Log of Activities and System Operations

Completed by:	
information that you think might be helpful in identifying the cause of IAQ complaints in this building. Please report any other observations (e.g., weather, other associated events) think may be important as well. Feel free to attach additional pages or use more than one line for each event. Equipment and activities of particular interest: Air Handler(s): Exhaust Fan(s): Other Equipment or Activities:	ny other
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Air Handler(s):	
Other Equipment or Activities:	
Date/Time Day of Week Equipment Item/Activity Observations/Comments	
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