

Investigation of interior decoration, furniture and furnishings –

Questionnaire S5

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Dear respondent, The interior decoration, furniture and furnishings in a building can all be 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.		
Place of work (name, address):		
Department:		
Specific workplace:		
Questionnaire completed by:		Date completed:
1	Walls and ceilings	
1.1	Please indicate what the ceilings in the workrooms concerned are covered with.	
	<input type="checkbox"/> Wallpaper	
	<input type="checkbox"/> Synthetic wall covering	
	<input type="checkbox"/> Plaster and paint	
	<input type="checkbox"/> Coated panels	
	<input type="checkbox"/> Wood	
	<input type="checkbox"/> Other (please specify)	
1.2	Please indicate the type of surface finish on the ceiling.	
	<input type="checkbox"/> None <input type="checkbox"/> Paint	
	<input type="checkbox"/> Other (please specify)	
1.3	Please indicate what the walls in the workrooms concerned are covered with.	
	<input type="checkbox"/> Wallpaper	
	<input type="checkbox"/> Synthetic wall covering	
	<input type="checkbox"/> Plaster and paint	
	<input type="checkbox"/> Coated panels	
	<input type="checkbox"/> Wood	
	<input type="checkbox"/> Other (please specify)	
1.4	Please indicate the type of surface finish on the walls.	
	<input type="checkbox"/> None	
	<input type="checkbox"/> Paint	
	<input type="checkbox"/> Other (please specify)	
1.5	Are any sealed joints visible in the workrooms concerned?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

2 Floor

2.1 Please indicate the type of floor in the workrooms concerned.

Parquet

Brand name of the primer:

Brand name of the adhesive:

Brand name of the sealing agent:

Wooden floorboards

Brand name of the primer:

Brand name of the adhesive:

Brand name of the sealing agent:

Carpet (please specify material)

Glued: No Yes, with

Age: years

Plastic floor covering (please specify material)

Glued: No Yes, with

Age: years

Tiles (please specify material)

Glued: No Yes, with

Age: years

Other floor covering (please specify)

2.2 Is there a quality label on the flooring?

No

Yes (please specify)

2.3 Please give the GISCODE of the floor installation product.

2.4 Safety data sheets for the floor installation product

are attached

will be obtained

are not available

3 Furniture

- 3.1 What is the average age of the furniture in the workrooms concerned?
years
- 3.2 Has any new furniture been installed in the workrooms concerned in the past year?
 No Yes, months ago
- 3.3 What material is the furniture made of?
 Solid wood
 Wood-based materials
 Chipboard
 Blockboard
 Plywood
 Fibreboard
 Metal
 Plastic
 Mixture of materials (please specify)
 Other (please specify)
- 3.4 Does the furniture have any labels?
 so-called "Möbelpass"
 "Blue Angel" eco-label
 RAL eco-label
 Other label (please specify)
 No label

4 Soft furnishings

- 2.1 Is there any upholstered furniture in the workrooms concerned?
 No Yes (please specify number of items/type)
- 2.2 Are there any curtains in the workrooms concerned?
 No Yes (please specify number/type)
- 2.3 Are there any large soft furnishings in the workrooms concerned?
 No Yes (please specify number/type)

5 Are indoor air measurements available?

- No Yes, as follows
- Formaldehyde: $\mu\text{g}/\text{m}^3$
- VOC: $\mu\text{g}/\text{m}^3$
- Other hazardous substances (please specify substance and level measured)