



Vapor Intrusion Investigation Documentation

Office of Land Quality

(317) 232-3215 • (800) 451-6027

www.idem.IN.gov

100 N. Senate Ave., Indianapolis, IN 46204

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This document provides an example template for documenting site and structure-specific information relevant to potential vapor intrusion investigations. It serves as a record of the sampling event for each structure and details site-specific information that may be used in determining or recommending a remedy. The template uses a staged approach that seeks only that information relevant to each stage of a typical vapor intrusion investigation.

Part I gathers general site information. Part II documents structure-specific information, including sampling locations. Part III addresses potential background sources.



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Part I: General Information

Complete Part I for each sampling event (may involve multiple structures)

Release	<i>For Known Source(s):</i>		
	Site Name (if applicable)	Site Number	
	Address of Investigation:		
	<input type="checkbox"/> Source not known		
Chemicals	<i>Check all that apply:</i> <input type="checkbox"/> Chlorinated solvents <input type="checkbox"/> Petroleum hydrocarbons <input type="checkbox"/> Unknown <input type="checkbox"/> Other (<i>specify</i>):		
Rationale	Condition(s) prompting investigation (<i>check all that apply</i>): <input type="checkbox"/> Odor complaint <input type="checkbox"/> Ground water contamination levels <input type="checkbox"/> Soil contamination levels <input type="checkbox"/> Other (<i>specify</i>):		
Weather	Precipitation \leq 12 hours prior to sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No Outside temperature range: °F to °F		
Personnel	Sampler(s)	Affiliation	Telephone
	Preparer	Affiliation	Telephone
Laboratory:			

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Part II: General Structure Characteristics and Sampling Information

Complete a separate Part II for each structure

	<input type="checkbox"/> Residential <input type="checkbox"/> Non-residential <input type="checkbox"/> Multi-unit		Year Constructed: _____
	Floors at/above grade: _____		Ceiling Height (feet): _____
	Sensitive population? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>specify</i>): _____		
	Surrounding area: <input type="checkbox"/> Bare soil/Vegetation <input type="checkbox"/> Impervious <input type="checkbox"/> Mixed		
	<input type="checkbox"/> Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on grade (check all that are applicable)		
Basement (if applicable)	Depth of basement floor below ground surface (feet): _____		
	Basement area: _____ ft ²		
	Floor is <input type="checkbox"/> Dirt/stones <input type="checkbox"/> Slab <input type="checkbox"/> Other (<i>specify</i>): _____		
	Walls are <input type="checkbox"/> Block <input type="checkbox"/> Poured <input type="checkbox"/> Other (<i>specify</i>): _____		
	Floor sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Walls sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sump? <input type="checkbox"/> Yes <input type="checkbox"/> No		Water in sump? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Floor cracks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wall cracks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	System type (<i>check all that apply</i>): <input type="checkbox"/> Hot air circulation <input type="checkbox"/> Hot air radiation <input type="checkbox"/> Steam radiation <input type="checkbox"/> Wood <input type="checkbox"/> Heat pump <input type="checkbox"/> Hot water radiation <input type="checkbox"/> Kerosene <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Other (<i>specify</i>): _____ Is system operating? <input type="checkbox"/> Yes <input type="checkbox"/> No System Comments: _____		
	Fuel type (<i>check all that apply</i>): <input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Kerosene <input type="checkbox"/> Other (<i>specify</i>): _____		
Other	Whole house fan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Septic? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Well? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sub-slab vapor/moisture barrier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, what kind: _____ Instructions for Occupants followed? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, describe modifications: _____		

Part II: Structure Characteristics and Sampling Information *continued*

Sample Location Sketch

ID	Type ¹	Floor	Room	Vol (mL)	Time (hrs)	Method ²

¹ IA = indoor air SS = sub-slab SGe = exterior soil gas CS = crawl space NS = near-slab exterior

² TO-14A; TO-15; TO-15SIM; TO-17; Other (specify)

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Part III: Indoor Air Background Investigation

Complete a separate Part III for any structure with suspected background source

Structure address:
Potential background contaminant(s):

- Yes No Do structure occupants smoke?
If yes, last time someone smoked in structure:
- Yes No Garage attached to living space?
If yes, is a vehicle usually parked in the garage?
If yes, are gas cans or gas-powered equipment stored in the garage?
- Yes No Do structure occupants have clothes dry cleaned?
If yes, how often:
If yes, last time newly dry cleaned clothes brought home:
- Yes No Occupants use solvents at place of employment?
If yes, what types:
If yes, are their clothes washed away from home?
- Yes No Are pesticides applied in/around structure?
If yes, which pesticides:
If yes, when:
- Yes No Has there ever been a fire in the structure?
If yes, when:
- Yes No Painting or staining in the building in the last six months?
If yes, when:
If yes, which rooms:

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 Part III: Indoor Air Background Investigation *continued*

Indoor Chemical Inventory

Potential Sources	Location(s)	Removed prior to sampling? Y/N/NA
Gasoline storage cans		
Gas powered equipment		
Kerosene storage cans		
Paint/thinner/stripper		
Cleaning solvents		
Oven cleaner		
Carpet/upholstery cleaner		
Other cleaning products		
Moth balls		
Polish/wax		
Insecticide		
Nail polish/polish remover		
Hairspray		
Cologne/perfume		
Air fresheners		
Indoor fuel tank		
Wood stove or fireplace		
New furniture/upholstery		
New carpeting/flooring		
Hobby chemicals: glues, paints, lacquers, darkroom chemicals, etc.		
Scented trees, wreaths, potpourri, etc.		
Other		