

Why do we test the indoor air quality in your home?

Indoor air pollutants can have adversely affect the health of you and your family:

- Particulates and chemicals may cause asthma. Asthma is an allergic reaction or other form of hypersensitivity marked by spasms in the bronchi of the lungs, causing breathing difficulties. In extreme cases asthma can be fatal. Asthma may result from a combination of 2 factors: 1) a genetic predisposition to having these conditions, and 2) chronic exposure to “triggers” that eventually lead the body to react inappropriately to such triggers. Once people develop asthma, there is no cure. However, you can reduce the chance of ever contracting asthma, even if you have the genetic predisposition, by eliminating exposure to asthma triggers. This is particularly important for newborns and young children, before they develop the disease. Children spend the majority of their time in the home, so chronic exposure in the home is of greatest concern.
- Particulates and chemicals may also cause allergies. Allergies are a damaging immune response by the body to a substance, especially pollen, fur or dust, to which it has become hypersensitive. Like asthma, allergies can result from the combination of genetic predisposition and chronic exposure to “triggers”. Also like asthma, you can reduce the chance of ever contracting allergies, even if you have the genetic predisposition, by eliminating exposure to allergy triggers.
- Indoor air pollutants can trigger asthma and allergy reactions in those who already suffer from these conditions. In children aged 5 to 17, asthma is the leading cause of school absence.
- Recent studies show that elevated levels of carbon dioxide (CO₂) reduce brain functions such as learning, cognition, and decision making.
- Polluted air also can cause fatigue, headaches, nausea, scratchy throat, and nasal irritation. These symptoms are often mistaken for flu or cold symptoms.

According to the U.S. EPA, indoor pollution may be 2 to 5 times higher than outdoors. Homes can trap pollutants indoors and create an unhealthy living environment. This is particularly true for newer homes constructed with tighter windows and doors to save energy.

As a full service provider, we take the extra step to verify that your HVAC system is operating properly and has the right equipment to contribute to your health, comfort and safety. We use the AirAdvice™ Indoor Air Quality (“IAQ”) Program to identify any indoor air quality concerns that may affect you and your family. AirAdvice is an independent third party whose IAQ monitor measures the six key parameters of indoor air quality in your home:

- | | |
|-------------------------------------|-------------------------------------|
| ✓ Temperature | ✓ Particulates |
| ✓ Humidity | ✓ Volatile Organic Compounds (VOCs) |
| ✓ Carbon Dioxide (CO ₂) | ✓ Carbon Monoxide (CO) |

This data is transferred via cellular connection to AirAdvice servers where software analyzes the data, generates a report, and emails it to us.

In 30 minutes, we will share the full-color AirAdvice IAQ report with you. You will be able to see your home’s air quality and review suggested ways to solve any air quality problems. Together we can then determine what may be affecting your home’s indoor air and select the solution that is right for you.

Healthy Home Assessment

Date: ___/___/___

HOMEOWNER SECTION

<p><u>General Information</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: () _____ - _____</p>	<p><u>Location Information</u></p> <p>Sq. Ft. Living Space: _____ Year Built: _____</p> <p>No. Bedrooms: _____</p> <p>Attached Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Sensitive Population</u></p> <p>Is there a newborn in the house? Yes <input type="checkbox"/> No</p> <p>Is anyone under age 15 or over 65? Yes <input type="checkbox"/> No</p> <p>Does anyone suffer from:</p> <p style="padding-left: 20px;">Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">- On inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Allergies Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">- On medication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Complaints</u></p> <p>Does anyone suffer from:</p> <p style="padding-left: 20px;">More than 2 colds per year <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Scratchy throat <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Itchy eyes/skin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Trouble sleeping <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Headache <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there temperature variations in the home <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>In-Room IAQ Products Currently in Use</u></p> <p>In-room Humidifier(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In-room Dehumidifier(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In-room Air Purifier(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In-room HEPA Filter(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Built-in IAQ Devices</u></p> <p>Stove Exhaust Fan to Outdoors <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fan to Outside in all Bathrooms <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Carbon Monoxide (CO) Detector <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Possible Pollutants</u></p> <p>Anyone Smoke in Home/Garage <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Candles/Incense <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Wood Burning Appliances(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pets in Home <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Gas Appliances</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Air Freshener</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Recent Remodeling/New Furniture</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

TECHNICIAN SECTION

<p><u>Heating System</u> <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiator <input type="checkbox"/> Baseboard <input type="checkbox"/> In-Floor Radiant <input type="checkbox"/> Heat Pump <input type="checkbox"/> Ductless Split</p> <p>Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Solar</p> <p>System Age: _____ Years System Size: _____ BTUs/KW AFUE: _____</p>	<p><u>Cooling System</u> <input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Room <input type="checkbox"/> High Velocity <input type="checkbox"/> Evaporative <input type="checkbox"/> Ductless Split</p> <p>System Age: _____ Years System Size: _____ BTUs/KW SEER: _____</p> <p>If System is Forced Air: Duct Work Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Duct Work Clean: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><u>Thermostat</u> <input type="checkbox"/> Basic <input type="checkbox"/> Digital <input type="checkbox"/> Digital-Programmable <input type="checkbox"/> Zoning</p>	
<p><u>Filtration, Humidity, Purification, Ventilation</u></p> <p>Type of air filtration <input type="checkbox"/> None <input type="checkbox"/> 1" <input type="checkbox"/> Media <input type="checkbox"/> Electronic Air Cleaner <input type="checkbox"/> Washable</p>	
<p>Central Humidifier <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Central Dehumidifier <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Central PCO/VOC Reduction <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>ERV/HRV <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fresh Air Intake <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>UV light Yes No</p>

Notes: _____

Monitor #: _____