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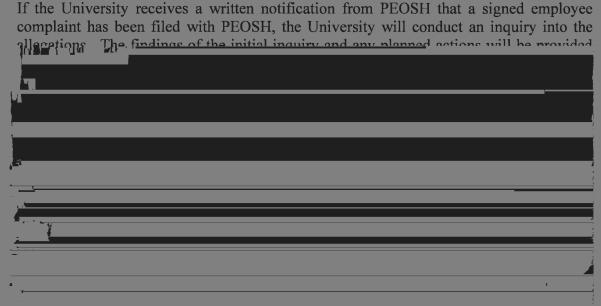
Tennya 1 mana mandahan meninga	nform employees that Stockto	on University complie	s with the Pub
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tandard (N.J.A.C.	12:100-13) (2007), which wa	s proposed on Decem	ber 18, 2006 a

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# Preventive Maintenance

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heating, ventilation a	nd air conditioning s	ystems (HVAC) syst	ems at the University. The
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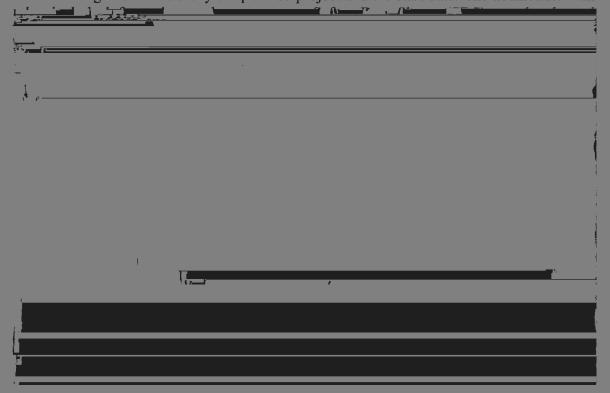
### Responding to Signed Employee Complaints to PEOSH



in a written response to PEOSH within fifteen (15) working days of receipt. Copies of all responses to PEOSH will be maintained by the Designated Person(s).

#### **Notification of Employees**

The Designated Person(s), or his designee, will notify University employees at least 24 hours in advance, or promptly in emergency situations, of work to be performed on a building that may introduce air contaminants into their work area. This notification will be in writing and will identify the planned project and the start date. The notification will

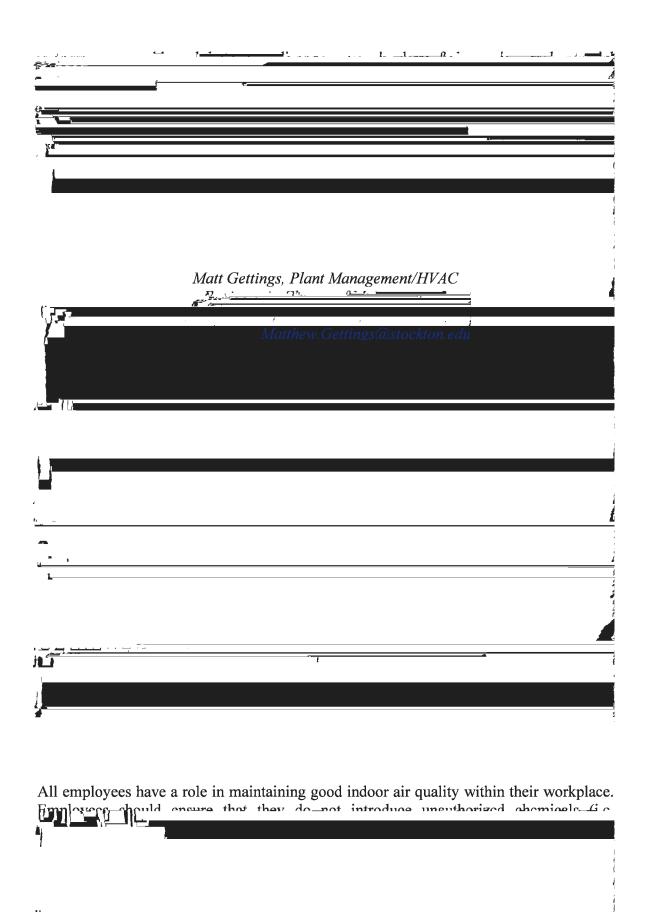


# re and Carbon Dioxide

### Temperature

	Where a mechanic	al ventilation sys	stem capable	of regulating	temperature	is present
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designee, will check product labels or seek and obtain information from the manufacturer of those products on whether or not they contain volatile organic compounds such as



Building Name:	File Number	File Number	
<u> </u>			
Occupant Name	Work Location:		
Completed	Title	Date:	
	inad internating information from account	,±-	
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		4	
		4	
Symptoms/Patterns			
What kind of symptoms or disc	comfort are you experiencing?		
Tride kind or symptoms or disk	connoise are you experiencing.		
Are you aware of other popula	with similar symptoms or consorms? Vos	No	
Are you aware or other people	e with similar symptoms or concerns? Yes	No	
If so, what are their names and	d locations?		
· ·	ions that may make you particularly suscep	tible to	

Do they go away? If so, when?
Have vou noticed any other events (such as weather events temperature or humidity
changes, or activities in the building) that tend to occur around the same time as you symptoms?
Spatial Patterns
Where are you when you experience symptoms or discomfort?
Where do you spend most of your time in the building?
Additional nformation
Do you have any observations about building conditions that might need attention or wight how configuration in the control of the conditions that might need attention or
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odors)?
Have you sought medical attention for your symptoms?

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