

**GLEN ELLYN SCHOOL DISTRICT 41  
ENVIRONMENTAL REQUEST FOR ACTION FORM**

- Upon completion, turn in form immediately to Principal or designee.
- Within one (1) hour after review, Principal to fax to the District Buildings and Grounds Department at 790-1867

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Date of incident: \_\_\_\_\_ School: \_\_\_\_\_

Person expressing concern:

\_\_\_\_\_

Is this a first report?      Yes

No     Date first reported \_\_\_\_\_

Lack of follow-up from previous concern dated \_\_\_\_\_

Symptoms

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Headache, dizziness  | <input type="checkbox"/> Eye irritation    | <input type="checkbox"/> Swelling, itching |
| <input type="checkbox"/> Nausea               | <input type="checkbox"/> Throat irritation | <input type="checkbox"/> Cough             |
| <input type="checkbox"/> Lethargy, drowsiness | <input type="checkbox"/> Nose irritation   | <input type="checkbox"/> Chest tightness   |
| <input type="checkbox"/> Shortness of breath  | <input type="checkbox"/> Fever, chills     | <input type="checkbox"/> Fatigue           |

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Noted Environmental Issues

None      Odor      Temperature      Humidity

Describe problem noted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this issue persisted? If so, how long?

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Has anything changed recently in the area affected?

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Please note if any of the following exist:

- Visible mold/mildew
- Different smell from housekeeping chemicals
- Different activity immediately outside of affected area
- Recent roofing, painting, remodeling
- Stiffness of air

Complainant Background Information

- How long have you noticed the above symptoms?  

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- Do you experience these same symptoms elsewhere? (Home? outdoors?)  

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- Have you experienced any changes in medication, diet, etc. recently?  

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- Do you have a history of any of the following problems/conditions?
  - Respiratory
  - Circulatory
  - Muscle, joint pain

Known allergies – to what?

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**Office Use Only**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*Situation determined to be:

- Emergency - (life threatening)
- Critical - (Impacts school day/business)
- Urgent - (Needs to be taken care of quickly, but not emergency or critical)

By: \_\_\_\_\_ (Name principal or designee)

Remediation sought:

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Maintenance Administrator Contacted:

Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Response to complainant(s) with estimated correction date

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(Estimated Correction Date) \_\_\_\_\_