



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
OFFICE OF ENVIRONMENTAL HEALTH, SAFETY, AND TOXICOLOGY  
*P.O. Box 47825, Olympia, Washington 98504-7825*  
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To assist schools with assuring a healthy indoor educational environment, the Washington State Department of Health created an Indoor Air Quality Monitoring Equipment Loan Program. The equipment includes two air monitors that are attached to a portable cart, a laptop computer, a user's manual, and educational materials. The equipment and materials are being loaned for free to schools, school districts, educational service districts (ESDs), and local health jurisdictions.

Equipment loaned under this program is provided to collect baseline indoor air quality data in K-12 school facilities. The monitoring data can be used by schools to help identify and address indoor air quality concerns. The Department of Health will use the data (without specific school or district identifiers) to help find patterns and trends of indoor air quality concern in schools. The monitoring data will help the department evaluate the impact of room and building characteristics on indoor air quality in schools throughout Washington.

In exchange for the use of an indoor air quality monitoring station, participants agree to:

1. Work cooperatively with your school, district, and ESD personnel to share and implement monitoring stations in an efficient manner.
2. Provide an electronic copy of the collected data to the Department of Health once a week.
3. Assist with routine maintenance of the equipment, as needed. The Department of Health will be responsible for any necessary maintenance and repairs such as calibration and equipment malfunction.
4. Take responsibility for and implement necessary precautions consistent with your policies to protect the equipment from damage or theft.
5. Return the equipment provided under this agreement to the Department of Health (or the loaning entity) on the agreed upon scheduled date or upon request.

By signing below, you acknowledge receipt of an indoor air quality monitoring station(s) and agree to the conditions outlined above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Org: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Station ID : \_\_\_\_\_

DOH Contact:  
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