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 SCIENCE, F

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

Thomas H. Forbes, P.E.

Project Manager

Enclosure

A. Shaffer (Despatch Industries)

S. Chalifoux (Boylan Brown)

File: 0040-002-200



Project Name:	Despatch RI	I	Project No	0040-002-400	
Project Location:	49 W.Walnut St., E. F	Rochester (Client:	Boylan Brown / De	espatch
Preparer's Name:	12m	I	Date/Time	: 25 Januar	2001
Preparer's Affiliation:	Benefinit	F	Phone No		
Purpose of Investiga		/ Indoor Air -	Offsite In	vestigation	****
1. OCCUPANT:	`				
Interviewed: yes	no				
Last Name: W.V	Itun F	irst Name:	Alan	-	
Address:			12/2		
County:					
Home Phone:		Office Phone:			
Number of Occupa	nts/persons at this location	on: 3	Age of	Occupants:	
2. OWNER OR LA	NDLORD: (check if same	e as occupan	t <u>/</u>)		
Interviewed: yes	no				
Last Name:	F	irst Name:			
Address:					
County:					
Home Phone:	C	Office Phone:			
3. BUILDING CHA	RACTERISTICS				
Type of Building:	check appropriate respor	ise)			
Resider	ntial	ool	☐ Con	nmercial/Multi-use	
☐ Industri	al 🗆 Chur	rch	☐ Oth	er:	
If the property is re	esidential, type? (check	appropriate r	esponse)		
☐ Ranch	2-Fa	mily		3-Family	
☐ Raised	Ranch ^¹ □ Split	Level		Colonial	
☐ Cape C	od 🗆 Cont	emporary		Mobile Home	
☐ Duplex	☐ Apar	tment House	🗆 -	Townhouse/Condo	
☐ Modula	r 🗆 Log I	Home		Other:	
If multiple units, he	ow many?				
If the property is c					
Business Type	· ·				
	residences (i.e., multi-u	se)? yes	no	If yes, how many?	
Other Characterist					
Number of floo		Builing a	ige 🛧	10 cy 13	
Is the building	insulated? yes no	How air		ight average	not tight



4. AIR FLOW			
Use air current tubes or tracer s	smoke to evaluate air f	low patterns and q	ualitatively describe:
Airflow between floors			
Airflow near source			
Outdoor air infiltration			
nfiltration into air ducts			
	0		
5. BASEMENT AND CONS	TRUCTION CHARA	CTERISTICS (ch	eck all that apply)
5. BASEMENT AND CONST		CTERISTICS (ch	eck all that apply)
a. Above grade construc	tion: wood frame	☐ concrete	stone
a. Above grade constructb. Basement type:	tion: wood frame	☐ concrete ☐ crawlspace	□ stone □ slab □ stone
a. Above grade constructb. Basement type:c. Basement floor:	tion: wood frame full concrete	☐ concrete ☐ crawlspace ☐ dirt	☐ stone ☐ slab
a. Above grade constructb. Basement type:c. Basement floor:d. Basement floor:	full concrete uncovered	☐ concrete ☐ crawlspace ☐ dirt ☐ covered ☐ sealed	stone slab stone covered with sealed with
a. Above grade constructb. Basement type:c. Basement floor:d. Basement floor:e. Concreter floor:	full concrete uncovered unsealed	☐ concrete ☐ crawlspace ☐ dirt ☐ covered	stone slab stone covered with sealed with stone
 a. Above grade construct b. Basement type: c. Basement floor: d. Basement floor: e. Concreter floor: f. Foundation walls: 	full concrete uncovered unsealed poured	☐ concrete ☐ crawlspace ☐ dirt ☐ covered ☐ sealed ☐ block ☐ sealed	stone slab stone covered with sealed with stone sealed with
 a. Above grade construct b. Basement type: c. Basement floor: d. Basement floor: e. Concreter floor: f. Foundation walls: g. Foundation walls: 	full Concrete Uncovered Unsealed Doured Unsealed Unse	☐ concrete ☐ crawlspace ☐ dirt ☐ covered ☐ sealed ☐ block ☐ sealed ☐ damp	stone slab stone covered with sealed with stone stone dry
 a. Above grade construct b. Basement type: c. Basement floor: d. Basement floor: e. Concreter floor: f. Foundation walls: g. Foundation walls: h. The basement is: 	full concrete uncovered unsealed poured unsealed wet	☐ concrete ☐ crawlspace ☐ dirt ☐ covered ☐ sealed ☐ block ☐ sealed	stone slab stone covered with sealed with stone sealed with
 a. Above grade construct b. Basement type: c. Basement floor: d. Basement floor: e. Concreter floor: f. Foundation walls: g. Foundation walls: h. The basement is: i. The basement is: 	full concrete uncovered unsealed poured unsealed unsealed finished	concrete crawlspace dirt covered sealed block sealed damp unfinished no	stone slab stone covered with sealed with stone sealed with dry partially finished
 a. Above grade construct b. Basement type: c. Basement floor: d. Basement floor: e. Concreter floor: f. Foundation walls: g. Foundation walls: h. The basement is: i. The basement is: j. Sump present? k. Water in Sump? 	full concrete uncovered unsealed poured unsealed unsealed wet finished yes yes	☐ concrete ☐ crawlspace ☐ dirt ☐ covered ☐ sealed ☐ block ☐ sealed ☐ damp ☐ unfinished	stone slab stone covered with sealed with stone stone dry
 b. Basement type: c. Basement floor: d. Basement floor: e. Concreter floor: f. Foundation walls: g. Foundation walls: h. The basement is: i. The basement is: j. Sump present? k. Water in Sump? Basement/Lowest level dep 	full concrete uncovered unsealed poured unsealed wet finished yes yes oth below grade:	concrete crawlspace dirt covered sealed block sealed damp unfinished no	stone slab stone covered with sealed with stone sealed with dry partially finished not applicable
a. Above grade construct b. Basement type: c. Basement floor: d. Basement floor: e. Concreter floor: f. Foundation walls: g. Foundation walls: h. The basement is: i. The basement is: j. Sump present? k. Water in Sump? Basement/Lowest level dep	full concrete uncovered unsealed poured unsealed wet finished yes yes oth below grade:	concrete crawlspace dirt covered sealed block sealed damp unfinished no	stone slab stone covered with sealed with stone sealed with dry partially finished



6. HEATING, VENTING, and Al	R CONDITIONING (che	eck all that apply)					
Type of heating system(s) used in this building: (check all that apply - note primary)							
Hot air circulation	☐ Heat pump	☐ Hot water baseboard					
^¹ □ Space Heaters	☐ Steam radiation	☐ Radiant floor					
☐ Electric baseboard	☐ Wood stove	☐ Outdoor wood boiler					
		☐ Other					
The primary type of fuel used is	s:						
Natural Gas	☐ Fuel oil	☐ Kerosene					
Electric	Propane	Solar					
☐ Wood	☐ Coal	Other					
Domestic hot water tank fueled	by: NG						
Boiler/furnace located in:							
-	tdoors	Tara Di ou					
Air Conditioning:	LUOUIS Walli	Floor Other					
	ndow units	Windows None					
	open open	Windows None					
Are there air distribution ducts	present? tyes	□ no					
Describe the supply and cold a whether there is a cold air return the floor plan diagram.	ir return ductwork, and n and the tightness of	d its condition where visible, including f duct joints. Indicate the locations on					
,	- ,						
Durk in fact	Condition						
is to 19 (11 day c	CINCOLACOIN						
7. OCCUPANCY							
Is basement/lowest level occupied?	☐ Full-time ☐ Oc	caisionally Seldom Almost Never					
Level General Use of Ea		m, bedroom, laundry, workshop, storage)					
Basement - Starage //	aunda -	workering storage					
First Floor - On Agan Fruit	A Photh	Polyno Bach					
Second Floor - () A Man day on (V.) (7) (7)							
Third Floor	(Dir / Doru	(Journal)					
Fourth Floor	100						



B. FACTORS THAT MAY INFLUE	NCE INDOOR AIR QU	UALITY		
a. Is there an attached garage?			no	
b. Does the garage have a separa	te heating unit?	☐ yes	☐ no	NA
c. Are petroleum-powered machine	es or vehicles stored in	the garage? ☐ ves	□ no	NA NA
(e.g., lawnmower, atv, car)	If yes, please specify:	, , _ ,,,		Jan.
d. Has the building ever had a fire?	If yes, when?	□ yes	Pho	
e. Is a kerosene or unvented gas s	pace heater present? If yes, where?	□ yes	Kno	
f. Is there a workshop or hobby/cra	ft area? If yes, where and type?	X yes Busemun	√ □ no	
g. Is there smoking in the building?	If yes, how frequently?	and floor	□ nọ	
h. Have cleaning products been use	ed recently? If yes, when & type?	□ yes	□ no	
i. Have cosmetic products been use	ed recently? If yes, when & type?	□ yes	[Xno	
j. Has painting/staining been done i	n the last 6 months? If yes, where & when?	Panet Kyes	□ no	
k. Is there new carpet, drapes, or ot		□ yes	X no	
I. Have air fresheners been used red	cently? If yes, when & type?	□ yes	no	
m. Is there a kitchen exhaust fan?	If yes, where vented?	Hom yes	□ no	
n. Is there a bathroom exhaust fan?	If yes, where vented?	yes yes	□ no	



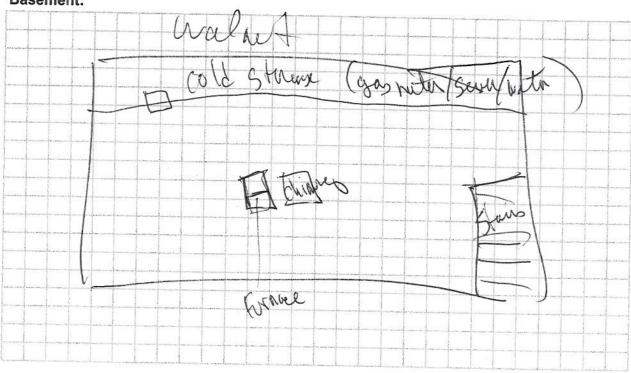
8.	FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)
	o. Is there a clothes dryer?
	If yes, is it vented outside? yes no
	p. Has there been a pesticide application?
	If yes, when & type?
	q. Are there odors in the building?
	If we place describes T. hr. S. A. no
	q. Are there odors in the building? If yes, please describe? Takin S. Henre
	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
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
351	*
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. 1	WATER AND SEWAGE
	/ater Supply: Public Water ☐ Drilled Well ☐ Driven Well ☐ Dug Well
	Other:
S	ewage 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?
	26 pc/date ▼1/1/2020 1/2020 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2/2000 2



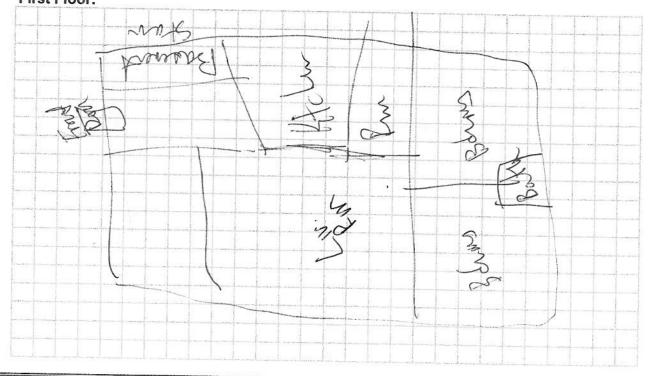
11. FLOOR PLANS

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:

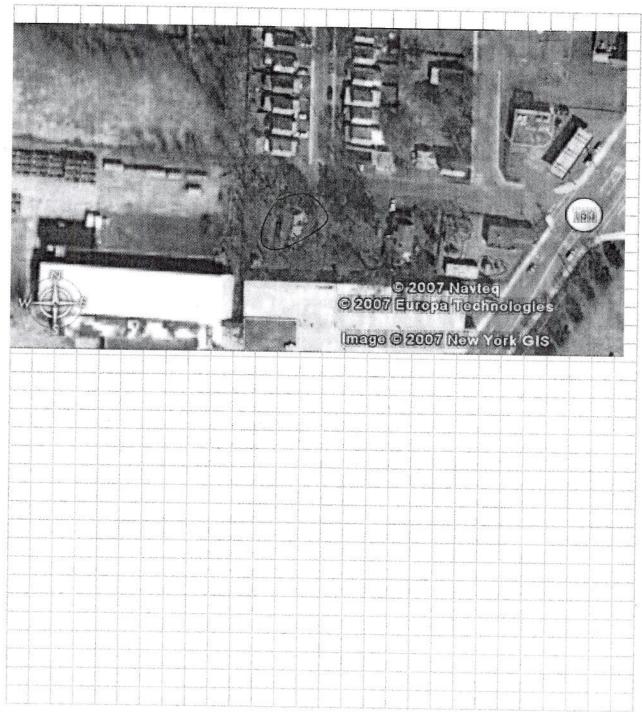




12. OUTDOOR PLOT

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.





13. PRODUCT INVENTORY FORM

Make & Model of field instrument used:

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

Location	Product Description	Size (units)	Condition 1	Chemical Ingredients	Field Instrument Reading (units)	Photo (Y/N)
Bosent	ramil	160l	6 rec			
	Spring Ramit	1602	Good			
	Think	3202	Good			
	Lundy Oxt					
	3in Gen Whe	1002	Good			
15+01	No la h	n .				
1st Floor	MOTHBALL	Box	Fan	(Nupthalen)		
	General Chemy					
	D 1.0	1,0				
	Pant Caus	16al	Good			
	PAM	16al	Good			
	,					

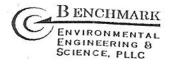
Notes

- 1. Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D).
- 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: h / 1 / 2	4		MINAIN
Address: 16 First Name: 1406			
County: Maint ERoch, NY	14445		
IIIAI PASSE			
Home Phone: 585-455-2910 Office Phone:			
Number of Occupants/persons at this location:	ge of Occupants:	23.2	521
FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY a. Is there an attached garage?		<u> </u>	7,06
a. To there are attached garage?	☐ yes 🏌	A-no	
b. Does the garage have a separate heating unit?	_ `	,	35 a
	☐ yes Ŋ	100	□ NA
c. Are petroleum-powered machines or vehicles stored in the garage	? □ yes [no	M NA
(e.g., lawnmower, atv, car) If yes, please specify:	_ , ,		MIN
d. Has the building ever had a fire?			
If yes, when?	☐ yes 万	no	
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? Neve	R Kenu	7	Q221
o and the building?		no	
If yes, how frequently? UPST	AIRS HALL	3001	3/000
h. Have cleaning products been used recently?		-	400
If yes, when & type?	□ yes 🔀	100	
i. Have cosmetic products been used recently?	□ yes N	_no	
If yes, when & type?			
j. Has painting/staining been done in the last 6 months?	k		
If yes, where & when?	yes □	no	, ,
If yes, where & when? More	hs upstale	SK	COM+
k. Is there new carpet, drapes, or other textiles?	□ yes 🕏		1
If yes, where & when?	, –		
l. Have air fresheners been used recently?			
If yes, when & type?	yes IPS GUI	no	, \
in yes, when a type?	LIPS LIA	LM-	Dlug Is)



INDOOR AIR QUALITY QUESTIONNAIRE

Last Name:
Address: 49 Ward First Name: First Name:
8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)
m. Is there a kitchen exhaust fan?
If yes, where vented?
n. Is there a bathroom exhaust fan?
If yes, where vented? CIC N
o. Is there a clothes dryer?
If yes, is it vented outside?
p. Has there been a pesticide application?
If yes, when & type? ☐ yes ✓ no
q. Are there odors in the building?
If yes, please describe?
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?
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
t. Is there a radon mitigation system for the building/structure?
If yes, date of installation?
Is the system active or passive?



Project Name:	Despatch RI	_	Project N	0. 0040-002-	400
Project Location:	45 W. Walnu	T E. Roch	Client:	Boylan Brown	
Preparer's Name:			Date/Tim		Des parcy
Preparer's Affiliatio	n:		Phone No	D:	
Purpose of Investig	gation: 506366	/Indoor Air	- off	site investigat	
1. OCCUPANT:					
Interviewed: ye	s no - Check	list sent		145 5	
Last Name: ρ _e	TTi	First Name:	Josep	4	
	5 W. Walnut				
	lograe				
Home Phone: (5)	85)586-3500	Office Phone	:	83,7	7 \$51
Number of Occup	ants/persons at this I	ocation: 3	Age of	f Occupants:	70 - 53 -
2. OWNER OR L	ANDLORD: (check if	same as occupa	nt_X_)		
Interviewed: ye	s no				
Last Name:	*	First Name:	150		
Address:					
County:	22.01				
Home Phone:		Office Phone	:		
3. BUILDING CH	ARACTERISTICS				
Type of Building	: check appropriate re	esponse)			
☑ Resid	ential	School	☐ Co	mmercial/Multi-use	
☐ Indus	trial	Church	□ Oth	ner:	• •
If the property is	residential, type? (d	check appropriate	response)	
☐ Rancl	h 🗆	2-Family		3-Family	
☐ Raise	d Ranch	Split Level		Colonial	
☐ Cape	Cod	Contemporary		Mobile Home	
☐ Duple	x \square	Apartment House	e 🗆	Townhouse/Condo	
☐ Modu	lar 🗆	Log Home		Other:	
If multiple units,	how many?				
If the property is	commercial, type?	_			
Business Typ	pe(s):	81			
Does it include	de residences (i.e., m	ulti-use)? yes	no	If yes, how many?	
Other Characteri	stics:				
Number of flo	oors 2	Builing	age 7	7 415	
Is the buildin	g insulated? (Fes)			tight average	not tight



4. AIR FLOW							
Use air current tubes or tracer smoke to evaluate air flow patterns and qualitatively describe:							
Airflow between floors							
Airflow near source							
١							
Outdoor air infiltration							
Infiltration into air ducts							
		-					
5. BASEMENT AND CONSTRU	UCTION CHARA	CTERISTICS (ch	eck all that apply)				
 Above grade construction 	1500 nav	☐ concrete	stone				
b. Basement type:	S full	☐ crawlspace	☐ slab				
c. Basement floor:	concrete	☐ dirt	stone				
d. Basement floor:	uncovered	☐ covered	☐ covered with				
e. Concreter floor:	unsealed	sealed	sealed with				
f. Foundation walls:	poured	block block block block block continue block continue block continue block continue block continue continue block continue block continue con	stone				
g. Foundation walls:	unsealed	sealed	sealed with Parnt				
h. The basement is:	☐ wet	☐ damp	∀ dry				
i. The basement is:	finished	unfinished	partially finished				
j. Sump present?	□ yes	irno	The state of the s				
k. Water in Sump?	□ yes	□ no	☐ not applicable				
Basement/Lowest level depth	101114 H-11-1411	5	_ not applicable				
			g., cracks, utility ports, drains)				
No sig. cracks			9., ordend, dunity ports, drailis)				
	073000						



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)						
Hot air circulation Heat pump Hot water baseboard						
☐ Space Heaters ☐ Steam radiation ☐ Radiant floor						
☐ Electric baseboard ☐ Wood stove ☐ Outdoor wood boiler						
☐ Other						
The primary type of fuel used is: Natural Gas Fuel oil Fropane Solar						
☐ Wood ☐ Coal ☐ Other						
Domestic hot water tank fueled by: Fuel o.						
Boiler/furnace located in:						
Basement						
Air Conditioning:						
☐ Central Air ☐ Window units ☐ Open Windows ☐ 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 hight so into						
7. OCCUPANCY						
Is basement/lowest level occupied?						
Level General Use of Each Floor (e.g., family room, bedroom, laundry, workshop, storage)						
Basement Storage/worleshop						
First Floor Living						
Second Floor Bed room						
Third Floor						
Fourth Floor						



8.	FA	CTORS THAT MAY INFLUEN	CE INDOOR AIR QU	JALITY (complet	ed by o	wher loccupar
		Is there an attached garage?		□ yes	☑ no	
	b.	Does the garage have a separate	heating unit?	☐ yes	□ no	☐ NA
	C	Are petroleum-powered machines (e.g., lawnmower, atv, car)	or vehicles stored in If yes, please specify:	the garage? yes	□ no	I NA
	d.	Has the building ever had a fire?	If yes, when?	□ yes	☑ no	
	e.	ls a kerosene or unvented gas sp	ace heater present? If yes, where?	□ yes	⊮ no	
	f. I	s there a workshop or hobby/craft	area?* f yes, where and type?	□ yes	回no	
	g. I	Is there smoking in the building?	If yes, how frequently?	□ yes	no	
	h. I	Have cleaning products been used	d recently? If yes, when & type?	□ yes	⊡rno	12
	i. H	lave cosmetic products been used	f recently? If yes, when & type?	□ yes	⊠no	
	j. H	las painting/staining been done in	the last 6 months? If yes, where & when?	□ yes	☑ no	
	k. I	s there new carpet, drapes, or oth	er textiles? If yes, where & when?	☐ yes	no	
	l. H	lave air fresheners been used rec	ently? If yes, when & type?	□ yes	no no	
	m.	ls there a kitchen exhaust fan?	If yes, where vented?	yes above store	□ no	
	n. I	s there a bathroom exhaust fan?	If yes, where vented?	Yyes Ceiling light	□ no	

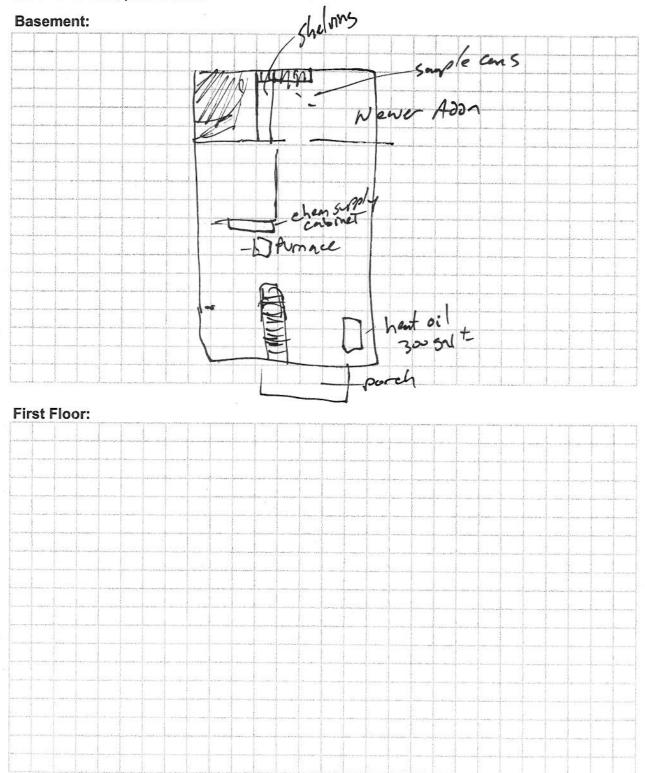


8. FACTORS THAT MA	AY INFLUENCE INDOOR AIR QU	JALITY (contir	nued)		
o. Is there a clothes dr	ryer?	¥	yes	□ no	
	If yes, is it vented outside?	yes (no)		
p. Has there been a pe			yes	☑ no	
	If yes, when & type?				
q. Are there odors in the	he building? If yes, please describe?		yes	□ no	
r. Do any of the buildin	ng occupants use solvents at work?		yes	☑ no	
(e.g., chemical manufar mechanic, pesticide ap	cturing or laboratory, auto mechanic or plication, cosmetologist)	auto body shop, p	ainting,	fuel oil delivery, boiler	
If yes, what types of s	solvents are used?				
If yes, are their clothe	es 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) unknown yes, work at a dry-cleaning service t. Is there a radon mitigation system for the building/structure? yes					
	If yes, date of installation?				
	Is the system active or passive?				
9. WATER AND SEWAC	GE				
/	Public Water	Driven Well [☐ Dug	Well	
Sewage Disposal: X P					
<u></u>	Public Sewer Septic Tank Sther:	Leach Field [☐ Dry	Well	
	Other:		□ Dry	Well	
10. RELOCATION INFO			□ Dry	Well	
10. RELOCATION INFO	ORMATION (for oil spill residentially relocation is recommended:			well relocate to hotel/motel	
10. RELOCATION INFO a. Provide reasons wh b. Residents choose to	ORMATION (for oil spill residentially relocation is recommended:	I emergency) to friends/family		relocate to hotel/motel	
a. Provide reasons who be Residents choose to c. Responsibility for co	DRMATION (for oil spill residentially relocation is recommended:	I emergency) to friends/family ent explained?[relocate to hotel/motel	



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.

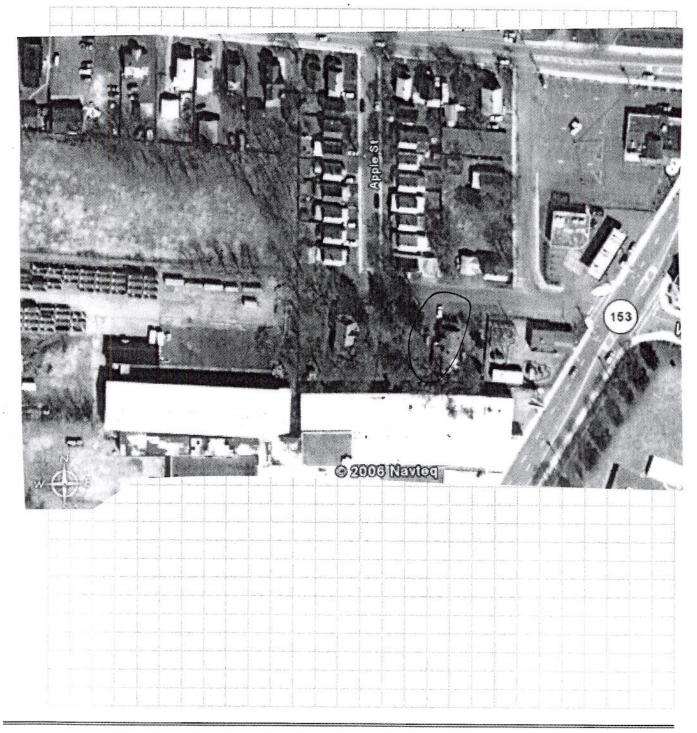




12. OUTDOOR PLOT

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.





13. PRODUCT INVENTORY FORM

Make & Model of field instrument used:

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

Caronic - Condition						
Location	Product Description	Size (units)	Condition 1	Chemical Ingredients	Field Instrument Reading (units)	Photo (Y/N)
supply Cab	6-C20755 Clene	2 cons	Fair	I sopraffinic		N
Sipplylab	Misc. Spray Brats	17.00	fase	CAS#64742-48-9		×
Supply Cab	co contret cleans	1can	Fair	Not listed CRC		1
11. 1				Chemicals, USA		•
Supply Cub	Nashthe Minner	1at	Fair	Naptha		Jan Barrier
spoly Cab	Arc frimer/cleane	4-402	Fair	MEK acetane		y
1 1 1 1	4 . /	2-402	Gasa	petroleum dist.		Y
Syph Cab	Misc · ligura Rinks	8-1901	Fair			4
	•					
Metal shelf	"strypeeze"	1 PinT	Pour	Methylere Chloride Me	0#	Y
· li	Best Test Paper Que	pint	Fair	ink		N
11	Liquid Wrench	16 02	Fair	Petro. Dishtlate		N
n	Acetone	101	Fair	Acetone		N
	Mineral Spirits	105	Feu'r	sets dost.		رر
11	Wood Stame	6 QTS	Full	_		N
	Later Paint	8 1-sal	Fair			N.
Was shelf	Paint STrip Gel	1201	Pour	N-Mely/Pyridome		N
	•	¥ 0				

Notes: * Cans set in this area - (closest to Prainerd)

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

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: Petti First Name: Jose	ph		
Address: 45 Walnut St, Fast Rochester,	NU 1	4445	
County. Manyoe.	/		
Home Phone (585) 586-3500 Office Phone:			
Number of Occupants/persons at this location: 3 Age	of Occupant	ts: 83, 1	17451
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?			1-7
e. Is a kerosene or unvented gas space heater present? If yes, where?	□ yes	⊠ no	
f. Is there a workshop or hobby/craft area? If yes, where and type?	☐ yes	⊠ no	
g. Is there smoking in the building? If yes, how frequently?	□ yes	⊠ no	
h. Have cleaning products been used recently? If yes, when & type?	□ yes	⊠ no	
Have cosmetic products been used recently? If yes, when & type?	□ yes	⊠ no	
j. Has painting/staining been done in the last 6 months? If yes, where & when?	□ yes	⊠ no	
k. Is there new carpet, drapes, or other textiles? If yes, where & when?	□ yes	⊠ no	
Have air fresheners been used recently? If yes, when & type?	□ yes	⊠ no	



INDOOR AIR QUALITY QUESTIONNAIRE

La	st Name: First Name:			_
Ad	ldress:			
8.	FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (cont	inued)		
	m. Is there a kitchen exhaust fan? If yes, where vented? above	yes store	□ no	
	n. Is there a bathroom exhaust fan? If yes, where vented?	yes q liqht	□ no	
	o. Is there a clothes dryer? If yes, is it vented outside?	yes	□ no	
25	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	
	Do any of the building occupants use solvents at work? (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, mechanic, pesticide application, cosmetologist)	☐ yes painting, fue	⊠ no el oil delivery, boiler	
	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-cleanin (check appropriate response)	g service?		
	 □ yes, use dry-cleaning regularly (weekly) □ yes, use dry-cleaning infrequently (monthly or less) □ yes, work at a dry-cleaning service 	⊠ no □ ur	o nknown	
	t. Is there a radon mitigation system for the building/structure? If yes, date of installation? Is the system active or passive?	□ yes	⊠ no	



Project Name: Des	putch	RI		Project N	lo. 00	040-002	-400
Project Location: 18	tiente s	ST. Fust	Roch	Client:		lan Brown/	1 /
Preparer's Name:	77	1		Date/Tim		c. 13,2001	
Preparer's Affiliation:				Phone No			
Purpose of Investigation:	Sub	slab/Inde	or Av	· 0 <i>Ft</i>	ate :	nuestation	
1. OCCUPANT:		7 - 7 - 7 - 7		0(1		1105113110	
Interviewed: yes (n	ò						
Last Name: Cocci		Fir	st Name:	Kelly			
Address: 18 Ap				recity			
County: Monro							
Home Phone:	,	Of	fice Phone:	585	-748	-4000	
Number of Occupants/p	persons a						34
2. OWNER OR LANDL	ORD: (c	heck if same	as occupar	nt)			
Interviewed: ves n	10 - 0	2 Jestona	re Sec	7.8	sent		•
Last Name: De Vit			st Name:				
Address:							
County:							
Home Phone:		Of	fice Phone:	585	-748	-4000	
3. BUILDING CHARAC	CTERIST						
Type of Building: ched	k approp	riate respons	se)				
Residential		☐ School	ol	☐ Co	ommerci	al/Multi-use	
☐ Industrial		☐ Churc	h	□ Ot	her:		
If the property is resid	lential, ty	/pe? (check a	appropriate	response	e)		
☐ Ranch		☐ 2-Fam	nily		3-Fami	ly	
☐ Raised Rar	nch	Split L	evel		Colonia	al	
☐ Cape Cod		☐ Conte	mporary		Mobile	Home	
☐ Duplex		☐ Apartr	nent House	, 🗆	Townh	ouse/Condo	
☐ Modular		☐ Log H	ome		Other:		
If multiple units, how	many?	_		-			
If the property is com	mercial,	type? —					
Business Type(s):							
Does it include res	sidences	(i.e., multi-us	e)? yes	no	If ye	es, how many?	
Other Characteristics:							10.00
Number of floors	Z		Builing	age			
Is the building insu	ulated?	(yes) no	How ai	r tight?	tight	aveçage	not tight



4. AIR FLOW			
Use air current tubes or tracer s	moke to evaluate air fl	ow patterns and qu	ualitatively describe:
Airflow between floors	a c		
Airflow near source			
Allilow flear source			
	+		
Outdoor air infiltration			
Infiltration into air ducts			
Timil attori into all quots			
5. BASEMENT AND CONST	TRUCTION CHARA	CTERISTICS (ch	neck all that apply)
 Above grade construct 	tion: wood frame	☐ concrete	stone
b. Basement type:	f ull	crawlspace	slab
c. Basement floor:	concrete concrete	dirt	stone
d. Basement floor:	uncovered	covered	covered with
e. Concreter floor:	unsealed	sealed	sealed with
f. Foundation walls:	poured	block	stone
g. Foundation walls:	unsealed	sealed	sealed with
h. The basement is:	☐ wet	☐ damp	dry dry
i. The basement is:	finished	unfinished	partially finished
j. Sump present?	☐ yes	™ no	~
k. Water in Sump?	□ yes	□ no	√ not applicable
Basement/Lowest level dep	\$	+21	X
		oroximate size (e	e.g., cracks, utility ports, drains)
identity potential son vabor			
racinary potential son vapor			
identify potential 3011 vapor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



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)					
Hot air circulation	☐ Heat pump	☐ Hot water baseboard			
☐ Space Heaters	☐ Steam radiation	☐ Radiant floor			
☐ Electric baseboard	☐ Wood stove	Outdoor wood boiler			
		Other			
The primary type of fuel used is	s:				
Natural Gas	☐ Fuel oil	☐ Kerosene			
☐ Electric	Propane	Solar			
☐ Wood	☐ Coal	Other			
Domostic bot water took finds					
Domestic hot water tank fueled	by: Nat. Gas				
Boiler/furnace located in:					
Basement	tdoors	Floor			
Air Conditioning: N/A					
☐ Central Air ☐ Wii	ndow units	Windows			
Are there air distribution ducts	nresent?				
		□ no			
Describe the supply and cold a	ir return ductwork, and	d its condition where visible, including			
the floor plan diagram.	n and the tightness of	f duct joints. Indicate the locations on			
and noor plan alagram.					
	*				
7. OCCUPANCY					
Is basement/lowest level occupied?	☐ Full-time ☐ Oc	caisionally Seldom			
		om, bedroom, laundry, workshop, storage)			
First Floor	trage, utilitie	5, TV Area			
Second Floor Page 6	5				
Third Floor					
Fourth Floor					



8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALIT	Y (comple	ted by	owner occupan
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 ga	arage? ☐ yes	□ no	☑ NA
(e.g., lawnmower, atv, car) If yes, please specify:			
d. Has the building ever had a fire? If yes, when?	☐ yes	ro	
e. Is a kerosene or unvented gas space heater present? If yes, where?	□ yes	□ no	
f. Is there a workshop or hobby/craft area?	⊡ yes	□ no	
If yes, where and type? har	d tools		
g. Is there smoking in the building? If yes, how frequently?	□ yes	⊡ ∕ no	
h. Have cleaning products been used recently? If yes, when & type?	☐ yes	☑ no	
i. Have cosmetic products been used recently? If yes, when & type?	√ yes nakeup	□ no	
j. Has painting/staining been done in the last 6 months? If yes, where & when?	r yes	☑ no	
k. Is there new carpet, drapes, or other textiles? If yes, where & when?	☐ yes	no	
I. Have air fresheners been used recently? If yes, when & type?	yes ectric, Ya	□ no nkee (andle
m. Is there a kitchen exhaust fan? If yes, where vented? MIC			
n. Is there a bathroom exhaust fan?	gyes Side of t	□ no	



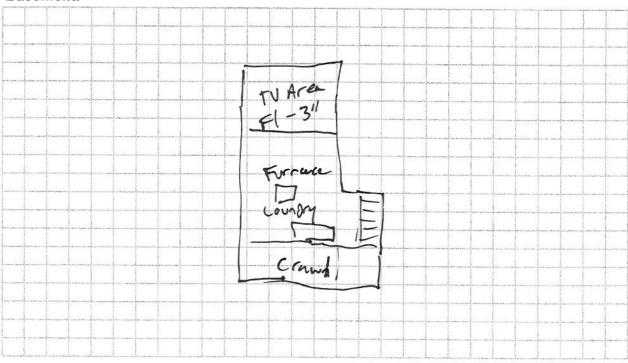
8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)	
o. Is there a clothes dryer?	
If yes, is it vented outside? (yes) no	
p. Has there been a pesticide application?	
p. Has there been a pesticide application?	
ii yes, when a type?	
q. Are there odors in the building?	
If yes, please describe?	
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 le there a reden mitigation austrus for the health of the control of	
t. Is there a radon mitigation system for the building/structure? yes no	
If yes, date of installation? Is the system active or passive?	
to the dystem delive of passive:	
9. WATER AND SEWAGE	
9. WATER AND SEWAGE Water Supply: ☐ Public Water ☐ Drilled Well ☐ Driven Well ☐ Dug Well	-
W-t-O	
Water Supply: Public Water Drilled Well Driven Well Dug Well Other:	
Water Supply: Public Water Drilled Well Driven Well Dug Well Other: Sewage Disposal: Public Sewer Septic Tank Leach Field Dry Well	
Water Supply: Public Water Drilled Well Driven Well Dug Well Other:	
Water Supply: Public Water Drilled Well Driven Well Dug Well Other: Sewage Disposal: Public Sewer Septic Tank Leach Field Dry Well Other:	
Water Supply: Public Water Drilled Well Driven Well Dug Well Other: Sewage Disposal: Public Sewer Septic Tank Leach Field Dry Well	
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)	
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	
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	



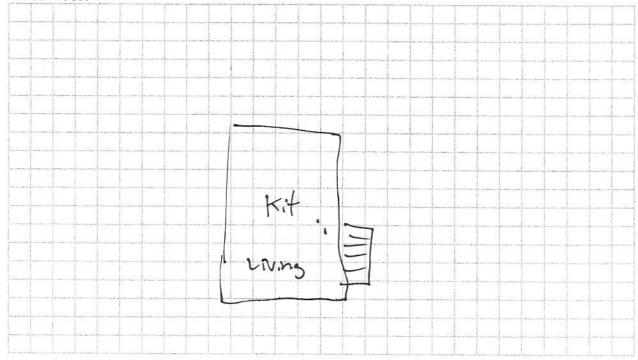
11. FLOOR PLANS

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:

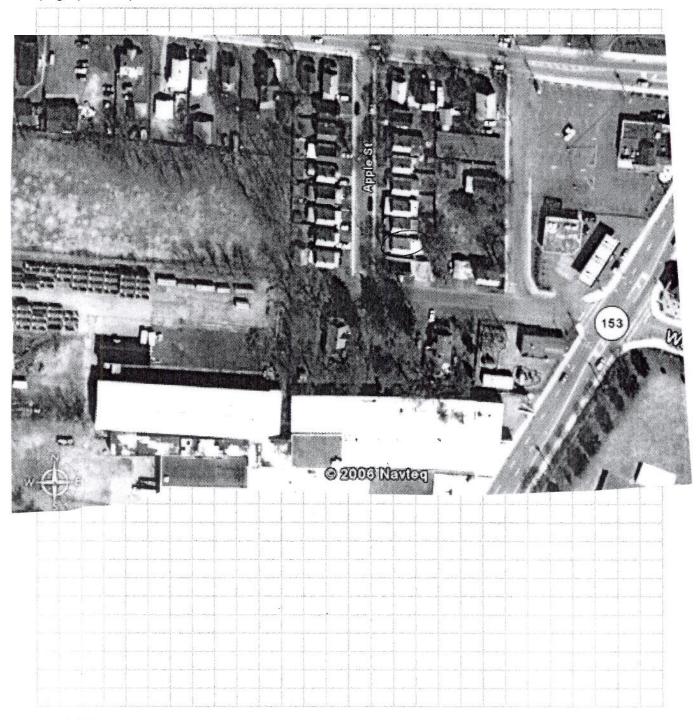




12. OUTDOOR PLOT

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.





13. PRODUCT INVENTORY FORM

Make & Model of field instrument used:

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

		- T				
Location	Product Description	Size (units)	Condition 1	Chemical Ingredients	Field Instrument Reading (units)	Photo (Y/N)
Basement #	Paint Thine	3202	6000	Unlisted (Klean)		4
(TV Area)		VI- 0-		Collision (Stoil)		/
11	shellae	802	Good	shellar, sentores Alas	/	N
)/	Road Spray	17.502	(rob)			N
pl	Misc Cleaners	12.02	0000			N
l/	Generatory Gasoline	1		Casoline		NY
4	Pant (latex)	3-12-1	6000			N
	1000					
Basement	Paint (latex)	3-15/	Gasa			MY
table	Raid	17.502	_			24
//	Hornet Killer			Petroleum dist Pestio	1945	WY
11	2 stake Engre Oil	3-402	6000			NY
	C 37101C C 37 - 4					
			- was			
-						
(TO)						
					-	
		-				
L						

Notes: * Cans set up in This wa (lowerflow)

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

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: D	ON	
Address: 18 APPIE ST		
County: Monroe		
Home Phone: Office Phone:	585 748-400	20
Number of Occupants/persons at this location:	Age of Occupants:	19.34
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 gai	rage? 🗌 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?	110 00000000000000000000000000000000000	***
e. Is a kerosene or unvented gas space heater present? If yes, where?	□ yes □	no
f. Is there a workshop or hobby/craft area? If yes, where and type?	yes	no
g. Is there smoking in the building? If yes, how frequently?	□ yes ☑	no
h. Have cleaning products been used recently? If yes, when & type?	□ yes □	no
i. Have cosmetic products been used recently? If yes, when & type?	Ø yes □ Maheup	no
j. Has painting/staining been done in the last 6 months? If yes, where & when?	□ yes ☑	no
k. Is there new carpet, drapes, or other textiles? If yes, where & when?	□ yes □	no
Have air fresheners been used recently? If yes, when & type?	Øyes □ Electric Ya	no nhee Candle



INDOOR AIR QUALITY QUESTIONNAIRE

Last Name:	First Name:	
Address:		
B. FACTORS THAT MAY INFLUENCE	E INDOOR AIR QUALITY (cor	ntinued)
m. Is there a kitchen exhaust fan?	If yes, where vented? Wich	oware Vents in Kitchen
n. Is there a bathroom exhaust fan?	Maria de la companya	Øyes □ no e of the house
o. Is there a clothes dryer?	f yes, is it vented outside?	☑ yes ☐ no
p. Has there been a pesticide application		□ yes ☑ no
q. Are there odors in the building?	If yes, please describe?	□ yes ☑ no
r. Do any of the building occupants us (e.g., chemical manufacturing or laborate mechanic, pesticide application, cosmete If yes, what types of solvents are use If yes, are their clothes washed at wo	ory, auto mechanic or auto body shop ologist) ed?	☐ yes ☑ no o, painting, fuel oil delivery, boiler
s. Do any of the building occupants re (check appropriate response) yes, use dry-cleaning	gularly use or work at a dry-cleanir regularly (weekly) infrequently (monthly or less)	ng service? no unknown
	or the building/structure? f yes, date of installation? system active or passive?	□ yes ☑ no



Project Name:	Despatch RI		Project N	lo. 0040-002-400	
Project Location:	27 Taft St., E. Rochester		Client:	Boylan Brown / Despatch	
Preparer's Name:	NAM		Date/Tim	e: 25 Jan 2007	
Preparer's Affiliation:	Bene bone K		Phone No		
Purpose of Investigation	n: Sul	bslab / Indoor Air	- Offsite I	nvestigation	
1. OCCUPANT:	-				
Interviewed: yes	no			N	
Last Name: Deven	in	First Name:	Fra	nk	
Address: 27 Ta	H				
County: Myrro	e		20-110-20-20-20-20-20-20-20-20-20-20-20-20-20		
Home Phone:		Office Phone	:		
Number of Occupants				Occupants:	
2. OWNER OR LAND	DLORD: (check if	same as occupa	nt)		
Interviewed: yes	no				
Last Name:		First Name:			
Address:					
County:					
Home Phone:		Office Phone			
3. BUILDING CHARA					
Type of Building: che	eck appropriate re	sponse)			
Residentia	al 🗆 S	School	☐ Cor	mmercial/Multi-use	
☐ Industrial	The second secon	Church	☐ Oth	77.7	
If the property is resi	dential, type? (ch	neck appropriate	response)		
☐ Ranch	🗆 2	2-Family		3-Family	
☐ Raised Ra	nch 🗆 S	Split Level	X	Colonial /2-5 fur	
☐ Cape Cod		Contemporary		Mobile Home	
☐ Duplex		Apartment House	, 🗆	Townhouse/Condo	
☐ Modular		.og Home		Other:	
If multiple units, how					
If the property is com					
Business Type(s)					
Does it include residences (i.e., multi-use)? yes no If yes, how many?					
Other Characteristics:					
Number of floors	2	Builing	age 🐒	100 415 Q() INC	
Is the building ins	ulated? yes n	o How air	tight? t	ight average not tight	



4. AIR FLOW			
Use air current tubes or tracer	smoke to evaluate air t	flow patterns and q	ualitatively describe:
A. 0			
Airflow between floors			
- 240	ws		
Airflow near source			
Outdoor air infiltration			
	no/window		
200	no juino		
nfiltration into air ducts			
5. BASEMENT AND CONS		CTERISTICS (ch	neck all that apply)
a. Above grade construc		concrete	stone
b. Basement type:	∭ full	crawlspace	☐ slab
c. Basement floor:	concrete	☐ dirt	stone
d. Basement floor:	uncovered	☐ covered	covered with
e. Concreter floor:	unsealed unsealed	☐ sealed	sealed with
f. Foundation walls:	☐ poured	block block	stone
g. Foundation walls:	unsealed	sealed	sealed with
h. The basement is:	☐ wet	☐ damp	dry
i. The basement is:	finished	unfinished	partially finished
j. Sump present?	☐ yes	i≫no	
k. Water in Sump?	□ yes	, 🗆 no	not applicable
Basement/Lowest level dep	oth below grade: Y	-6	, ,
Identify potential soil vapor	entry points and ap		e.g., cracks, utility ports, drains)
wath/Gus /s	end lins		we floor crackery
- Cracked Block	metan	-6v	+ door accurs (Loosed cone
Indoor Air Qualty Question paire and Build	ing Inventory - 27 taft Pa	ige 2 of 8	Steam



HEATING, VENTING,	and AIR CONDITIONING	(check all that apply)				
		(check all that apply - note primary)				
☐ Hot air circulation	Heat pump	Hot water baseboard (rads)				
☐ Space Heaters	☐ Steam radiation	☐ Radiant floor				
☐ Electric baseboard ☐ Wood stove		☐ Outdoor wood boiler				
		☐ Other				
	26					
The primary type of fuel	used is:					
Natural Gas	☐ Fuel oil	☐ Kerosene				
☐ Electric	☐ Propane	☐ Solar				
☐ Wood	☐ Coal	☐ Other				
Domestic hot water tank fueled by: ${\cal N}$ ${\cal O}$						
Boiler/furnace located in):					
Basement	100 CO	Main Floor				
Air Conditioning:						
☐ Central Air	☐ Window units ☐ C	Den Windows 🕍 None				
Ano thous six distributi						
Are there air distribution	ducts present?	res no				
Describe the supply and cold air return ductwork, and its condition where visible, including						
whether there is a cold a	cold air return ductwork	and its condition where visible, including				
whether there is a cold a the floor plan diagram.	cold air return ductwork ir return and the tightne	s, and its condition where visible, including ss of duct joints. Indicate the locations on				
whether there is a cold a	cold air return ductwork ir return and the tightnes	s, and its condition where visible, including ss of duct joints. Indicate the locations on				
whether there is a cold a	cold air return ductwork ir return and the tightne	a, and its condition where visible, including ss of duct joints. Indicate the locations on				
whether there is a cold a	cold air return ductwork ir return and the tightne	t, and its condition where visible, including ss of duct joints. Indicate the locations on				
whether there is a cold a	cold air return ductwork ir return and the tightne	s, and its condition where visible, including ss of duct joints. Indicate the locations on				
whether there is a cold a	cold air return ductwork ir return and the tightne	s, and its condition where visible, including ss of duct joints. Indicate the locations on				
whether there is a cold a	cold air return ductwork	s, and its condition where visible, including ss of duct joints. Indicate the locations on				
the floor plan diagram.	ir return and the tightne	a, and its condition where visible, including ss of duct joints. Indicate the locations on Occaisionally Seldom Almost Never				
7. OCCUPANCY Is basement/lowest level occu	ir return and the tightne	ss of duct joints. Indicate the locations on				
7. OCCUPANCY Is basement/lowest level occu	ir return and the tightne	Occaisionally Seldom Almost Never				
7. OCCUPANCY Is basement/lowest level occu Level General Us	ir return and the tightne	Occaisionally Seldom Almost Never				
7. OCCUPANCY Is basement/lowest level occu Level General Use Basement Lambo	ir return and the tightne	Occaisionally Seldom Almost Never				
7. OCCUPANCY Is basement/lowest level occu Level General Use Basement Lambor First Floor - Kilcher	ir return and the tightne	Occaisionally Seldom Almost Never				
7. OCCUPANCY Is basement/lowest level occu Level General Use Basement - Lando First Floor - Kitcher Second Floor - 3 Bed	ir return and the tightne	Occaisionally Seldom Almost Never				



8.	FACTORS THAT MAY INFLUENCE INDOOR AIR	QUALITY	
	a. Is there an attached garage?		1 no Courwy
	b. Does the garage have a separate heating unit?	☐ yes	X no □ NA
	c. Are petroleum-powered machines or vehicles stored	in the garage? Ves	□ no □ NA
	(e.g., lawnmower, atv, car) If yes, please specif		WA
	d. Has the building ever had a fire?	yes (□ no
	ii yes, wher	1? Coal former in 1	deenut
	e. Is a kerosene or unvented gas space heater present?	□ ,••	no
	If yes, where	9?	/
	f. Is there a workshop or hobby/craft area? If yes, where and type	□ yes	Mno
	g. Is there smoking in the building? If yes, how frequently	☐ yes	💢 no
	h. Have cleaning products been used recently? If yes, when & type	□ yes	no
	i. Have cosmetic products been used recently? If yes, when & type?	□ yes	no no
	j. Has painting/staining been done in the last 6 months? If yes, where & when?		no
	k. Is there new carpet, drapes, or other textiles? If yes, where & when?	□ yes `	no
	I. Have air fresheners been used recently? If yes, when & type?	□ yes	no no
	m. Is there a kitchen exhaust fan? If yes, where vented?	Storehood	□ no
-	n. Is there a bathroom exhaust fan? If yes, where vented?	yes	□ no
-			

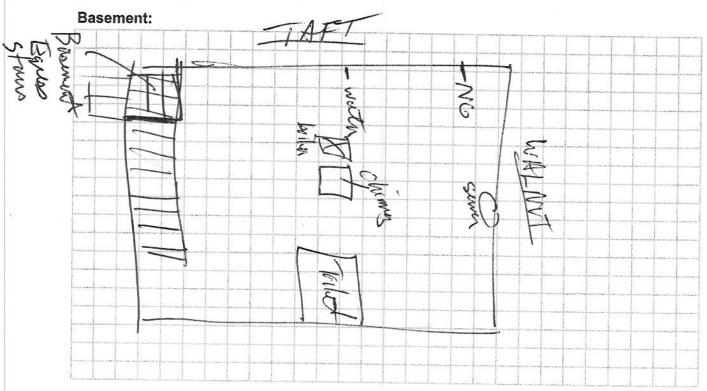


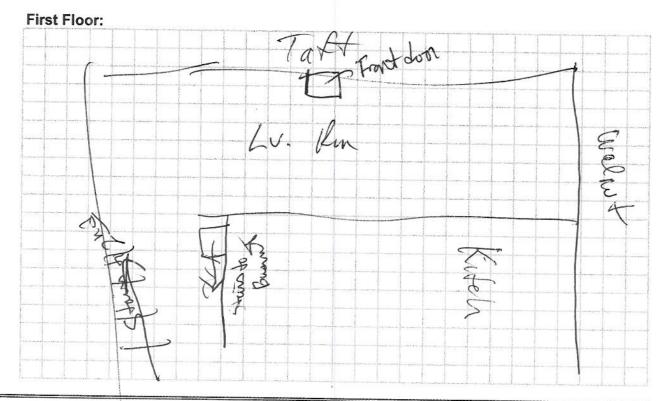
8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)						
o. Is there a clothes dryer?						
If yes, is it vented outside? (yes no						
p. Has there been a pesticide application?						
If yes, when & type?						
q. Are there odors in the building? If yes, please describe? - show Wedner Gur alor near dayor beau	ver					
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						
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						
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						



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.



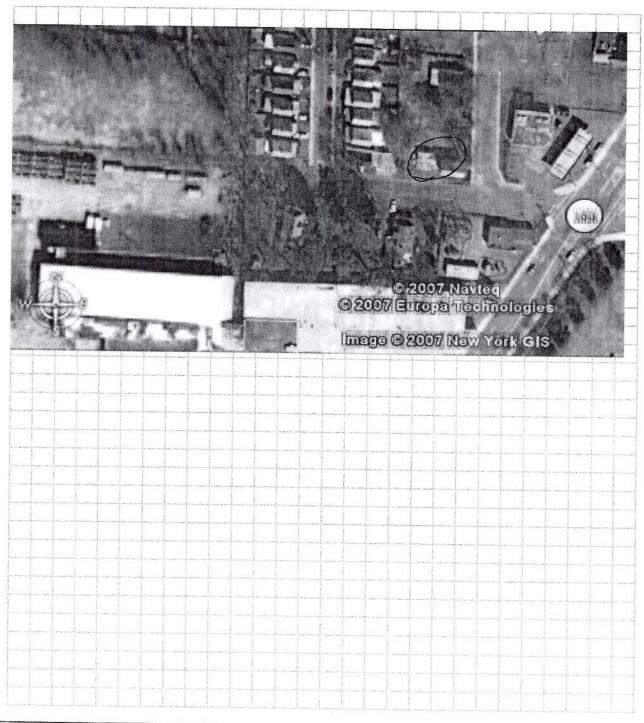




12. OUTDOOR PLOT

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.





13. PRODUCT INVENTORY FORM

Make & Model of field instrument used:

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

Location	Product Description	Size (units)	Condition 1	Chemical Ingredients	Field Instrument Reading (units)	Photo (Y/N)
Basement	Handail Can	802	Good	-Petendial Oil		
N	Handoil Can WB-40	1602	Gor E	4		
и	Cohemen Fre / Can	3202	Fan	- Petro/White Gas)		
	Parit (2-5galler)		bord	(" " "		
		at	Good			
12 Floor	Typical Howe Cleans					
	Spray Pant	5Cus	Cool			
	WSJUD	1602	6002			
-						
	2					
<u> </u>						

Notes:

- 1. Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D).
- 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:	N. 1	Finan		- /2			
Address:	Deveronia	First Nan	ne:	tank			
		. #					
County: Home Phone:		05 5					
		Office Ph					
	pants/persons at this			f Occupan	ts:		
	MAY INFLUENCE IN	NDOOR AIR QU	ALITY			SAX N	. 13
a. Is there an a	attached garage?			☐ yes	☐ no	Burge	WOI
b. Does the ga	rage have a separate h	eating unit?		□ yes	•	□ NA	
c. Are petroleu	m-powered machines o	r vehicles stored	in the garage?	X yes	□ no	□ NA	
	ower, atv, car)	If yes, please s	10.00				
8 88 8 9			One			-	
d. Has the build	ding ever had a fire?			☐ yes	🐧 no		
		If yes, v	when?				
e. Is a kerosen	e or unvented gas space	e heater present?	•	□ yes	🕅 no		
	•	If yes, w		}co	Щ		
					* *************************************		TOTAL SERVICE
f. Is there a wo	rkshop or hobby/craft a	rea?		☐ yes	no 🂢		
		If yes, where and	type?				
a. Is there smo	king in the building?			□ yes	×1 00	7	
3	ge Dananig.	If yes, how frequ	ently?	□ yes	ch 110	•	
		,,					
h. Have cleanir	ng products been used	recently?		☐ yes	⊠_no	?	
		If yes, when &	type?				
i Have cosmet	ic products been used i	rocontlu?		□ .uoo	DI no		
i. Have cosinet	ic products been used i	If yes, when &	tuno?	☐ yes	no no		
		il yes, when a	type?				
j. Has painting/	staining been done in the	ne last 6 months?		☐ yes	no no		
		If yes, where & v	when?	0			
			ALE REMIRES DISPLY		h.	11 12	
k. Is there new	carpet, drapes, or othe			☐ yes	no no		
		If yes, where & v	vhen?				
I. Have air fresh	neners been used recer	ntlv?		☐ yes	□ X no		
		If yes, when &	type?	□ ,00	4110		



INDOOR AIR QUALITY QUESTIONNAIRE

La	ist Name: DEVERDINICIA First Name: EDD NO
Ac	Idress: 27 TAFT E.R. WILLIAM
8.	FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (continued)
	m. Is there a kitchen exhaust fan?
	If yes, where vented? OUER STOVE
	n. Is there a bathroom exhaust fan?
	If yes, where vented?
	EI LING.
	o. Is there a clothes dryer?
	If yes, is it vented outside?
	p. Has there been a pesticide application?
	If yes, when & type? /) /)
	q. Are there odors in the building?
	If yes, please describe?
	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
	medianic, pesticide application, cosmetologist)
	If you are their elethers 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?
	If yes, date of installation?
	Is the system active or passive?



Project Name:	Despatch RI		Project No	. 00)40-002-400	
Project Location:	20 Apple St., E.	Rochester	Client:	Boyla	n Brown / Desp	atch
Preparer's Name:	Rick Dubisz		Date/Time	: 2	/1/2007	
Preparer's Affiliati	on: Benchmark		Phone No:	: 585-7	739-0933	
Purpose of Invest		ıbslab / Indoor	Air - Offsite In	vestigati	on	
1. OCCUPANT	•					
Interviewed: (y	res) no					
Last Name: /	he Phersu	First Nam	ne: John	V_		
Address:	20 Apple St	ZAST	Nuche HR			
County:						
Home Phone:	585-739-09	33 Office Ph	one:			
Number of Occ	upants/persons at this	location:	/ Age of	Occupa	nts:	
2. OWNER OR	LANDLORD: (check	f same as occ	cupant_1/_)			
Interviewed:	yes no					
Last Name:		First Nan	ne:			
Address:						
County:						
Home Phone:		Office Ph	none:			
3. BUILDING	CHARACTERISTICS					
Type of Buildi	ng: check appropriate	response)	con=elg			
☑ Re	sidential	School			al/Multi-use	
	ustrial			her:		
If the property	is residential, type?	(check approp	oriate response		ed (41)	
□ Ra	nch	2-Family	nusira 🗆	3-Famil		
☐ Ra	ised Ranch	Split Level	Q/	Colonia		
☐ Ca	pe Cod	Contempora	ary 🗆	Mobile	Home	
□ Du	plex	Apartment I	House	Townho	ouse/Condo	
☐ Mc	odular	Log Home	principality .	Other:		
If multiple uni	ts, how many?					
If the property	is commercial, type	?				
Business	Type(s):					
Does it in	clude residences (i.e.,	multi-use)?	yes no	If ye	es, how many?	
Other Charac	teristics:					
Number	of floors	B	Builing age	10000	-80 MB?	
Is the bui	Iding insulated? (yes)	no F	low air tight?	tight	(average)	not tight



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)					
Hot air circulation	☐ Heat pump	☐ Hot water baseboard			
☐ Space Heaters	☐ Steam radiation	☐ Radiant floor			
☐ Electric baseboard	☐ Wood stove	☐ Outdoor wood boiler			
		☐ Other			
The primary type of fuel used	is:				
Natural Gas	☐ Fuel oil	☐ Kerosene			
☐ Electric	Propane	☐ Solar			
☐ Wood	☐ Coal	Other			
Domestic hot water tank fuele	ad by:	*A.E			
Domestic not water tank iden	, (by. /0/2) (c)	AS			
Boiler/furnace located in:					
Basement 🗌 0	Outdoors	Floor Other			
Air Conditioning:					
Central Air U	Vindow units	n Windows None			
Are there air distribution ducts present?					
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.					
	4 1000000000000000000000000000000000000				
	man a training				
7. OCCUPANCY					
Is basement/lowest level occupied	P Full-time	Occaisionally Seldom Almost Never			
Level General Use of	Each Floor (e.g., family				
Basement Laurolly First Floor Kitcher	Living Rown, On	very Roon			
Basement Laurolly First Floor Kitcher		very Roon			
Basement Laurolly First Floor Kitcher Second Floor Bed Rooms	Living Rown, On	very Roon			



8.	FACTORS THAT MAY INFLUEN	CE INDOOR AIR QU	JALITY		
	a. Is there an attached garage?		∠ yes	□ no	
	b. Does the garage have a separate	e heating unit?	□ yes	☑ no	□ NA
	c. Are petroleum-powered machine (e.g., lawnmower, atv, car)	s or vehicles stored in If yes, please specify:	the garage? 🔀 yes	□ no	□ NA
	d. Has the building ever had a fire?	If yes, when?	□ yes	∕∕no	
	e. Is a kerosene or unvented gas sp	pace heater present? If yes, where?	□ yes	☑ no	
	f. Is there a workshop or hobby/craft	ft area? If yes, where and type?	Z yes	□ no Palvhy	in garast
	g. Is there smoking in the building?	Sync If yes, how frequently?	□ yes	□ no	
	h. Have cleaning products been use	ed recently? If yes, when & type?	yes House hurd	□ no	/
	i. Have cosmetic products been use	ed recently? If yes, when & type?	□ yes	Ø no	
	j. Has painting/staining been done	in the last 6 months? If yes, where & when?	□ yes	⊅ no	
	k. Is there new carpet, drapes, or o	ther textiles? If yes, where & when?	□ yes	∫, no	
	I. Have air fresheners been used re	ecently? If yes, when & type?	∫ yes	□ no	
	m. Is there a kitchen exhaust fan?	If yes, where vented?	yes made	□ no	
	n. Is there a bathroom exhaust fan	? If yes, where vented?	⊘ yes	□ no	



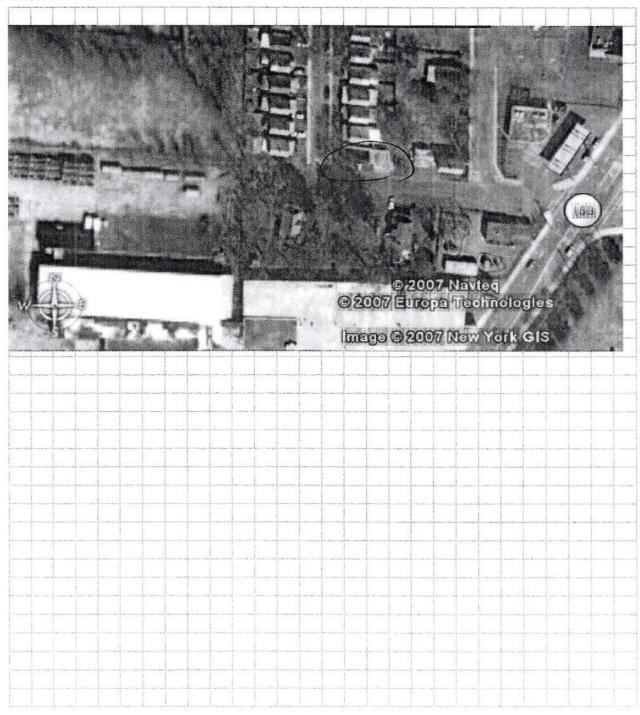
8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY (co	ontinued)
o. Is there a clothes dryer?	yes □ no
If yes, is it vented outside?	no
"lave dipaseimo il libera il matera	Поле П по
p. Has there been a pesticide application?	yes ono
If yes, when & type? 2 herks	Ago ruc mis
q. Are there odors in the building?	□ yes ☑ no
If yes, please describe?	
r. Do any of the building occupants use solvents at work?	Dryes □ no
(e.g., chemical manufacturing or laboratory, auto mechanic or auto body s	shop, painting, fuel oil delivery, boiler
mechanic, pesticide application, cosmetologist)	Exemple Altomolive PAWI
If yes, what types of solvents are used? Lacque thmere. If yes, are their clothes washed at work? yes no	5, 10000000
il yes, are their clothes washed at work: \(\sum_{\subset} \) yes	
s. Do any of the building occupants regularly use or work at a dr	y-cleaning service?
(check appropriate response)	
yes, use dry-cleaning regularly (weekly)	□ no
yes, use dry-cleaning infrequently (monthly or les	ss) 🗆 unknown
yes, work at a dry-cleaning service	
The first of the section of the sect	
t. Is there a radon mitigation system for the building/structure?	□ yes ⊅⊒ 110
If yes, date of installation? Is the system active or passive?	
is the system active of passive.	
9. WATER AND SEWAGE	
Water Supply: Public Water Drilled Well Driven W	'ell □ Dug Well
Other:	
Sewage Disposal: Public Sewer Septic Tank Leach Fig	eld Dry Well
Other:	
10. RELOCATION INFORMATION (for oil spill residential emerge	ency)
a. Provide reasons why relocation is recommended:	**
b. Residents choose to: remain in home relocate to friends	s/family relocate to hotel/motel
c. Responsibility for costs associated with reimbursement expla	ained?□ yes □ no
d. Relocation package provided and explained to residents?	□ yes □ no



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.





13. PRODUCT INVENTORY FORM

Make & Model of field instrument used:

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

Location	Product Description	Size (units)	Condition 1	Chemical Ingredients	Field Instrument Reading (units)	Photo (Y/N)
Kitcher	GARML HOUSEhold CHEARYNS PANTS, HUMANS, IBCHAMPLS (NZ INTURY	pts, ats	020 020	Al yes	III me	
Garry	pauts, thinners,	pts ats	0369		Charles	
Kitcher Sarrye GMAYE-	BCKINGS CAR	pts	used			
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		P (s)	ation Execution			_
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						-
1 2 10	THE ASSESSMENT OF THE PARTY OF				-	+
					-	+-

Notes:

- 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:	First Name:
Address:	
8. FACTORS THAT MAY INFLUE	NCE INDOOR AIR QUALITY (continued)
m. Is there a kitchen exhaust fan?	If yes, where vented? Tuferun
n. Is there a bathroom exhaust fan	yes ☐ no If yes, where vented?
o. Is there a clothes dryer?	If yes, is it vented outside?
p. Has there been a pesticide appli	cation? yes no
q. Are there odors in the building?	☐ yes ☐ no If yes, please describe?
r. Do any of the building occupants (e.g., chemical manufacturing or labo mechanic, pesticide application, cosn If yes, what types of solvents are a If yes, are their clothes washed at	ratory, auto mechanic or auto body shop painting, fuel oil delivery, boiler netologist). used? Lalauer, Humm. Pauto Ehem?
(check appropriate response) yes, use dry-cleaning	
	If yes, date of installation? If yes, date of passive?