



# School District of Manatee County

## RISK MANAGEMENT HEALTH CONCERN REPORT

Name	Date	Employee	Student	Parent
Location	Building #		Room #	

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Please describe your health concerns or symptoms below:

Are there any building conditions you believe may be creating your health concerns or problems?

I, \_\_\_\_\_ hereby authorize the use or disclosure of the personal health information provided on this form to the Manatee County School Board for the purpose of investigating any possible relationship between my health conditions and the building environment. I also understand that this document may be regarded as a public record and that the School Board of Manatee County cannot guarantee that this information will remain confidential.

**Principal or Supervisor**  
**Conduct inspection of work, complete page 2 of this form and send to Risk Management at:**  
**RiskManagement@manateeschools.net**

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### Observations

Please comment on all "YES" responses.

1. Does the room or area have a perceptible odor?	Yes	No
2. Are room temperatures too warm?	Yes	No
3. Are room temperatures too cold?	Yes	No
4. Does the indoor air feel humid?	Yes	No
5. Is the work area cluttered?	Yes	No
6. Is the work area dusty or dirty?	Yes	No
7. Is there any evidence of water damage, mold or mildew?	Yes	No
8. Are ceiling tiles warped or missing?	Yes	No
9. Are ventilation grilles obstructed?	Yes	No
10. Are items hanging from the ceiling?	Yes	No
11. Is the room lighting poor?	Yes	No
12. Is floor or carpet dirty or stained?	Yes	No
13. Are chemicals or art supplies stored in area?	Yes	No
14. Are there a significant amount of potted plants?	Yes	No
15. Are there any classroom pets, animals or birds in the room?	Yes	No
16. Are there signs of insects or rodents?	Yes	No
17. Are plug-in deodorizers present?	Yes	No
18. Are there any air purifying units in the room?	Yes	No
19. If a restroom is close by, ventilation fans not working when light is put on?	Yes	No
20. Is room temperature controlled by thermostat?	Yes	No
21. AC turned off at night?	Yes	No

Principal/Supervisor Signature

Date