

**Investigation of damp and mould problems in indoor workplaces –
Questionnaire S10**

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<p>Dear respondent,</p> <p>Biological hazards arising when construction faults and water damage cause moisture damage or due to poor hygiene standards when using ventilation and air conditioning systems are among the potential contributing factors in problems in indoor workplaces. This questionnaire is intended to help narrow down the causes of any health complaints. If there are differences between the workrooms, this questionnaire should be completed separately for each workroom. Please provide as much detail as possible.</p>		
<p>Place of work (name, address):</p> <p>Department:</p> <p>Specific workplace:</p> <p>Questionnaire completed by: Date completed:</p>		
1	<p>Do health complaints occur?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)</p>	
2	<p>Have any suspected cases of occupational disease been reported to the authorities?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="margin-left: 40px;">Name:</p> <p style="margin-left: 40px;">BK number:</p> <p style="margin-left: 40px;">Ref. no.:</p>	
3	<p>Does the employer own or rent the building?</p> <p><input type="checkbox"/> Own <input type="checkbox"/> Rent</p>	
4	<p>Is there a surveyor's report for the building?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify date and findings)</p>	
5	<p>Is ingress of moisture possible?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, due to</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rainwater ingress due to faulty roofing, cracks in the exterior rendering, downpipes, blocked drains, etc.) <ul style="list-style-type: none"> <input type="checkbox"/> Water penetration in the foundation walls <input type="checkbox"/> Burst (waste)water pipe <input type="checkbox"/> Thermal bridges <input type="checkbox"/> Inadequate removal of moisture loads from the room, e.g. windowless room, incorrect ventilation routine, inappropriate furniture <input type="checkbox"/> Passive humidifiers <input type="checkbox"/> Other (please specify) 	

6 Are there other sources of germs?

- No Yes (please specify)
- Neglected plants
 - Organic waste
 - Animal husbandry
 - High pollution load
 - Activities that generate dust
 - Other (please specify)

7 Are there sources of contamination nearby?

- No Yes (please specify)
- Composting plant
 - Organic waste bins
 - Pest control measures
 - Other (please specify)

8 Mould infestation

8.1 Is mould infestation detectable?

- No Yes

8.2 Which parts of the room are mould-infested?

- Windows
- Brickwork, plaster
- Ceiling
- Wall
- Partition wall
- Wall covering
- Subfloor, screed
- Floor covering
- Ventilation/air conditioning system
- Other (please specify)

8.3 Please indicate the size of the mould-infested surfaces (and include photographs, if possible).

9 Measurements

9.1 Have microbiological measurements been taken?

- No Yes (date)

Place:

- Result of material sample:
- Result of air sample:
- Result of dust sample:

9.2 Have any other measurements been taken?

No

Yes

Result for thermal environment:

Result for VOC:

Other (please specify)