit? ☐ yes ☐ no ☒ NA
- c. Are petroleum-powered machines or vehicles stored in the garage? ☐ yes ☐ no ☒ NA
(e.g., lawnmower, atv, car) If yes, please specify: _____
- d. Has the building ever had a fire? ☐ yes ☒ no
If yes, when? _____
- e. Is a kerosene or unvented gas space heater present? ☐ yes ☒ no
If yes, where? _____
- f. Is there a workshop or hobby/craft area? ☒ yes ☐ no
If yes, where and type? Basement
- g. Is there smoking in the building? ☒ yes ☐ no
If yes, how frequently? 2nd Floor
- h. Have cleaning products been used recently? ☐ yes ☐ no
If yes, when & type? _____
- i. Have cosmetic products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- j. Has painting/staining been done in the last 6 months? ☒ yes ☐ no
If yes, where & when? Paint
- k. Is there new carpet, drapes, or other textiles? ☐ yes ☒ no
If yes, where & when? _____
- l. Have air fresheners been used recently? ☐ yes ☒ no
If yes, when & type? _____
- m. Is there a kitchen exhaust fan? ☒ yes ☐ no
If yes, where vented? Stove
- n. Is there a bathroom exhaust fan? ☒ yes ☐ no
If yes, where vented? Outside

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

o. Is there a clothes dryer?

☒ yes ☐ no

If yes, is it vented outside?

yes ☐ no

p. Has there been a pesticide application?

☐ yes ☒ no

If yes, when & type?

q. Are there odors in the building?

☒ yes ☐ no

If yes, please describe?

Fabian S. Pheasant

r. Do any of the building occupants use solvents at work?

☐ yes ☒ no

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?

If yes, are their clothes washed at work? ☐ yes ☐ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

☐ yes, use dry-cleaning regularly (weekly)

☒ no

☐ yes, use dry-cleaning infrequently (monthly or less)

☐ unknown

☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure?

☐ yes ☒ no

If yes, date of installation?

Is the system active or passive?

9. WATER AND SEWAGE

Water Supply:

☒ Public Water

☐ Drilled Well

☐ Driven Well

☐ Dug Well

☐ Other:

Sewage Disposal:

☒ Public Sewer

☐ Septic Tank

☐ Leach Field

☐ Dry Well

☐ Other:

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended:

b. Residents choose to: ☐ remain in home ☐ relocate to friends/family ☐ relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? ☐ yes ☐ no

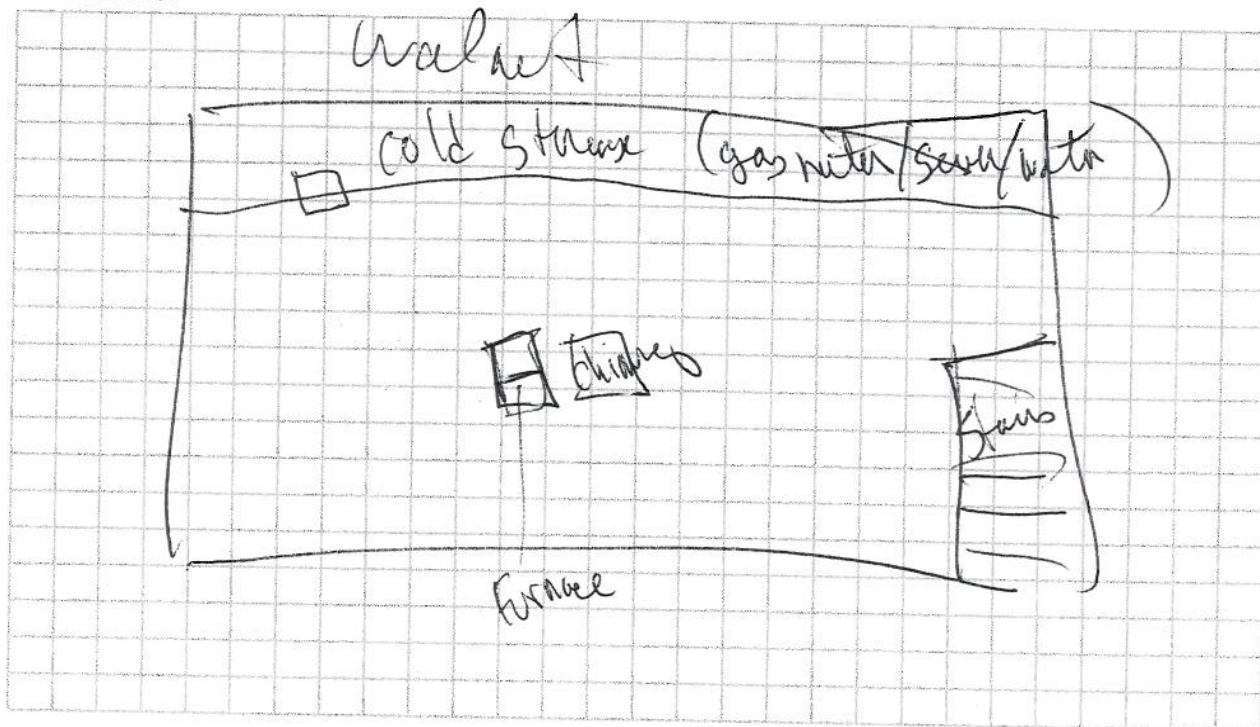
d. Relocation package provided and explained to residents? ☐ yes ☐ no

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

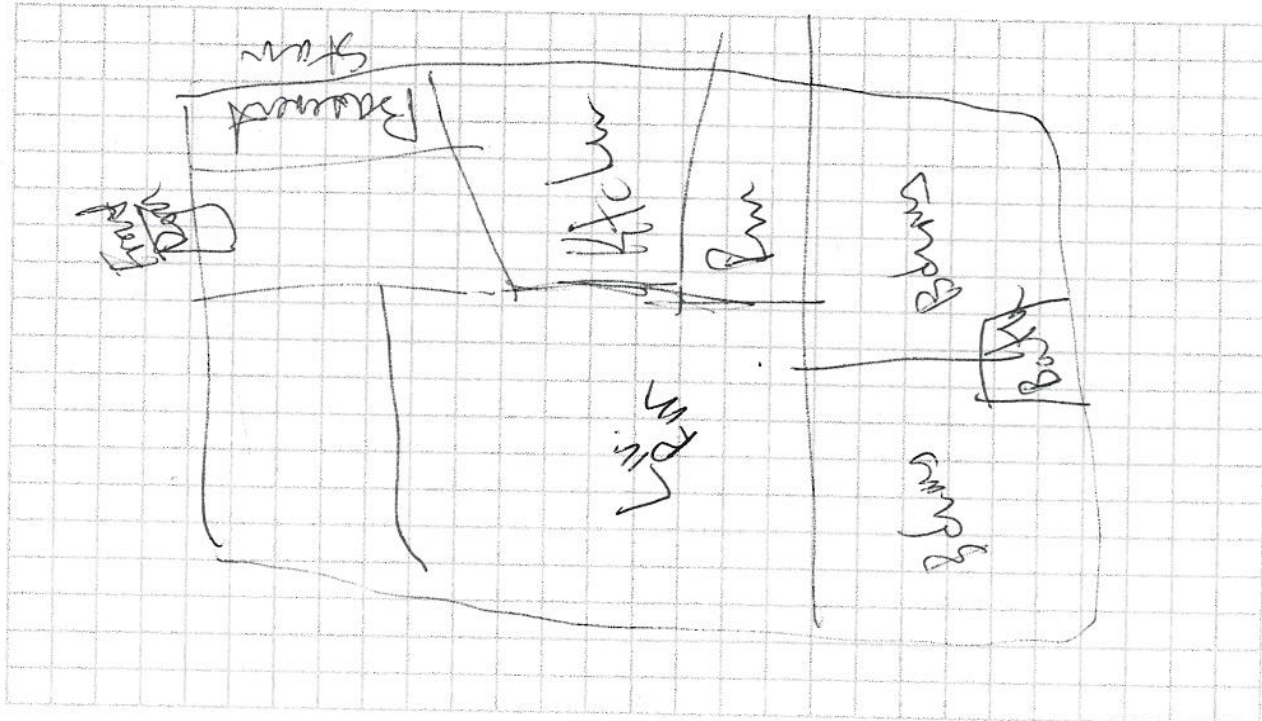
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



First Floor:



INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s), and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



INDOOR AIR QUALITY QUESTIONNAIRE

Last Name: WINTER First Name: AVAN
Address: 49 WALNUT E. ROCK, NY 14445
County: MONROE
Home Phone: 585-455-2910 Office Phone: 11
Number of Occupants/persons at this location: 3 Age of Occupants: 23, 25, 26

FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? ☐ yes ☒ no
- b. Does the garage have a separate heating unit? ☐ yes ☒ no ☐ NA
- c. Are petroleum-powered machines or vehicles stored in the garage?
(e.g., lawnmower, atv, car) ☐ yes ☐ no ☒ NA
If yes, please specify: _____
- d. Has the building ever had a fire? ☐ yes ☒ no
If yes, when? _____
- e. Is a kerosene or unvented gas space heater present? ☐ yes ☒ no
If yes, where? _____
- f. Is there a workshop or hobby/craft area? ☒ yes ☐ no
If yes, where and type? NEVER REALLY USED
- g. Is there smoking in the building? ☒ yes ☐ no
If yes, how frequently? UPSTAIRS Hallway 3/DAY
- h. Have cleaning products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- i. Have cosmetic products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- j. Has painting/staining been done in the last 6 months? ☒ yes ☐ no
If yes, where & when? 6 months UPSTAIRS Room + DOWNSTAIRS Room OFF KITCHEN
- k. Is there new carpet, drapes, or other textiles? ☐ yes ☒ no
If yes, where & when? _____
- l. Have air fresheners been used recently? ☒ yes ☐ no
If yes, when & type? UPSTAIRS GLADE plug in

INDOOR AIR QUALITY QUESTIONNAIRE

Last Name: Winter

First Name: Alan

Address: 49 Walnut

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

m. Is there a kitchen exhaust fan?

☒ yes ☐ no

If yes, where vented? Stove

n. Is there a bathroom exhaust fan?

☒ yes ☐ no

If yes, where vented? ceiling

o. Is there a clothes dryer?

☒ yes ☐ no

If yes, is it vented outside? through so No

p. Has there been a pesticide application?

☐ yes ☒ no

If yes, when & type?

q. Are there odors in the building?

☐ yes ☒ no

If yes, please describe?

r. Do any of the building occupants use solvents at work?

☐ yes ☒ no

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?

If yes, are their clothes washed at work? ☐ yes ☐ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?
(check appropriate response)

- ☐ yes, use dry-cleaning regularly (weekly)
☐ yes, use dry-cleaning infrequently (monthly or less)
☐ yes, work at a dry-cleaning service

☒ no
☐ unknown

t. Is there a radon mitigation system for the building/structure?

☐ yes ☒ no

If yes, date of installation?

Is the system active or passive?

IT IS A CARON RADON DETECTOR

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

Project Name: Despatch RE Project No. 0040-002-400
Project Location: 45 W. Walnut, E. Roch Client: Daylan Brown / Despatch
Preparer's Name: _____ Date/Time: _____
Preparer's Affiliation: _____ Phone No: _____
Purpose of Investigation: Subshb / Indoor Air - Offsite investigation

1. OCCUPANT:

Interviewed: yes (no) - Checklist sent

Last Name: Petti First Name: Joseph

Address: 45 W. Walnut, E. Rochester

County: Monroe

Home Phone: (585) 586-3500 Office Phone: 83, 77 & 51

Number of Occupants/persons at this location: 3 Age of Occupants: ~~70, 70, 53~~

2. OWNER OR LANDLORD: (check if same as occupant X)

Interviewed: yes no

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

3. BUILDING CHARACTERISTICS

Type of Building: check appropriate response)

- | | | |
|-------------------------------------------------|---------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> School | <input type="checkbox"/> Commercial/Multi-use |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Church | <input type="checkbox"/> Other: _____ |

If the property is residential, type? (check appropriate response)

- | | | |
|---------------------------------------|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Ranch | <input type="checkbox"/> 2-Family | <input type="checkbox"/> 3-Family |
| <input type="checkbox"/> Raised Ranch | <input checked="" type="checkbox"/> Split Level | <input type="checkbox"/> Colonial |
| <input type="checkbox"/> Cape Cod | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Apartment House | <input type="checkbox"/> Townhouse/Condo |
| <input type="checkbox"/> Modular | <input type="checkbox"/> Log Home | <input type="checkbox"/> Other: _____ |

If multiple units, how many? —

If the property is commercial, type? —

Business Type(s): _____

Does it include residences (i.e., multi-use)? yes no If yes, how many? _____

Other Characteristics:

Number of floors 2 Building age 77 yrs

Is the building insulated? (yes) no How air tight? tight (average) not tight

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

4. AIR FLOW

Use air current tubes or tracer smoke to evaluate air flow patterns and qualitatively describe:

Airflow between floors

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (check all that apply)

- | | | | |
|------------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|
| a. Above grade construction: | <input checked="" type="checkbox"/> wood frame | <input type="checkbox"/> concrete | <input type="checkbox"/> stone |
| b. Basement type: | <input checked="" type="checkbox"/> full | <input type="checkbox"/> crawlspace | <input type="checkbox"/> slab |
| c. Basement floor: | <input checked="" type="checkbox"/> concrete | <input type="checkbox"/> dirt | <input type="checkbox"/> stone |
| d. Basement floor: | <input checked="" type="checkbox"/> uncovered | <input type="checkbox"/> covered | <input type="checkbox"/> covered with |
| e. Concrete floor: | <input checked="" type="checkbox"/> unsealed | <input type="checkbox"/> sealed | <input type="checkbox"/> sealed with |
| f. Foundation walls: | <input type="checkbox"/> poured | <input checked="" type="checkbox"/> block | <input type="checkbox"/> stone |
| g. Foundation walls: | <input type="checkbox"/> unsealed | <input type="checkbox"/> sealed | <input checked="" type="checkbox"/> sealed with <i>Paint</i> |
| h. The basement is: | <input type="checkbox"/> wet | <input type="checkbox"/> damp | <input checked="" type="checkbox"/> dry |
| i. The basement is: | <input type="checkbox"/> finished | <input checked="" type="checkbox"/> unfinished | <input type="checkbox"/> partially finished |
| j. Sump present? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | |
| k. Water in Sump? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |

Basement/Lowest level depth below grade: *5'*

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

No sig. cracks observed

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

6. HEATING, VENTING, and AIR CONDITIONING (check all that apply)

Type of heating system(s) used in this building: (check all that apply - note primary)

- | | | |
|---------------------------------------------------------|------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Hot air circulation | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Hot water baseboard |
| <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Steam radiation | <input type="checkbox"/> Radiant floor |
| <input type="checkbox"/> Electric baseboard | <input type="checkbox"/> Wood stove | <input type="checkbox"/> Outdoor wood boiler |
| | <input type="checkbox"/> Other | |

The primary type of fuel used is:

- | | | |
|--------------------------------------|-------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Natural Gas | <input checked="" type="checkbox"/> Fuel oil <i>Basement tank</i> | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Coal | <input type="checkbox"/> Other |

Domestic hot water tank fueled by: *Fuel oil*

Boiler/furnace located in:

- | | | | |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Main Floor | <input type="checkbox"/> Other |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|

Air Conditioning:

- | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Window units | <input type="checkbox"/> Open Windows | <input type="checkbox"/> None |
|--------------------------------------|---------------------------------------|---------------------------------------|-------------------------------|

Are there air distribution ducts present? ☐ yes ☐ no

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Generally tight joints

7. OCCUPANCY

Is basement/lowest level occupied? ☐ Full-time ☐ Occasionally ☒ Seldom ☐ Almost Never

Level **General Use of Each Floor** (e.g., family room, bedroom, laundry, workshop, storage)

Basement *Storage/workshop*

First Floor *Living*

Second Floor *Bedroom*

Third Floor

Fourth Floor

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (completed by owner/occupant)

a. Is there an attached garage? ☐ yes ☒ no

b. Does the garage have a separate heating unit? ☐ yes ☐ no ☒ NA

c. Are petroleum-powered machines or vehicles stored in the garage? ☐ yes ☐ no ☒ NA
(e.g., lawnmower, atv, car) If yes, please specify: _____

d. Has the building ever had a fire? ☐ yes ☒ no

If yes, when? _____

e. Is a kerosene or unvented gas space heater present? ☐ yes ☒ no

If yes, where? _____

f. Is there a workshop or hobby/craft area? ☐ yes ☒ no

If yes, where and type? _____

g. Is there smoking in the building? ☐ yes ☒ no

If yes, how frequently? _____

h. Have cleaning products been used recently? ☐ yes ☒ no

If yes, when & type? _____

i. Have cosmetic products been used recently? ☐ yes ☒ no

If yes, when & type? _____

j. Has painting/staining been done in the last 6 months? ☐ yes ☒ no

If yes, where & when? _____

k. Is there new carpet, drapes, or other textiles? ☐ yes ☒ no

If yes, where & when? _____

l. Have air fresheners been used recently? ☐ yes ☒ no

If yes, when & type? _____

m. Is there a kitchen exhaust fan? ☒ yes ☐ no

If yes, where vented? above stove

n. Is there a bathroom exhaust fan? ☒ yes ☐ no

If yes, where vented? ceiling light

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

o. Is there a clothes dryer?

☒ yes ☐ no

If yes, is it vented outside? yes no

p. Has there been a pesticide application?

☐ yes ☒ no

If yes, when & type? _____

q. Are there odors in the building?

☐ yes ☒ no

If yes, please describe? _____

r. Do any of the building occupants use solvents at work?

☐ yes ☒ no

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? ☐ yes ☐ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

- ☐ yes, use dry-cleaning regularly (weekly) ☒ no
☐ yes, use dry-cleaning infrequently (monthly or less) ☐ unknown
☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure? ☐ yes ☒ no

If yes, date of installation? _____

Is the system active or passive? _____

9. WATER AND SEWAGE

Water Supply:

- ☒ Public Water ☐ Drilled Well ☐ Driven Well ☐ Dug Well
☐ Other: _____

Sewage Disposal:

- ☒ Public Sewer ☐ Septic Tank ☐ Leach Field ☐ Dry Well
☐ Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: ☐ remain in home ☐ relocate to friends/family ☐ relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? ☐ yes ☐ no

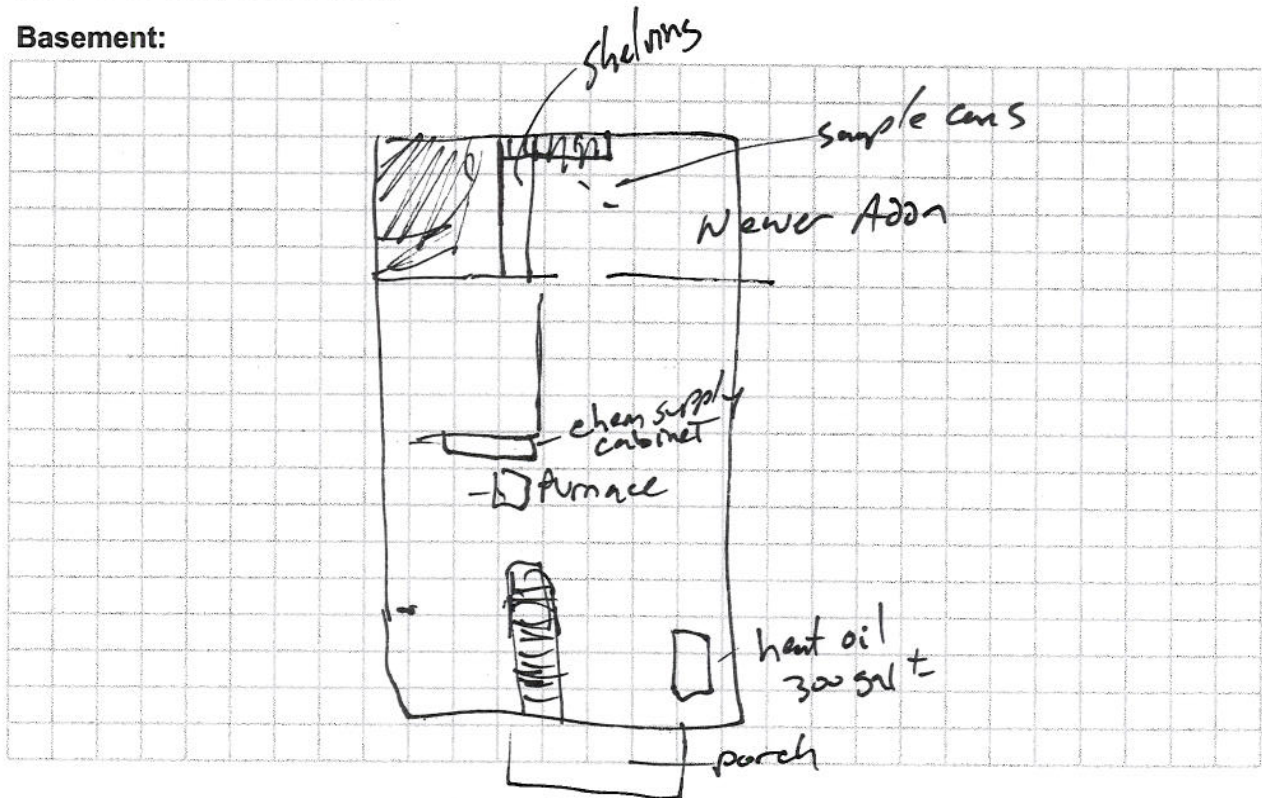
d. Relocation package provided and explained to residents? ☐ yes ☐ no

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

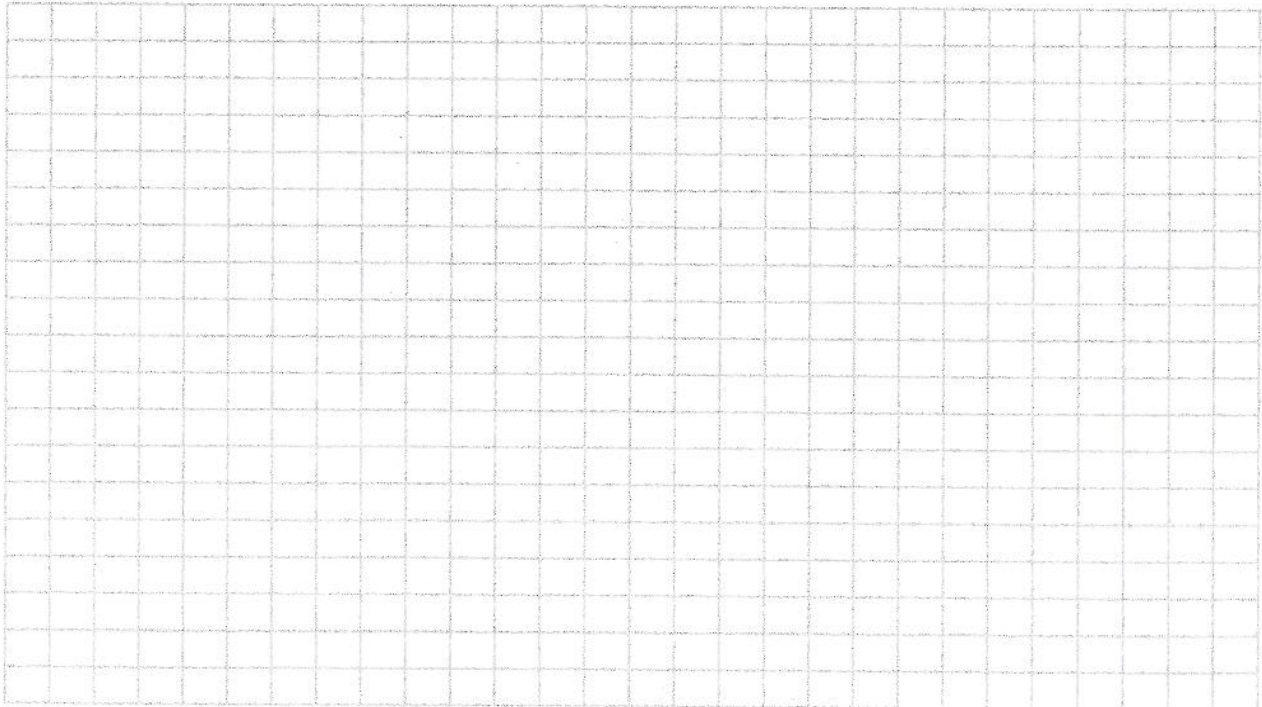
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



First Floor:



INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s), and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and spetic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



List specific products found in the structure that have the potential to affect indoor air quality.

Notes:

1. Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**.

Page 8 of 8

INDOOR AIR QUALITY QUESTIONNAIRE

Last Name: Petti First Name: Joseph
Address: 45 Walnut St., East Rochester, NY 14445
County: Monroe
Home Phone: (585) 586-3500 Office Phone: _____
Number of Occupants/persons at this location: 3 Age of Occupants: 83, 77 & 51

FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? ☐ yes ☒ no
- b. Does the garage have a separate heating unit? ☐ yes ☐ no ☒ NA
- c. Are petroleum-powered machines or vehicles stored in the garage?
(e.g., lawnmower, atv, car) ☐ yes ☐ no ☒ NA
If yes, please specify: _____
- d. Has the building ever had a fire? ☐ yes ☒ no
If yes, when? _____
- e. Is a kerosene or unvented gas space heater present? ☐ yes ☒ no
If yes, where? _____
- f. Is there a workshop or hobby/craft area? ☐ yes ☒ no
If yes, where and type? _____
- g. Is there smoking in the building? ☐ yes ☒ no
If yes, how frequently? _____
- h. Have cleaning products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- i. Have cosmetic products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- j. Has painting/staining been done in the last 6 months? ☐ yes ☒ no
If yes, where & when? _____
- k. Is there new carpet, drapes, or other textiles? ☐ yes ☒ no
If yes, where & when? _____
- l. Have air fresheners been used recently? ☐ yes ☒ no
If yes, when & type? _____

INDOOR AIR QUALITY QUESTIONNAIRE

Last Name:

First Name:

Address:

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

m. Is there a kitchen exhaust fan?

☒ yes ☐ no

If yes, where vented? above stove

n. Is there a bathroom exhaust fan?

☒ yes ☐ no

If yes, where vented? ceiling light

o. Is there a clothes dryer?

☒ yes ☐ no

If yes, is it vented outside? no

p. Has there been a pesticide application?

☐ yes ☒ no

If yes, when & type?

q. Are there odors in the building?

☐ yes ☒ no

If yes, please describe?

r. Do any of the building occupants use solvents at work?

☐ yes ☒ no

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?

If yes, are their clothes washed at work? ☐ yes ☐ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

☐ yes, use dry-cleaning regularly (weekly)

☒ no

☐ yes, use dry-cleaning infrequently (monthly or less)

☐ unknown

☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure?

☐ yes ☒ no

If yes, date of installation?

Is the system active or passive?

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

Project Name: Despatch RI Project No. 0040-002-400
Project Location: 18 Apple St. East Roch Client: Boylan Brown/Despatch
Preparer's Name: _____ Date/Time: Dec. 13, 2006
Preparer's Affiliation: _____ Phone No: _____
Purpose of Investigation: Subslab/Indoor Air - Offsite investigation

1. OCCUPANT:

Interviewed: yes ☒ no

Last Name: Coccho

First Name: Kelly

Address: 18 Apple St.

County: Monroe

Home Phone: _____

Office Phone: 585-748-4000

Number of Occupants/persons at this location: 2

Age of Occupants: 29, 34

2. OWNER OR LANDLORD: (check if same as occupant ☐)

Interviewed: ☒ yes ☐ no - Questionnaire Sect. B sent

Last Name: DeVito

First Name: Don

Address: _____

County: _____

Home Phone: _____

Office Phone: 585-748-4000

3. BUILDING CHARACTERISTICS

Type of Building: check appropriate response)

☒ Residential

☐ School

☐ Commercial/Multi-use

☐ Industrial

☐ Church

☐ Other: _____

If the property is residential, type? (check appropriate response)

☐ Ranch

☐ 2-Family

☐ 3-Family

☐ Raised Ranch

☒ Split Level

☐ Colonial

☐ Cape Cod

☐ Contemporary

☐ Mobile Home

☐ Duplex

☐ Apartment House

☐ Townhouse/Condo

☐ Modular

☐ Log Home

☐ Other: _____

If multiple units, how many? —

If the property is commercial, type? —

Business Type(s): _____

Does it include residences (i.e., multi-use)?

yes no

If yes, how many? _____

Other Characteristics:

Number of floors 2

Building age _____

Is the building insulated? ☒ yes ☐ no

How air tight? tight

☒ average

☐ not tight

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

4. AIR FLOW

Use air current tubes or tracer smoke to evaluate air flow patterns and qualitatively describe:

Airflow between floors

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (check all that apply)

- | | | | |
|------------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------------------------|
| a. Above grade construction: | <input checked="" type="checkbox"/> wood frame | <input type="checkbox"/> concrete | <input type="checkbox"/> stone |
| b. Basement type: | <input checked="" type="checkbox"/> full | <input checked="" type="checkbox"/> crawlspace | <input type="checkbox"/> slab |
| c. Basement floor: | <input checked="" type="checkbox"/> concrete | <input type="checkbox"/> dirt | <input type="checkbox"/> stone |
| d. Basement floor: | <input checked="" type="checkbox"/> uncovered | <input type="checkbox"/> covered | <input type="checkbox"/> covered with |
| e. Concrete floor: | <input checked="" type="checkbox"/> unsealed | <input type="checkbox"/> sealed | <input type="checkbox"/> sealed with |
| f. Foundation walls: | <input type="checkbox"/> poured | <input checked="" type="checkbox"/> block | <input type="checkbox"/> stone |
| g. Foundation walls: | <input checked="" type="checkbox"/> unsealed | <input type="checkbox"/> sealed | <input type="checkbox"/> sealed with |
| h. The basement is: | <input type="checkbox"/> wet | <input type="checkbox"/> damp | <input checked="" type="checkbox"/> dry |
| i. The basement is: | <input type="checkbox"/> finished | <input type="checkbox"/> unfinished | <input checked="" type="checkbox"/> partially finished |
| j. Sump present? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | |
| k. Water in Sump? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input checked="" type="checkbox"/> not applicable |

Basement/Lowest level depth below grade: 7' 5"

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

6. HEATING, VENTING, and AIR CONDITIONING (check all that apply)

Type of heating system(s) used in this building: (check all that apply - note primary)

- | | | |
|---------------------------------------------------------|------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Hot air circulation | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Hot water baseboard |
| <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Steam radiation | <input type="checkbox"/> Radiant floor |
| <input type="checkbox"/> Electric baseboard | <input type="checkbox"/> Wood stove | <input type="checkbox"/> Outdoor wood boiler |
| | <input type="checkbox"/> Other | |

The primary type of fuel used is:

- | | | |
|-------------------------------------------------|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Fuel oil | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Coal | <input type="checkbox"/> Other |

Domestic hot water tank fueled by: Nat. Gas

Boiler/furnace located in:

- | | | | |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Main Floor | <input type="checkbox"/> Other |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|

Air Conditioning: N/A

- | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Window units | <input type="checkbox"/> Open Windows | <input type="checkbox"/> None |
|--------------------------------------|---------------------------------------|---------------------------------------|-------------------------------|

Are there air distribution ducts present? ☒ yes ☐ no

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

7. OCCUPANCY

Is basement/lowest level occupied? ☐ Full-time ☐ Occasionally ☒ Seldom ☐ Almost Never

Level **General Use of Each Floor** (e.g., family room, bedroom, laundry, workshop, storage)

Basement	<u>Laundry, storage, utilities, TV Area</u>
First Floor	<u>Kit, Living</u>
Second Floor	<u>Bedrooms</u>
Third Floor	<u>—</u>
Fourth Floor	<u>—</u>

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY *(completed by owner/occupant)*

- a. Is there an attached garage? ☐ yes ☒ no
- b. Does the garage have a separate heating unit? ☐ yes ☐ no ☒ NA
- c. Are petroleum-powered machines or vehicles stored in the garage? ☐ yes ☐ no ☒ NA
(e.g., lawnmower, atv, car) If yes, please specify: _____
- d. Has the building ever had a fire? ☐ yes ☒ no
If yes, when? _____
- e. Is a kerosene or unvented gas space heater present? ☐ yes ☐ no
If yes, where? _____
- f. Is there a workshop or hobby/craft area? ☐ yes ☐ no
If yes, where and type? hand tools
- g. Is there smoking in the building? ☐ yes ☒ no
If yes, how frequently? _____
- h. Have cleaning products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- i. Have cosmetic products been used recently? ☒ yes ☐ no
If yes, when & type? makeup
- j. Has painting/staining been done in the last 6 months? ☐ yes ☒ no
If yes, where & when? _____
- k. Is there new carpet, drapes, or other textiles? ☐ yes ☒ no
If yes, where & when? _____
- l. Have air fresheners been used recently? ☒ yes ☐ no
If yes, when & type? Electric, Yankee Candle
- m. Is there a kitchen exhaust fan? ☐ yes ☒ no
If yes, where vented? microwave vents in kitchen
- n. Is there a bathroom exhaust fan? ☒ yes ☐ no
If yes, where vented? side of the house

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

o. Is there a clothes dryer?

☒ yes ☐ no

If yes, is it vented outside?

yes ☐ no

p. Has there been a pesticide application?

☐ yes ☒ no

If yes, when & type?

q. Are there odors in the building?

☐ yes ☒ no

If yes, please describe?

r. Do any of the building occupants use solvents at work?

☐ yes ☒ no

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?

If yes, are their clothes washed at work? ☐ yes ☐ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

☐ yes, use dry-cleaning regularly (weekly)

☒ no

☐ yes, use dry-cleaning infrequently (monthly or less)

☐ unknown

☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure?

☐ yes ☒ no

If yes, date of installation?

Is the system active or passive?

9. WATER AND SEWAGE

Water Supply:

☒ Public Water ☐ Drilled Well ☐ Driven Well ☐ Dug Well

☐ Other:

Sewage Disposal:

☒ Public Sewer ☐ Septic Tank ☐ Leach Field ☐ Dry Well

☐ Other:

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended:

b. Residents choose to: ☐ remain in home ☐ relocate to friends/family ☐ relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? ☐ yes ☐ no

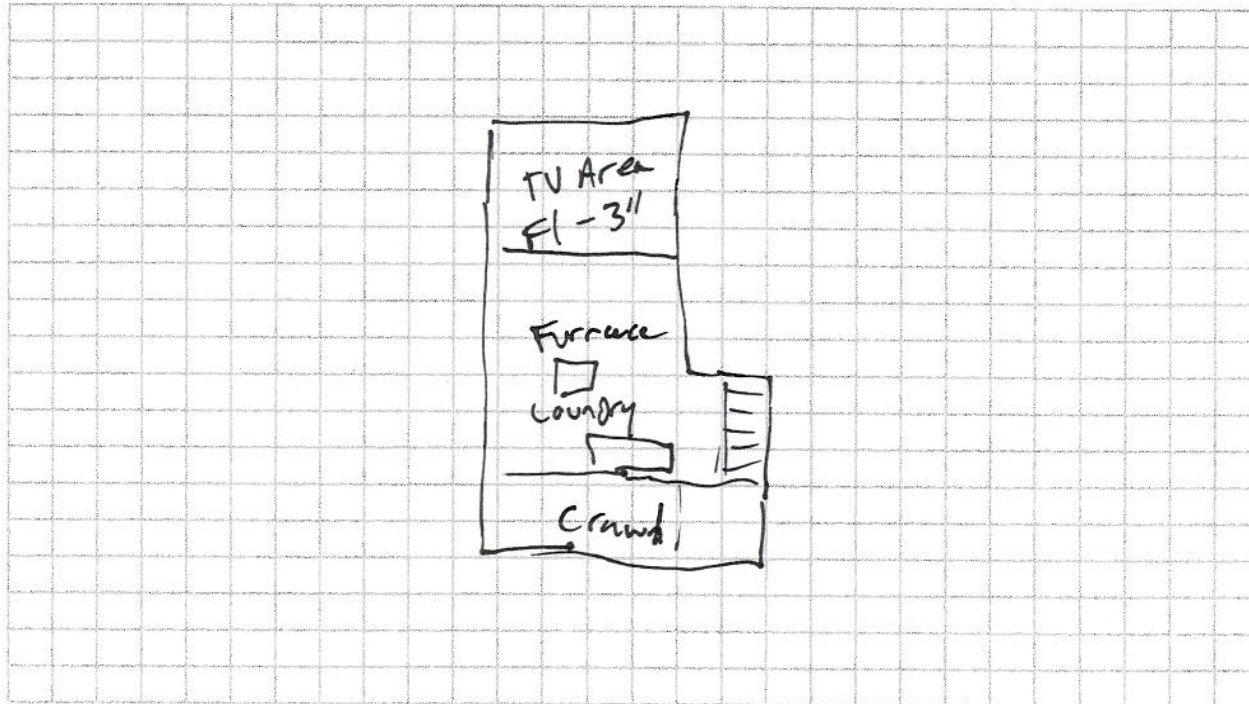
d. Relocation package provided and explained to residents? ☐ yes ☐ no

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

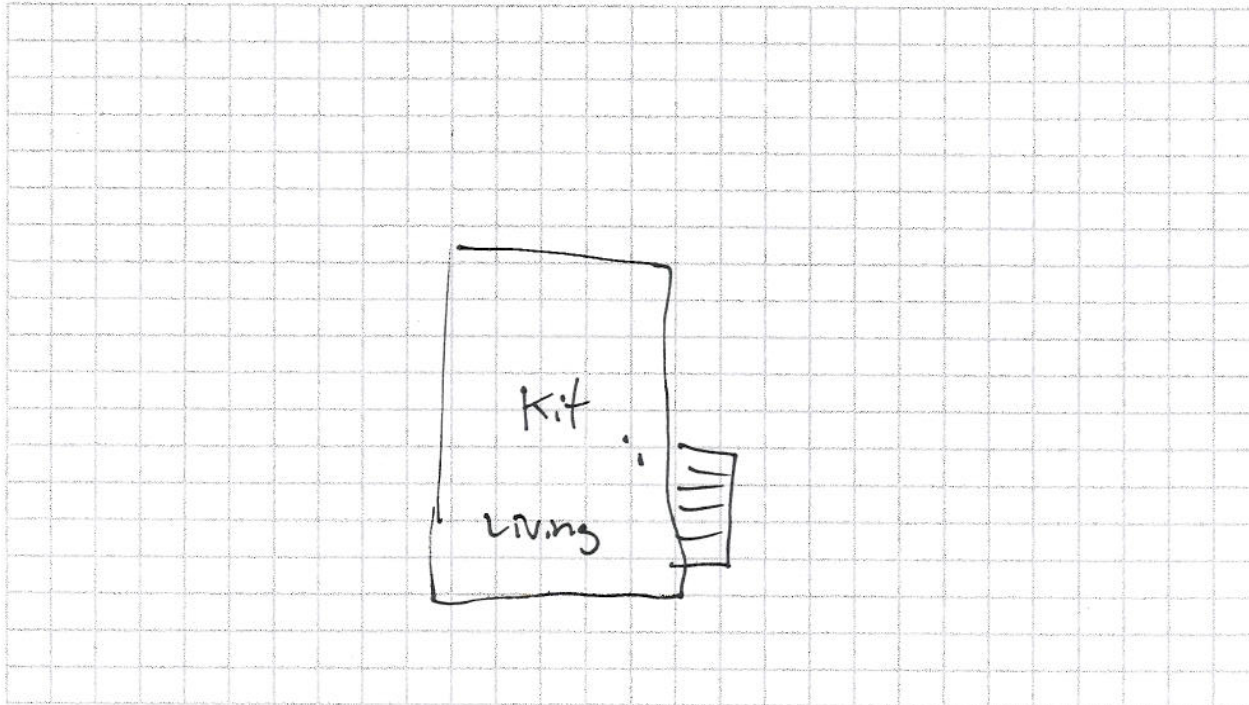
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



First Floor:



INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s), and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and spetic system, if applicable, and a qualifying statement to help locate the site on a topographic map.





List specific products found in the structure that have the potential to affect indoor air quality.

[illegible]

Notes:

Notes: * Cans set up in This area (lower floor)

1. Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**.
2. Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

INDOOR AIR QUALITY QUESTIONNAIRE

Last Name: DeVito

First Name: Don

Address: 18 Apple ST

County: Monroe

Home Phone:

Office Phone: 585 748-4000

Number of Occupants/persons at this location: 2

Age of Occupants: 29, 34

FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?

☐ yes ☒ no

b. Does the garage have a separate heating unit?

☐ yes ☐ no ☒ NA

c. Are petroleum-powered machines or vehicles stored in the garage?

☐ yes ☐ no ☒ NA

(e.g., lawnmower, atv, car)

If yes, please specify: _____

d. Has the building ever had a fire?

☐ yes ☒ no

If yes, when? _____

e. Is a kerosene or unvented gas space heater present?

☐ yes ☐ no

If yes, where? _____

f. Is there a workshop or hobby/craft area?

☐ yes ☐ no

If yes, where and type? _____

hand tools

g. Is there smoking in the building?

☐ yes ☒ no

If yes, how frequently? _____

h. Have cleaning products been used recently?

☐ yes ☒ no

If yes, when & type? _____

i. Have cosmetic products been used recently?

☒ yes ☐ no

If yes, when & type? _____

Makeup

j. Has painting/staining been done in the last 6 months?

☐ yes ☒ no

If yes, where & when? _____

k. Is there new carpet, drapes, or other textiles?

☐ yes ☒ no

If yes, where & when? _____

l. Have air fresheners been used recently?

☒ yes ☐ no

If yes, when & type? _____

Electric, Yankee Candle

INDOOR AIR QUALITY QUESTIONNAIRE

Last Name: _____

First Name: _____

Address: _____

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

m. Is there a kitchen exhaust fan?

☒ ~~yes~~ ☒ no

If yes, where vented?

Microwave Vents in Kitchen

n. Is there a bathroom exhaust fan?

☒ yes ☐ no

If yes, where vented?

Side of the house

o. Is there a clothes dryer?

☒ yes ☐ no

If yes, is it vented outside?

Yes

p. Has there been a pesticide application?

☐ yes ☒ no

If yes, when & type?

q. Are there odors in the building?

☐ yes ☒ no

If yes, please describe?

r. Do any of the building occupants use solvents at work?

☐ yes ☒ no

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?

If yes, are their clothes washed at work?

☐ yes ☐ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

☐ yes, use dry-cleaning regularly (weekly)

☒ no

☐ yes, use dry-cleaning infrequently (monthly or less)

☐ unknown

☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure?

☐ yes ☒ no

If yes, date of installation?

Is the system active or passive?

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

Project Name: Despatch RI Project No. 0040-002-400
Project Location: 27 Taft St., E. Rochester Client: Boylan Brown / Despatch
Preparer's Name: *MM* Date/Time: 25 Jan 2007
Preparer's Affiliation: *Benchmark* Phone No:
Purpose of Investigation: Subslab / Indoor Air - Offsite Investigation

1. OCCUPANT:

Interviewed: ☒ yes ☐ no

Last Name: *Dominica*

First Name: *Frank*

Address: *27 Taft*

County: *More*

Home Phone:

Office Phone:

Number of Occupants/persons at this location: *1*

Age of Occupants:

2. OWNER OR LANDLORD: (check if same as occupant ☒)

Interviewed: ☒ yes ☐ no

Last Name:

First Name:

Address:

County:

Home Phone:

Office Phone:

3. BUILDING CHARACTERISTICS

Type of Building: check appropriate response)

☒ Residential

☐ School

☐ Commercial/Multi-use

☐ Industrial

☐ Church

☐ Other:

If the property is residential, type? (check appropriate response)

☐ Ranch

☐ 2-Family

☐ 3-Family

☐ Raised Ranch

☐ Split Level

☒ Colonial *(2-story)*

☐ Cape Cod

☐ Contemporary

☐ Mobile Home

☐ Duplex

☐ Apartment House

☐ Townhouse/Condo

☐ Modular

☐ Log Home

☐ Other:

If multiple units, how many?

If the property is commercial, type?

Business Type(s):

Does it include residences (i.e., multi-use)?

yes no

If yes, how many?

Other Characteristics:

Number of floors *2*

Building age *90-100 yrs*

Is the building insulated? ☒ yes ☐ no

How air tight?

tight

average

not tight

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

4. AIR FLOW

Use air current tubes or tracer smoke to evaluate air flow patterns and qualitatively describe:

Airflow between floors

- Stairs

Airflow near source

Outdoor air infiltration

- Doors/Windows

Infiltration into air ducts

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (check all that apply)

- | | | | |
|------------------------------|------------------------------------------------|------------------------------------------------|----------------------------------------------------|
| a. Above grade construction: | <input checked="" type="checkbox"/> wood frame | <input type="checkbox"/> concrete | <input type="checkbox"/> stone |
| b. Basement type: | <input checked="" type="checkbox"/> full | <input type="checkbox"/> crawlspace | <input type="checkbox"/> slab |
| c. Basement floor: | <input checked="" type="checkbox"/> concrete | <input type="checkbox"/> dirt | <input type="checkbox"/> stone |
| d. Basement floor: | <input type="checkbox"/> uncovered | <input type="checkbox"/> covered | <input type="checkbox"/> covered with |
| e. Concrete floor: | <input checked="" type="checkbox"/> unsealed | <input type="checkbox"/> sealed | <input type="checkbox"/> sealed with |
| f. Foundation walls: | <input type="checkbox"/> poured | <input checked="" type="checkbox"/> block | <input type="checkbox"/> stone |
| g. Foundation walls: | <input checked="" type="checkbox"/> unsealed | <input type="checkbox"/> sealed | <input type="checkbox"/> sealed with |
| h. The basement is: | <input type="checkbox"/> wet | <input type="checkbox"/> damp | <input checked="" type="checkbox"/> dry |
| i. The basement is: | <input type="checkbox"/> finished | <input checked="" type="checkbox"/> unfinished | <input type="checkbox"/> partially finished |
| j. Sump present? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | |
| k. Water in Sump? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input checked="" type="checkbox"/> not applicable |

Basement/Lowest level depth below grade: $Y - 6'$

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Water/Gas/Sewer lines

- some floor cracking

- Cracked Block masonry

- Out door access (door corner stains)

- toilet in Basement (has water)

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

6. HEATING, VENTING, and AIR CONDITIONING (check all that apply)

Type of heating system(s) used in this building: (check all that apply - note primary)

- | | | |
|----------------------------------------------|------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Hot air circulation | <input type="checkbox"/> Heat pump | <input checked="" type="checkbox"/> Hot water baseboard (rads) |
| <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Steam radiation | <input type="checkbox"/> Radiant floor |
| <input type="checkbox"/> Electric baseboard | <input type="checkbox"/> Wood stove | <input type="checkbox"/> Outdoor wood boiler |
| | | <input type="checkbox"/> Other _____ |

The primary type of fuel used is:

- | | | |
|-------------------------------------------------|-----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Fuel oil | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Coal | <input type="checkbox"/> Other _____ |

Domestic hot water tank fueled by: NG

Boiler/furnace located in:

- | | | | |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Main Floor | <input type="checkbox"/> Other _____ |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|

Air Conditioning:

- | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Window units | <input type="checkbox"/> Open Windows | <input checked="" type="checkbox"/> None |
|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------------------|

Are there air distribution ducts present? ☐ yes ☒ no

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

7. OCCUPANCY

Is basement/lowest level occupied? ☐ Full-time ☐ Occasionally ☐ Seldom ☐ Almost Never

Level **General Use of Each Floor** (e.g., family room, bedroom, laundry, workshop, storage)

Basement	- Laundry
First Floor	- Kitchen / Liv. Rm
Second Floor	- 3 Bedroom / Bath
Third Floor	
Fourth Floor	

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? ☐ yes ☒ no (Carport)
- b. Does the garage have a separate heating unit? ☐ yes ☒ no ☐ NA
- c. Are petroleum-powered machines or vehicles stored in the garage? ☒ yes ☐ no ☐ NA
(e.g., lawnmower, atv, car) If yes, please specify: lawnmower / car
- d. Has the building ever had a fire? ☒ yes ☐ no
If yes, when? Coal furnace in basement
- e. Is a kerosene or unvented gas space heater present? ☐ yes ☒ no
If yes, where? _____
- f. Is there a workshop or hobby/craft area? ☐ yes ☒ no
If yes, where and type? _____
- g. Is there smoking in the building? ☐ yes ☒ no
If yes, how frequently? _____
- h. Have cleaning products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- i. Have cosmetic products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- j. Has painting/staining been done in the last 6 months? ☐ yes ☒ no
If yes, where & when? _____
- k. Is there new carpet, drapes, or other textiles? ☐ yes ☒ no
If yes, where & when? _____
- l. Have air fresheners been used recently? ☐ yes ☒ no
If yes, when & type? _____
- m. Is there a kitchen exhaust fan? ☒ yes ☐ no
If yes, where vented? Store hood
- n. Is there a bathroom exhaust fan? ☒ yes ☐ no
If yes, where vented? Attic

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

o. Is there a clothes dryer?

If yes, is it vented outside?

☒ yes

☒ yes ☐ no
no

p. Has there been a pesticide application?

If yes, when & type?

☐ yes ☒ no

q. Are there odors in the building?

If yes, please describe?

☒ yes ☐ no
- slight Natural Gas odor near dryer/besmer

r. Do any of the building occupants use solvents at work?

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?

If yes, are their clothes washed at work? ☐ yes ☐ no

☐ yes ☒ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

☐ yes, use dry-cleaning regularly (weekly) ☒ no
☐ yes, use dry-cleaning infrequently (monthly or less) ☐ unknown
☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure? ☐ yes ☒ no

If yes, date of installation?

Is the system active or passive?

9. WATER AND SEWAGE

Water Supply: ☒ Public Water ☐ Drilled Well ☐ Driven Well ☐ Dug Well
☐ Other:

Sewage Disposal: ☒ Public Sewer ☐ Septic Tank ☐ Leach Field ☐ Dry Well
☐ Other:

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended:

b. Residents choose to: ☐ remain in home ☐ relocate to friends/family ☐ relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? ☐ yes ☐ no

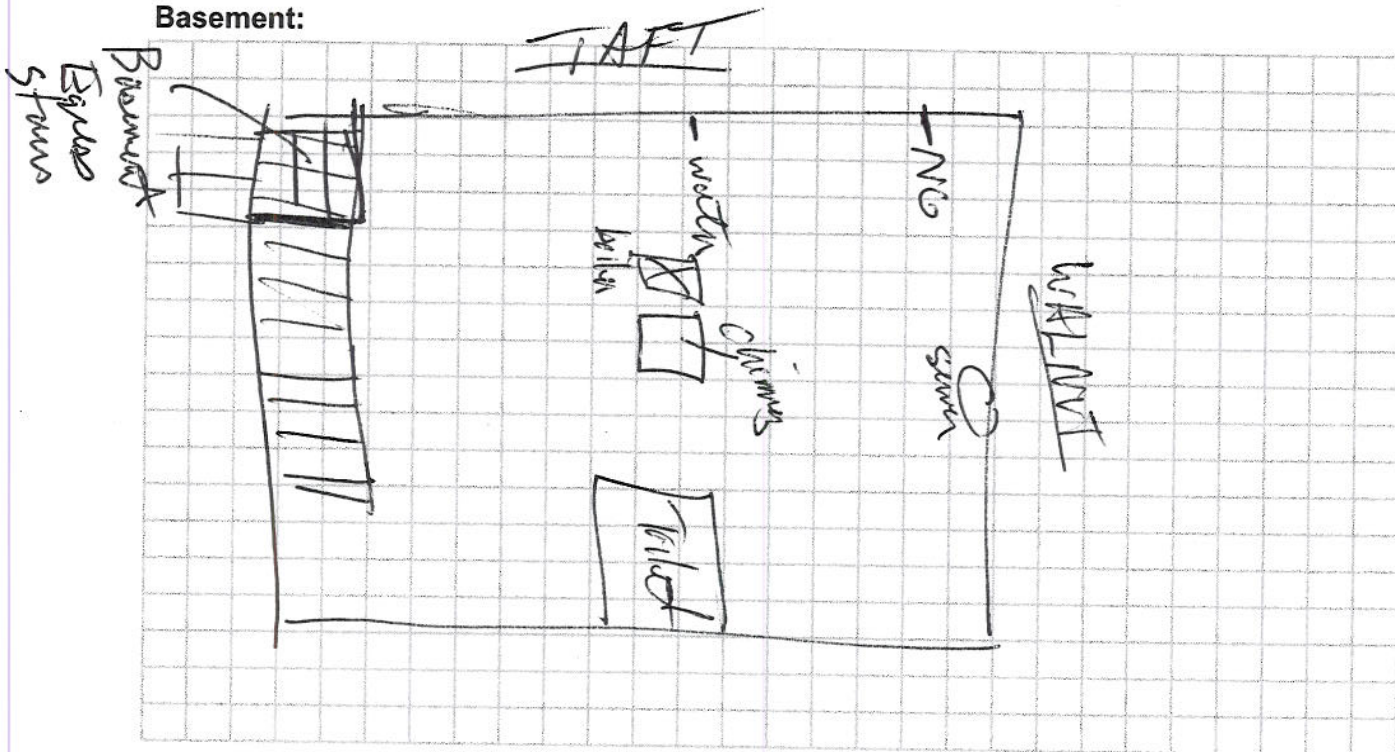
d. Relocation package provided and explained to residents? ☐ yes ☐ no

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

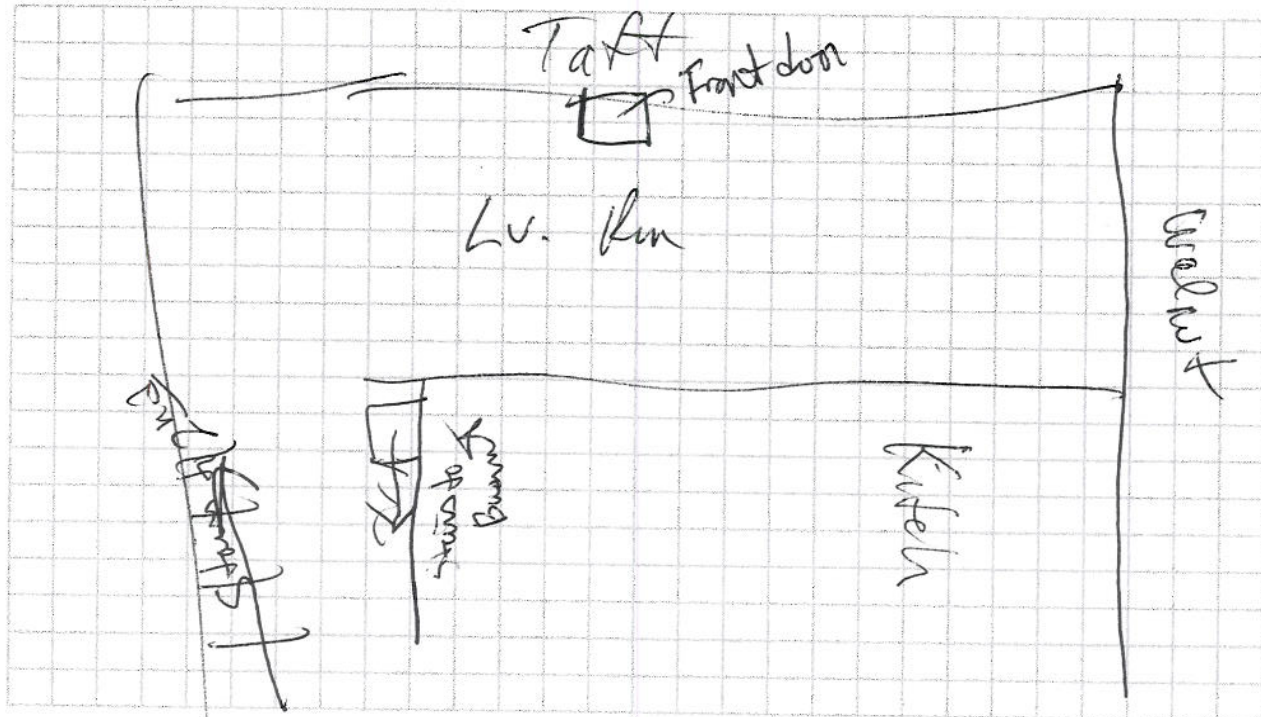
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



First Floor:



INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s), and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and spetic system, if applicable, and a qualifying statement to help locate the site on a topographic map.





List specific products found in the structure that have the potential to affect indoor air quality.

[illegible]

2. Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

INDOOR AIR QUALITY QUESTIONNAIRE

Last Name: Deveronica First Name: Frank
Address: 27 Taft
County: _____
Home Phone: _____ Office Phone: _____
Number of Occupants/persons at this location: 1 Age of Occupants: _____

FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? ☐ yes ☐ no *Backyard*
- b. Does the garage have a separate heating unit? ☐ yes ☒ no ☐ NA
- c. Are petroleum-powered machines or vehicles stored in the garage?
(e.g., lawnmower, atv, car) ☒ yes ☐ no ☐ NA
If yes, please specify: CAR
- d. Has the building ever had a fire? ☐ yes ☒ no
If yes, when? _____
- e. Is a kerosene or unvented gas space heater present? ☐ yes ☒ no
If yes, where? _____
- f. Is there a workshop or hobby/craft area? ☐ yes ☒ no
If yes, where and type? _____
- g. Is there smoking in the building? ☐ yes ☒ no ?
If yes, how frequently? _____
- h. Have cleaning products been used recently? ☐ yes ☒ no ?
If yes, when & type? _____
- i. Have cosmetic products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- j. Has painting/staining been done in the last 6 months? ☐ yes ☒ no
If yes, where & when? _____
- k. Is there new carpet, drapes, or other textiles? ☐ yes ☒ no
If yes, where & when? _____
- l. Have air fresheners been used recently? ☐ yes ☒ no
If yes, when & type? _____

INDOOR AIR QUALITY QUESTIONNAIRE

Last Name: DEVERONICA First Name: FRANK
Address: 27 TAIT E.R. NY 14445

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

m. Is there a kitchen exhaust fan?

☒ yes ☐ no

If yes, where vented?

OVER STOVE

n. Is there a bathroom exhaust fan?

☒ yes ☐ no

If yes, where vented?

CEILING

o. Is there a clothes dryer?

☒ yes ☐ no

If yes, is it vented outside?

YES

p. Has there been a pesticide application?

☐ yes ☒ no

If yes, when & type?

NO

q. Are there odors in the building?

☐ yes ☐ no

If yes, please describe?

NO

r. Do any of the building occupants use solvents at work?

☐ yes ☒ no

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?

SELF ONLY OCCUPANTS

If yes, are their clothes washed at work?

☐ yes

☐ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

☐ yes, use dry-cleaning regularly (weekly)

☐ no

☐ yes, use dry-cleaning infrequently (monthly or less)

☐ unknown

☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure?

☐ yes ☐ no

If yes, date of installation?

Is the system active or passive?

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

Project Name: Despatch RI Project No. 0040-002-400

Project Location: 20 Apple St., E. Rochester Client: Boylan Brown / Despatch

Preparer's Name: Rick Dubisz Date/Time: 2/1/2007

Preparer's Affiliation: Benchmark Phone No: 585-739-0933

Purpose of Investigation: Subslab / Indoor Air - Offsite Investigation

1. OCCUPANT:

Interviewed: (yes) no

Last Name: McPherson First Name: John

Address: 20 Apple St East Rochester

County: _____

Home Phone: 585-739-0933 Office Phone: _____

Number of Occupants/persons at this location: / Age of Occupants: _____

2. OWNER OR LANDLORD: (check if same as occupant ✓)

Interviewed: yes no

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

3. BUILDING CHARACTERISTICS

Type of Building: check appropriate response)

- | | | |
|-------------------------------------------------|---------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> School | <input type="checkbox"/> Commercial/Multi-use |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Church | <input type="checkbox"/> Other: |

If the property is residential, type? (check appropriate response)

- | | | |
|---------------------------------------|------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Ranch | <input type="checkbox"/> 2-Family | <input type="checkbox"/> 3-Family |
| <input type="checkbox"/> Raised Ranch | <input type="checkbox"/> Split Level | <input checked="" type="checkbox"/> Colonial |
| <input type="checkbox"/> Cape Cod | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Apartment House | <input type="checkbox"/> Townhouse/Condo |
| <input type="checkbox"/> Modular | <input type="checkbox"/> Log Home | <input type="checkbox"/> Other: |

If multiple units, how many?

If the property is commercial, type?

Business Type(s): _____

Does it include residences (i.e., multi-use)? yes no If yes, how many? _____

Other Characteristics:

Number of floors 2 Building age 75-80 yrs

Is the building insulated? (yes) no How air tight? tight (average) not tight

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

6. HEATING, VENTING, and AIR CONDITIONING (check all that apply)

Type of heating system(s) used in this building: (check all that apply - note primary)

- | | | |
|---------------------------------------------------------|------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Hot air circulation | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Hot water baseboard |
| <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Steam radiation | <input type="checkbox"/> Radiant floor |
| <input type="checkbox"/> Electric baseboard | <input type="checkbox"/> Wood stove | <input type="checkbox"/> Outdoor wood boiler |
| | <input type="checkbox"/> Other | |

The primary type of fuel used is:

- | | | |
|-------------------------------------------------|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Fuel oil | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Coal | <input type="checkbox"/> Other |

Domestic hot water tank fueled by: NAT GAS

Boiler/furnace located in:

- | | | | |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Main Floor | <input type="checkbox"/> Other |
|----------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|

Air Conditioning:

- | | | | |
|-------------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Central Air | <input type="checkbox"/> Window units | <input type="checkbox"/> Open Windows | <input type="checkbox"/> None |
|-------------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------|

Are there air distribution ducts present? ☒ yes ☐ no

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

7. OCCUPANCY

Is basement/lowest level occupied? ☐ Full-time ☐ Occasionally ☐ Seldom ☒ Almost Never

Level **General Use of Each Floor** (e.g., family room, bedroom, laundry, workshop, storage)

Basement	<u>Laundry</u>
First Floor	<u>Kitchen Living Room, Dining Room</u>
Second Floor	<u>Bed Rooms Bath Rooms</u>
Third Floor	
Fourth Floor	

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? ☒ yes ☐ no
- b. Does the garage have a separate heating unit? ☐ yes ☒ no ☐ NA
- c. Are petroleum-powered machines or vehicles stored in the garage? ☒ yes ☐ no ☐ NA
(e.g., lawnmower, atv, car) If yes, please specify: CAR
- d. Has the building ever had a fire? ☐ yes ☒ no
If yes, when? _____
- e. Is a kerosene or unvented gas space heater present? ☐ yes ☒ no
If yes, where? _____
- f. Is there a workshop or hobby/craft area? ☒ yes ☐ no
If yes, where and type? CAR Repair, Painting in garage
- g. Is there smoking in the building? Some ☐ yes ☐ no
If yes, how frequently? _____
- h. Have cleaning products been used recently? ☒ yes ☐ no
If yes, when & type? Household cleaners,
- i. Have cosmetic products been used recently? ☐ yes ☒ no
If yes, when & type? _____
- j. Has painting/staining been done in the last 6 months? ☐ yes ☒ no
If yes, where & when? _____
- k. Is there new carpet, drapes, or other textiles? ☐ yes ☒ no
If yes, where & when? _____
- l. Have air fresheners been used recently? ☒ yes ☐ no
If yes, when & type? _____
- m. Is there a kitchen exhaust fan? ☒ yes ☐ no
If yes, where vented? inside
- n. Is there a bathroom exhaust fan? ☒ yes ☐ no
If yes, where vented? _____

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

o. Is there a clothes dryer?

☒ yes ☐ no

If yes, is it vented outside? (yes) no

p. Has there been a pesticide application?

☒ yes ☐ no

If yes, when & type? 2 weeks Ago For Ants

q. Are there odors in the building?

☐ yes ☒ no

If yes, please describe? _____

r. Do any of the building occupants use solvents at work?

☒ yes ☐ no

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used? Lacquer thinners, Enamel Reducers, Automotive Paints

If yes, are their clothes washed at work? ☒ yes ☐ no

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

☐ yes, use dry-cleaning regularly (weekly)

☐ no

☒ yes, use dry-cleaning infrequently (monthly or less)

☐ unknown

☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure?

☐ yes ☒ no

If yes, date of installation? _____

Is the system active or passive? _____

9. WATER AND SEWAGE

Water Supply:

☒ Public Water

☐ Drilled Well

☐ Driven Well

☐ Dug Well

☐ Other: _____

Sewage Disposal:

☒ Public Sewer

☐ Septic Tank

☐ Leach Field

☐ Dry Well

☐ Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: ☐ remain in home ☐ relocate to friends/family ☐ relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? ☐ yes ☐ no

d. Relocation package provided and explained to residents? ☐ yes ☐ no

INDOOR AIR QUALITY QUESTIONNAIRE & BUILDING INVENTORY

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s), and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and spetic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



List specific products found in the structure that have the potential to affect indoor air quality.

Notes:

- Indoor Air Quality Questionnaire and Building Inventory - 27 taft.xls Page 8 of 8

INDOOR AIR QUALITY QUESTIONNAIRE

Last Name: _____

First Name: _____

Address: _____

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)

m. Is there a kitchen exhaust fan?

☒ yes ☐ no
If yes, where vented? Interior

n. Is there a bathroom exhaust fan?

☒ yes ☐ no
If yes, where vented? _____

o. Is there a clothes dryer?

☒ yes ☐ no
If yes, is it vented outside? Yes

p. Has there been a pesticide application?

☒ yes ☐ no
If yes, when & type? 2 weeks - ants

q. Are there odors in the building?

☐ yes ☒ no
If yes, please describe? _____

r. Do any of the building occupants use solvents at work?

☒ yes ☐ no
(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?

If yes, are their clothes washed at work?

Lacquer, thinner, Paints, Enamel
☐ yes ☐ no Reducers

s. Do any of the building occupants regularly use or work at a dry-cleaning service?

(check appropriate response)

☐ yes, use dry-cleaning regularly (weekly) ☐ no
☒ yes, use dry-cleaning infrequently (monthly or less) ☐ unknown
☐ yes, work at a dry-cleaning service

t. Is there a radon mitigation system for the building/structure?

☐ yes ☒ no

If yes, date of installation? _____

Is the system active or passive? _____