The copyright © of this thesis belongs to its rightful author and/or other copyright owner. Copies can be accessed and downloaded for non-commercial or learning purposes without any charge and permission. The thesis cannot be reproduced or quoted as a whole without the permission from its rightful owner. No alteration or changes in format is allowed without permission from its rightful owner.



# INFLUENCE OF INDOOR AIR QUALITY (IAQ) ON THE SICK BUILDING SYNDROME (SBS) AT TWO SELECTED HOSPITALS

## AHMAD ROMAIZI BIN ALIAS

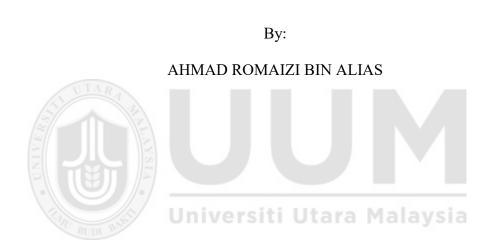


## **MASTER OF SCIENCE**

UNIVERSITI UTARA MALAYSIA

April 2017

## INFLUENCE OF INDOOR AIR QUALITY (IAQ) ON THE SICK BUILDING SYNDROME (SBS) AT TWO SELECTED HOSPITALS



Thesis Submitted to

Othman Yeop Abdullah Graduate School of Business,

Universiti Utara Malaysia,

in Fulfillment of the Requirement for the Degree of Master of Science



Pusat Pengajian Pengurusan Perniagaan SCHOOL OF BUSINESS MANAGEMENT

Universiti Utara Malaysia

#### PERAKUAN KERJA KERTAS PENYELIDIKAN (Certification of Research Paper)

(Germicauur ur Research Paper)

Saya, mengaku bertandatangan, memperakukan bahawa (*I*, the undersigned, certified that) AHMAD ROMAIZI ALIAS (819427)

Calon untuk Ijazah Sarjana (Candidate for the degree of) MASTER OF SCIENCE (OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT)

telah mengemukakan kertas penyelidikan yang bertajuk (has presented his/her research paper of the following title)

INFLUENCE OF INDOOR AIR QUALITY (IAQ) ON THE SICK BUILDING SYNDROME (SBS) AT TWO SELECTED HOSPITALS

> Seperti yang tercatat di muka surat tajuk dan kulit kertas penyelidikan / SI a (as it appears on the title page and front cover of the research paper)

Bahawa kertas penyelidikan tersebut boleh diterima dari segi bentuk serta kandungan dan meliputi bidang ilmu dengan memuaskan.

(that the research paper acceptable in the form and content and that a satisfactory knowledge of the field is covered by the research paper).

Nama Penyelia Pertama : (Name of 1<sup>st</sup> Supervisor) DR. ZURAIDA BINTI HASSAN

Tandatangan (Signature)

Tarikh (Date) 27 APRIL 2017

#### **PERMISSION TO USE**

In presenting this project paper in partial fulfilment of the requirements for a Post Graduate degree from the Universiti Utara Malaysia (UUM), I agree that the Library of this university may make it freely available for inspection. I further agree that permission for copying this project paper in any manner, in whole or in part, for scholarly purposes may be granted by my supervisor or in her absence, by the Dean of Othman Yeop Abdullah Graduate School of Business where I did my project paper. It is understood that any copying or publication or use of this project paper parts of it for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the UUM in any scholarly use which may be made of any material in my project paper.

Request for permission to copy or to make other use of materials in this project paper in whole or in part should be addressed to:







#### ABSTRACT

Attention on buildings' Indoor Air Quality (IAQ) tend to show an increased due to time spending indoors is relatively higher than workers being outdoors. One major problem often associated with IAQ is Sick Building Syndrome (SBS). This study has its objectives of identifying current status of IAQ and investigating its relationship with SBS inside of the building served by the mechanical ventilation and airconditioning (MVAC) system in two selected hospitals in Selangor and Pahang. The findings of study are useful as they provide data to ensure that the health, comfort and well-being of workers are not to be affected or continuously affected by problems associated to IAQ. Self-administered questionnaire was used to obtain current SBS symptoms experienced by workers. Then, technical assessments comprised of walkthrough survey and measurements of IAQ parameters were carried out to understand the current status of IAQ in building. The important IAQ parameters considered in this study were air temperature, relative humidity, air changes per hour (ACH), carbon dioxide (CO<sub>2</sub>), carbon monoxide (CO), total volatile organic compounds (TVOC), formaldehyde (HCHO) and respirable particulate (RP). Measurements were performed using calibrated IAQ equipment. A questionnaire was distributed to workers in selected departments and a 76% response rate was achieved, giving a sample of 76 workers. The prevalence of SBS was significantly higher at hospital in Selangor (38.9%) compared to Pahang (7.5%) and of all the reported symptoms, irritated, stuffy or runny nose was the most reported symptoms in this study (11.1%). The average results for IAQ parameters at both hospitals were well below the acceptable limits or within recommended acceptable range of Malaysian Industry Code of Practice on Indoor Air Quality 2010 (MICOP IAQ 2010). Meanwhile, the average results for ACH have failed to achieve the minimum limit of 10 as stated in the Factories and Machineries (Safety, Health and Welfare) Regulations 1970 (FMA(SHW) 1970). Nevertheless, there were no direct causal link and no significant association between IAQ parameters and SBS symptoms. Further study with wider scope including personal and psychosocial factors should be conducted especially within healthcare facilities in order to obtain more accurate results.

**Keywords:** Indoor air quality (IAQ), sick building syndrome (SBS), building, air changes per hour

#### ABSTRAK

Pada masa kini, kebimbangan terhadap kualiti udara dalaman (IAQ) di bangunanbangunan cenderung menunjukkan peningkatan kerana kebanyakan pekerja menghabiskan masa mereka di dalam bangunan berbanding di luar bangunan. Satu masalah yang sering dikaitkan dengan IAQ adalah Sindrom Bangunan Sakit (SBS). Kajian ini dijalankan untuk mengenal pasti status semasa IAO dan menyiasat hubungannya dengan SBS di dalam bangunan yang menggunakan sistem pengudaraan mekanikal dan penghawa dingin (MVAC) di dua buah hospital di Selangor dan Pahang. Dapatan kajian adalah berguna untuk memastikan bahawa kesihatan, keselesaan dan kesejahteraan pekerja tidak terjejas atau terus terjejas oleh masalah yang berpunca daripada IAQ. Soal selidik yang ditadbir sendiri telah digunakan untuk mendapatkan gejala SBS semasa yang dialami oleh pekerja. Kemudian, penilaian teknikal yang terdiri daripada kajian secara langsung dan ukuran parameter IAQ telah dijalankan untuk memahami status semasa IAQ di dalam bangunan. Parameter penting IAQ yang dikaji dalam kajian ini ialah suhu udara, kelembapan relatif, pertukaran udara sejam (ACH), karbon dioksida (CO2), karbon monoksida (CO), jumlah sebatian organik meruap (TVOC), formaldehid (HCHO) dan habuk boleh terhirup (RP). Ukuran telah dijalankan menggunakan peralatan IAQ yang telah ditentukur. Soal selidik telah diedarkan kepada pekerjapekerja di jabatan-jabatan terpilih dan kadar maklumbalas yang diterima ialah 76%, iaitu bersamaan dengan jumlah pekerja seramai 76 orang. Kes SBS adalah jauh lebih tinggi di hospital yang terletak di Selangor (38.9%) berbanding Pahang (7.5%) dan di antara semua gejala yang dilaporkan, gatal-gatal, tersumbat atau hidung berair adalah gejala yang paling tinggi dilaporkan di dalam kajian ini (11.1%). Keputusan bacaan purata bagi setiap parameter IAQ di kedua-dua hospital adalah di bawah had yang boleh diterima atau dalam julat yang boleh diterima seperti dinyatakan dalam Kod Amalan Industri Kualiti Udara Dalaman 2010 (MICOP IAQ 2010). Sementara itu, keputusan bacaan purata untuk ACH telah gagal mencapai had minimum 10 seperti yang dinyatakan dalam Akta Kilang dan Jentera (Keselamatan, Kesihatan dan Kebajikan) Peraturan- peraturan 1970 (FMA (SHW) 1970). Walau bagaimanapun, tiada hubungan kaitan secara langsung dan tiada hubungan yang signifikan di antara setiap parameter IAQ dan gejala SBS. Kajian lanjut dengan skop yang lebih luas termasuk faktor peribadi dan psikososial perlu dijalankan terutamanya untuk kemudahan penjagaan kesihatan bagi mendapatkan keputusan yang lebih tepat.

Kata kunci: Kualiti udara dalaman (IAQ), sindrom bangunan sakit (SBS), bangunan, pertukaran udara sejam (ACH)

#### ACKNOWLEDGEMENT

In the name of Allah, the Most Beneficent and the Most Merciful.

I would like to take this opportunity to extent my sincere appreciations to all of those who supported and encouraged me during the completion of the master project paper.

First, and most importantly, I would like to thank to my project supervisor, Dr. Zuraida Hassan from the Universiti Utara Malaysia, for her patience, support and guidance which were immensely helpful in completing this project on time. Also, I would like to thank to Ms. Chan Kah Yin, my mentor and former colleague from Bureau Veritas (M) Sdn. Bhd., who has trained, guided and sharing her wide expertise in Industrial Hygiene and motivated me to be an Industrial Hygienist.

I would like to extend my appreciation to National Institute of Occupational Health (NIOSH), Malaysia who has appointed me as their principal consultant to execute the IAQ assessment at four hospitals in Malaysia using their resources. Special thanks to En Nor Mohd Razif Noraini from NIOSH and practical students of local universities who have dedicated their time, energy and expertise to help me with the assessment. Also, thanks to all hospital workers and maintenance team for their participation in the assessment. Without them, this project would definitely have failed to be completed.

Not to forget, my appreciation goes to BASF Asia- Pacific Service Centre Sdn. Bhd., my current employer for allowing me to complete my project without hesitations. Last but not least, my appreciation goes to my wife, daughter and mother for their love, understanding and support.

Any errors from this project are my own and should not tarnish the reputations of these esteemed persons. May Allah, the Almighty bless all of you and your family and repay all your good deeds and support given to me.

## TABLE OF CONTENT

Abstract	i
Abstrak	ii
Acknowledgement	iii
Table of Content	iv
List of Tables	ix
List of Figures	xii
List Abbreviations/ Notations/ Glossary of Terms	xiii

CHA	PTER 1: INTRODUCTION	1
1.1	Background of the Study	1
1.2	Problem Statement	3
1.3	Research Questions	5
1.4	Research Objectives	6
1.5	Scope and Limitations of the Study	7
	1.5.1 Scope	7
	1.5.2 Limitation	9
1.6	Definition of Key Terms	10
	1.6.1 Sick Building Syndrome (SBS)	10
	1.6.2 Indoor Air Quality (IAQ)	10
1.7	Organization of the Thesis	11
1.8	Conclusion	13
CHA	PTER 2: LITERATURE REVIEW	15

2.1	Introduction	15

2.2	Sick Building Syndrome (SBS)	15
2.3	The Prevalence of SBS Symptoms	16
2.4	Factors Associated with SBS	17
2.5	Indoor Air Quality (IAQ)	19
2.6	IAQ Parameters- Indoor Air Pollutants and Physical	20
	Environmental Factors	
	2.6.1 Indoor Air Pollutants	21
	2.6.1.1 Carbon dioxide (CO <sub>2</sub> )	21
	2.6.1.2 Carbon monoxide (CO)	22
	2.6.1.3 Total Volatile Organic Compounds (TVOC)	23
	2.6.1.4 Formaldehyde (HCHO)	23
	2.6.1.5 Respirable Particulates (RP)	24
	2.6.2 Physical Environment Factors	25
	2.6.2.1 Temperature and Relative humidity	25
	2.6.2.2 Ventilation Rate	26
2.7	Mechanisms for IAQ Improvement	27
2.8	IAQ and SBS Study	27
CHA	PTER 3: METHODOLOGY	31
3.1	Introduction	31
3.2	Research Framework	31
3.3	Hypotheses/ Prepositions Development	34
3.4	Research Design	35
3.5	Operational Definition	35
	3.5.1 Building	35

	3.5.2	Sick Building Syndrome (SBS)	35
	3.5.3	Environmental Factors	36
	3.5.4	Physical Environmental Factors	36
	3.5.5	Indoor Air Pollutants	36
	3.5.6	Ventilation Performance Indicator	36
	3.5.7	Air Changes Per Hour (ACH)	37
	3.5.8	Acceptable Limit or Range	37
3.6	Measu	arement of Variables/ Instrumentation	37
	3.6.1	First Phase: Self- administered Questionnaire	37
	3.6.2	Second Phase: Walkthrough Survey	38
	3.6.3	Third Phase: Environmental Measurements	39
3.7	Samp	ling	42
	3.7.1	Questionnaire	42
	3.7.2	Environmental Measurements	43
3.8	Data (	Collection Procedures	44
3.9	Data Analysis Techniques 4		
СНА	PTER 4	: RESULTS AND DISCUSSION	48
4.1	Introd	uction	48
4.2	The C	urrent Status of IAQ in Hospitals	49
	4.2.1	Sampling Points Overview	49
	4.2.2	Environmental Measurement Results	55
		4.2.2.1 Hospital Selangor	57
		4.2.2.2 Hospital Pahang	68
		4.2.2.3 Summary of IAQ in Hospital Selangor and Hospital Pahang	78

4.3	The A	dequacy of the MVAC System in Maintaining Good IAQ	81
	4.3.1	Walkthrough Survey Results	81
	4.3.2	Adequacy of the Existing MVAC System	84
4.4	Comn	non Symptoms of SBS in Hospitals	86
	4.4.1	Social Demographic of the Workers	86
	4.4.2	Workers with SBS Symptoms	87
4.5	Comp	arison of Reported SBS Symptoms in Hospitals	90
4.6	Comp	parison of the Prevalence of SBS in Hospitals	92
4.7	Relati	onship between IAQ and SBS	92
	4.7.1	Summary of Results	92
	4.7.2	Association between IAQ and SBS	96
4.8	Discu	ssion	99
	4.8.1	Social Demographic of the Workers	99
	4.8.2	IAQ Parameters	100
	4.8.3		101
	4.8.4	Association between SBS and IAQ	102
CH	APTER 5	5: CONCLUSION AND RECOMMENDATION	105
5.1	Introd	luction	105

5.3	Research Implications	109

105

Overall Findings

5.2

5.4	Research Limitations	111
5.5	Suggestion for Future Research	112
5.6	Conclusion	113

APPENDICES		122
А	Questionnaire	122
В	Workplace Inspection Checklist	124
С	Photos of Site Assessment	127

115



## LIST OF TABLES

2.1	Symptom and Effects due to Sick Building Syndrome	16
3.1	IAQ Direct Reading Equipment	40
3.2	MICOP IAQ 2010- List of Indoor Air Pollutions and the Acceptable	41
	Limits	
3.3	Acceptable Range for Specific Physical Environmental Factors	41
3.4	Required Sample Size	42
3.5	Minimum Number of Sampling Points	43
3.6	Sampling Slots Vs. Time Interval	44
4.1	List of Sampling Points Description (indoor air pollutants, temperature	50
	and relative humidity) for Hospital Selangor	
4.2	List of Sampling Points Description (air changes per hour, ACH)	51
	for Hospital Selangor	
4.3	List of Sampling Points Description (indoor air pollutants,	52
	temperature and relative humidity) for Hospital Pahang	
4.4	List of Sampling Points Description (air changes per hour, ACH) for	53
	Hospital Pahang	
4.5	IAQ Measurement Results for SOPD, Hospital Selangor	57
4.6	IAQ Measurement Results for PD, Hospital Selangor	58
4.7	IAQ Measurement Results for MRD, Hospital Selangor	60
4.8	IAQ Measurement Results for OGD, Hospital Selangor	61
4.9	IAQ Measurement Results for OD, Hospital Selangor	62
4.10	IAQ Measurement Results for SOPD, Hospital Pahang	68
4.11	IAQ Measurement Results for PD, Hospital Pahang	69
4.12	IAQ Measurement Results for MRD, Hospital Pahang	70

4.13	IAQ Measurement Results for OGD, Hospital Pahang	71
4.14	IAQ Measurement Results for OD, Hospital Pahang	73
4.15	Summary of results at SOPD, PD, MRD, OGD and OD in Hospital	78
	Selangor	
4.16	Summary of results at SOPD, PD, MRD, OGD and OD in Hospital	79
	Pahang	
4.17	IAQ Parameters and locations where the results have exceeded the	81
	acceptable limits	
4.18	Basic information of Hospital Selangor and Hospital Pahang	82
4.19	The types of air- conditioning system	84
4.20	Summary Results of ACH and CO <sub>2</sub> at Hospital Selangor and	86
	Hospital Pahang	
4.21	Personal Characteristics of Respondents in Hospital Selangor and	87
	Hospital Pahang	
4.22	Number of Respondents having SBS at five departments in Hospital	88
	Selangor and Hospital Pahang	
4.23	The difference of reported SBS symptoms among workers' in	91
	Hospital Selangor and Hospital Pahang	
4.24	The difference of the prevalence of SBS among workers in Hospital	92
	Selangor and Hospital Pahang	
4.25	Number of Respondents having SBS at five departments in Hospital	93
	Selangor and Hospital Pahang	
4.26	The level of IAQ at five departments in Hospital Selangor	93
4.27	The level of IAQ at five departments in Hospital Pahang	95
4.28	Association between SBS with the level of IAQ in Hospital Selangor	97

98



## LIST OF FIGURES

3.1	Influence of IAQ on SBS	32
3.2	Flowchart on Data Collection Procedures	45
4.1	CO2 Concentration Vs. Sampling Points at Hospital Selangor	64
4.2	CO Concentration Vs. Sampling Points at Hospital Selangor	64
4.3	TVOC Concentration Vs. Sampling Points at Hospital Selangor	65
4.4	HCHO Concentration Vs. Sampling Points at Hospital Selangor	65
4.5	RP Concentration Vs. Sampling Points at Hospital Selangor	66
4.6	Temperature Vs. Sampling Points at Hospital Selangor	66
4.7	Relative Humidity Vs. Sampling Points at Hospital Selangor	67
4.8	ACH Vs. Sampling Points at Hospital Selangor	67
4.9	CO2 Concentration Vs. Sampling Points at Hospital Pahang	74
4.10	CO Concentration Vs. Sampling Points at Hospital Pahang	75
4.11	TVOC Concentration Vs. Sampling Points at Hospital Pahang	75
4.12	HCHO Concentration Vs. Sampling Points at Hospital Pahang	76
4.13	RP Concentration Vs. Sampling Points at Hospital Pahang	76
4.14	Temperature Vs. Sampling Points at Hospital Pahang	77
4.15	Relative Humidity Vs. Sampling Points at Hospital Pahang	77
4.16	ACH Vs. Sampling Points at Hospital Pahang	78
4.17	Symptom Patterns Vs. Number of Respondents at Hospital Selangor	89
4.18	Symptom Patterns Vs. Number of Respondents at Hospital Pahang	89
4.19	Symptom Patterns Vs. Work Environment at Hospital Selangor	90
4.20	Symptom Patterns Vs. Work Environment at Hospital Pahang	90

## LIST OF ABBREVIATION/ NOTATIONS/ GLOSSARY OF TERMS

ACH	- Air changes per hour
CO <sub>2</sub>	- Carbon dioxide
СО	- Carbon monoxide
FMA(SHW)	- Factories and Machineries (Safety, Health and Welfare) Regulations
	1970
НСНО	- Formaldehyde
IAQ	- Indoor air quality
mg/m <sup>3</sup>	- Milligram per cubic meter
MICOP IAQ	- Malaysia Industry Code of Practice on Indoor Air Quality
MVAC	- Mechanical ventilation and air conditioning
n	- Sample size
ppb	- Parts per billion
ppm	- Parts per million
RP	- Respirable particulates
SBS	- Sick building syndrome
TVOC	- Total volatile organic compound
%RH	- Percentage of relative humidity
°C	- Degree celcius
χ2	- Chi square
<	- Not less than

#### **CHAPTER 1: INTRODUCTION**

#### **1.1 Background of the Study**

One of the important elements to ensure the health and comfort level of people in the physical environment especially in a building is Indoor Air Quality (IAQ). IAQ refers to the quality of air within and around a particular building and its structure. It highly relates to the health of its occupants. Poor IAQ can certainly lead to a variety of environmental health problems and potentially affect comfort and well-being.

According to the United States Environmental Protection Agency (US EPA), poor IAQ can be associated with many known environmental health problems such as Sick Building Syndrome (SBS), Building Related Illness (BRI), and Multiple Chemical Sensitivity (MCS). However, the most well-known environmental health problem associated with poor IAQ is SBS (U.S EPA, 2016). SBS describes situations in which people employed in building experience acute health and comfort effects that seem to be linked to time spent in a building. Even though there is yet specific illness or cause to be strongly associated to SBS, common symptoms of SBS may include headache, fatigue, irritated throat, itchy skin, eyes and nose, coughing and nausea (Godish, 1995). These symptoms are generic and varied where most of them are found to be temporary as the SBS complainants report relief soon after leaving the building.

According to Berardil, Leoni, Marchesini, Cascella and Raffil (1991), SBS is a known issue in Malaysia due to the construction of buildings designed to be energy-

# The contents of the thesis is for internal user only

#### REFERENCES

- American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE). (1999). Ventilation for acceptable indoor air quality (ANSI/ ASHRAE Standard 62- 1999). Atalanta, USA.
- American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE). (2001). *Ventilation for acceptable indoor air quality* (ANSI/ ASHRAE Standard 62- 2001). Atalanta, USA.
- Andersson, K. and Stridh, G. (1991). The use of standardized questionnaires in building-related illness (BRI) and sick building syndrome (SBS) survey.
  NATO/CCMS Pilot Study on Indoor Air Quality. 4th Plenary Meeting: Epidemiology and Medical Management of Building Related Complaints and Illnesses, report on a meeting held in Oslo, Norway, 19-21 August 1991, 47-64.
- Apter, A., Bracker, A., Hodgson, M., Sidman, J. & Wing-Yan, L. (1994). Epidemiology of the sick building syndrome. *Journal of Allergy and Clinical Immunology*, 94, 277-288.
- Armstrong Laboratory (1992). Occupational and Environmental Health Doctorate, Armstrong Laboratory. Brooks Air Force Base, Texas, USA.
- Arya, M & Rajput, S.P.S (2011). Monitoring and analysis of indoor air quality at different heights in industrial room by using CFD. *International Journal of Environmental Sciences*, 1(6), 1062-1071.
- Berardil, B. M., Leoni, E., Marchesini, B., Cascella, D., & Raffil, G. B. (1991). Indoor climate and air quality in new offices: Effects of a reduced air-

exchange rate. International Archives of Occupational and Environmental Health, 63, 233–239.

- Bluyssen, P. M. (2009). Towards an integrative approach of improving indoor air quality. *Building and Environment, 44*(9), 1980–1989.
- Burge, P. S. (2004). Sick building syndrome. Occupational and Environmental Medicine, 61(2), 185–190.
- Burroughs, H. E., & Hansen, S. J. (1991). Managing indoor air quality. Journal of the Institute of Heating and Ventilating Engineers, 34, London, UK: CRC Press Taylor & Francis Group.
- Cometto-Muniz, J.E., Cain, W.S. & Abraham, M.H. (2004). Detection of single and mixed VOCs by smell and by sensory irritation. *Indoor Air, 14*(suppl 8), 108-117.
- Department of Occupational Safety and Health, Ministry of Human Resources, Malaysia (2010). *Industry Code of Practice on Indoor Air Quality*. Malaysia.
- Godish, T. (1995). Sick buildings: Definition, diagnosis and mitigation. Boca Raton, FL: CRC Press.
- Centers for Disease Control and Prevention and U.S. Department of Housing and Urban Development (2006). *Healthy Housing Reference Manual*. Atlanta, US: Department of Health and Human Services.
- Gomzi, M., Bobic, J., Radosevic-Vidacek, B., Macan, J., Varnai, V. M., Milkovic-Kraus, S. & Kanceljak- Macan, B. (2007). Sick building syndrome: Psychological, somatic and environmental determinants. *Archives of Environmental Occupational Health*, 62(3), 147-155. doi: 10.3200/AEOH.62.3.147-155

- Hodgson, M. (1995). The sick-building syndrome. *Occupational and Environmental Medicine*, 10, 167–175.
- Jafari, M. J., Khajeyandi, A. A., Mousavi Najarkola, S. A., Yekaninejad, M. S., Pourhoseingholi, M.A., Omidi, L & Kalantary, S (2015). Association of sick building syndrome with indoor air parameters. *National Research Institute of Tuberculosis and Lung Disease, Iran. Tanaffos, 14*(1), 55-62.
- Khushbu, K. S. & Rushabh A. S. (2016). Sick building syndrome. International Journal of Advanced Research in Engineering, Science and Management, 2(4), 1-5.
- Levin, H. (1995). Building ecology: An architect's perspective on healthy buildings.Conference Paper, Healthy Buildings, Milan, Italy, September 10- 15, 1995.
- Levin, H. (1995). Physical factors in the indoor environment. Occupational Medicine, 10(1), 59-94.
- Lu Aye, Charters, W., Chiazor, M. & Robinson, J. (2005). Evaluation of occupant perception and satisfaction in two new office buildings. *Renewable Energy* for a Sustainable Future- A Challenge for a Post Carbon World ANZSES, 1-8.
- Magnavita, N. (2013). Work-related symptoms in indoor environments: A puzzling problem for the occupational physician. *Occupational and Environmental Health* 88(2), 185-196.
- Michael, G. A., William, J. F. & Joan, M. D. (2000). Indoor carbon dioxide concentrations and SBS in office workers. *Proceedings of Healthy Buildings*, *1*, 133-137.

- Mohd Ezman, Z., Juliana, J. & Nafiz, S. (2013). Indoor air quality and prevalence of sick building syndrome among office workers in two different offices in Selangor. *American Journal of Applied Sciences*, 10 (10), 1140-1147.
- Nordstrom, K., Norback, D. & Akselsson, R. (1995). Influence of indoor air quality and personal factors on the sick building syndrome (SBS) in Swedish geriatric hospitals. *Occupational and Environmental Medicine*, *52*(3), 170-176.
- Norback, D., Bjornsson, E., Janson, C., Widstrom, J. & Boman, G. (1995). Asthmatic symptoms and volatile organic compounds, formaldehyde, and carbon dioxide in dwellings. *Occupational and Environmental Medicine*, 52(6), 388-395.
- Norback, D. (2009). An update on sick building syndrome. Current Opinion in Allergy and Clinical Immunology, 9(1), 55-59.
- Norhidayah, A., Chia-Kuang, L., Azhar, M. K. & Nurulwahida, S. (2013). Indoor air quality and sick building syndrome in three selected buildings. *Procedia Engineering*, 53, 93-98.
- Norhidayah, A. & Mimi H. H. (2015). Indoor air quality and sick building syndrome in three selected buildings. *Jurnal Teknologi, Universiti Teknologi Malaysia*, 164- 170. doi: 10.11113/jt.v76.3995
- Nur Fadilah, R., & Juliana, J. (2012). Indoor air quality (IAQ) and sick building syndrome (SBS) among office workers in new and old building in Universiti Putra Malaysia, Serdang. *Health and the Environmental Journal*, 3(2), 98– 109.

- Ooi, P. L., Goh, K. T., Foo, S. C. & Yap, H. M. (1998). Epidemiology or sick building syndrome and its associated factors in Singapore. *Occupational and Environmental Medicine* 55(3), 188-193.
- Ossama, A., Gamal, M. & Amal, A. (2006). Correlation between indoor environmental quality and productivity in buildings. *Environment, Health and Sustainable Development (IAPS 19 Conference Proceedings on CD- Room)*, 1-15.
- Pouli, A. E., Hatzinikolaou, D. G., Piperi, C., Stavridou, A., Psallidopoulos, M. C. & Stavrides J. C. (2003). The cytotoxic effect of volatile organic compounds of the gas phase of cigarette smoke on lung epithelial cells. *Free Radical Biology and Medicine, 34*, 345-355.
- Raw, G. J. (1992). Sick building syndrome: A review of the evidence on causes and solutions. HSE Contract Research Report No. 42/1992, Health Safety and Executive, UK.
- Roodman, D. M. & Lenssen, N. (1995). A building revolution: How ecology and health concerns are transforming construction. Worldwatch Paper 124, Worldwatch Institute, Washington, DC.
- Samet, J. M., Marbury, M. C. & Spengler, J. D. (1988). Health effects and sources of indoor air pollution. Part II. American Review of Respiratory Disease, 137, 221–242.
- Samet, J. M. (1993). Indoor air pollution: a public health perspective. *International Journal of Indoor Environment and Health*, 3(4), 219-226.
- Simoni, M., Carrozzi, L., Baldacci, S., Scognamiglio, A., Di Pede, F., Sapigni, T. & Viegi, G. (2002). The Po river delta (north Italy) indoor epidemiological study: Effects of pollutant exposure on acute respiratory symptoms and

respiratory function in adults. Archives of Environmental Health: An International Journal, 57, 130-136.

- Siti Hamimah, I., Baba, M. D. & Abd. Mutalib L. (2010). Indoor air quality issues for non- industrial workplace. *IJRRAS 5*(3), 235-244.
- Sulaiman, Z. & Mohamed, M. (2011). Indoor air quality and sick building syndrome study at two selected libraries in Johor Bahru, Malaysia. *Environment Asia*, 4(1), 67–74.
- Syazwan, A. I, Juliana, J., Norhafizalina, O., Azman, Z. A., & Kamaruzaman, J. (2009). Indoor air quality and sick building syndrome in Malaysian buildings. *Global Journal of Health Science*, 1(2), 126–135.
- U.S. EPA. (2000). *Why is the environment indoors important to us?* Washington, DC: Indoor Environment Division, U.S. Environmental Protection Agency.
- U.S. EPA. (2016). Indoor air quality (IAQ) Fundamentals of indoor air quality in buildings. Retrieved September 6, 2016, from https://www.epa.gov/indoor-air-quality-iaq/fundamentals-indoor-air-quality-buildings
- Weaver, L. K., Hopkins, R. O., Chan, K. J., Churchill, S., Elliott, C. G., Clemmer, T. P., Orme Jr., J. F., Thomas, F.O. & Morris, A. H. (2002). Hyperbaric oxygen for acute carbon monoxide poisoning. *The New England Journal of Medicine*, 347, 1057-1067.
- Wolkoff, P., Wilkins, C. K., Clausen, P. A. & Nielsen, G. D. (2006). Organic compounds in office environments: Sensory irritation, odor, measurements and the role of reactive chemistry. *Indoor Air*, 16, 7-19.
- World Health Organization (1983). Indoor air pollutants: Exposure and health effects. Report on WHO Meeting, Nordlingen, 8-11 June 1982. Copenhagen:
  WHO, Regional Office for Europe, EURO Report and Studies no. 78.

- World Health Organization (1995). Sick building syndrome. Copenhagen: WHO, Regional Office for Europe.
- Zuliza, M. S., Irniza, R. & Emilia, Z. A. (2016). Indoor air quality and prevalence of sick building syndrome among university laboratory workers. *International Journal of Sciences: Basic and Applied Research (IJSBAR), 29*(2), 130-140.



## APPENDIX A- QUESTIONNAIRE

			IND	OOR A	IR QU	JALI	TY		
This short quality (IA)	questionn 2) poilutar Your answ	nts and to id	en given lentify ad	PANTS to you to facil verse health o Idential. Pleas	effects that i	may be as	sociated with	n exposure to	these
Completed Disediakar Date/ Tarih	oleh					_			1
1. Building 2. Departm 3. Has you Adakah	/Company hent/Divisi r Compan syarikat a	on : ly carried or	ut any asi menjalai	sessment rela nkan apa-apa	ujlan kualti	udara da		_	
	Yes	-	No		In Progre	ss 🗆	Not Sure		
Backgrou	nd factor/	Latar Beia	akang						
4. Sex :	0	Male		5. Age :		<25 yrs		40- 55 yrs	
		Female				25-39	rs 🗆	>55 yrs	
6. Do you	smoke?		Yes		ND.				
Nature of 7. Occupat			1				-	1	100
6. How lon	g you hav	e been at y	our prese	nt place of w	ork?	-	yr(s)	_	mth(s)
9. No. of h	ours spen	t per day at	your mai	n workstation	12		hr(s)		
10. Brief d	escription	of your wor	ki Ringka	isan tugas-tu	gas anda di	tempat ke	erja :		
- /.	UTAR	1							-
11. Type o 12. How is		ion : air-conditio		Denclosed Open Cor	Central U	init. t (spiit uni	1)		
	Indicate I	tuni unt	with or ne	ar the followin					
a) Typewrf			Uni	versit	Everydaj	Cro. K	2-3 times we	еюу	Never
		(VDU) cor	nputer						
c) Photoco	a de la compañía	2000							
d) Fax ma									
				ast three (3) n u sejak 3 bula					
					Yes, ofter		Yes, someti	mes	No, never
		lara dalam	DIIK		(every wee	ek)	8		8
b) Room te Subu bi		e too high/ rialu tinggi			11				L.
c) Varying	room tem	perature/							
d) Room te		tak menenti e too low/	u						
Sunu bi	lik yang te	rlalu rendal	n.		-		-		
e) Stuffy "t Udara v		esakkan pe	mafasan				1		0
f) Dry air/ (	Jdara yan	g kering							
g) Unpleas			ikan.						
h) Passive	smoking/	menyenang Merokok p	asir				크		
<ol> <li>Dust and</li> </ol>	din/ Hab	uk dan koto	Nan		L.A.		1.1		<u></u>

#### **APPENDIX A- (CONTINUED)**

## INDOOR AIR QUALITY

#### QUESTIONAIRE FOR BUILDING OCCUPANTS

This short questionnaire has been given to you to facilitate the identification of potential sources of indoor air quality (IAQ) pollutants and to identify adverse health effects that may be associated with exposure to these pollutants. Your answers will remain confidential. Please complete the form as accurately as possible before returning to us. Past/Present Diseases/Symptoms/ Penyaktt/ Simptom Dulu/ Sekarang :

	Yes	NO
15. Have you ever had asthmatic problems/ respiratory- related diseases ?		
If yes, during last year?		
16. Have you ever suffered from sinusitis/ nose-related diseases?		
If yes, during last year?		
17. Have you ever suffered from eczema/ skin diseases ?		
If yes, during last year?		

#### Present Symptoms/ Simptom Sekarang

18. During the last three (3) months, have you had any of the following symptoms at work (Answer every question even if you have not had any symptoms)?/ Sejak 3 bulan lepas, adakah anda mengalami mana-mana simptom yang berikut di tempat kerja?

	Yes, often (every week	Yes, () sometimes	No, never	that is	do you t due to yo ivironme No	our work
a) Fatique/ Letih		D.	Ū.	0		
b) Feeling heavy-headed/ Lembab				Ē.		
c) Headache/ Sakit Kepala				000		
d) Nausea/dizziness/ Mual/ Pening						
e) Difficulties concentrating/				<u>п</u>		
Sukar menumpukan perhatian	_	100	-	n	-	
f) itching, burning or irritation of the eyes/	LL .	1	1	- 14 · ·	Ш.	LL.
Gatal, pedih atau merengsa pada mata g) irritated, stuffy or runny nose/			0	0		
Merengsa, tersumbat atau hidung bera	Ir	-	0		-	-
h) Hoarse, dry throat/ Serak, kering Tekal						
I) Cough/ Batuk	IVES	itioUt	a Pa	aystia		
() Dry or flushed facial skin				0		
Kulit muka kering atau kemerahan	-	-	-	-	-	-
<ul> <li>k) Scaling/tching scalp or ears/ Pengelupasan/ Kegatalan kult kepala atau telinga</li> </ul>	ų.	, m	ш.	<u> </u>	U.	Ц.
i) Hand dry, itching, redskin						
Tangan kekeringan, gatai, kemerahan						
19. When do these symptoms occur?		Mornings				
Bila simptom-simptom selaiu terjadi?	0	Afternoons				
		No noticeal	ble trend			
20. When do you experience relief from th	ese sympton	ns?		Mornings		
Bila anda akan berasa lega daripada :	simptom-sim	ntom vang dir	watakan?	Attemoons		
	and a state of the			 	- lover	
				 No noticeab	ellend	

## **APPENDIX B- WORKPLACE INSPECTION CHECKLIST**

## **Checklist for Walkthrough Inspection**

Date of Inspection:	
Inspected by:	
Location:	Time:

#### **1.0 GENERAL CONSIDERATIONS**

1.1 Ensured that temperature and humidity are maintained within	Yes	No	<b>N/A</b> □
acceptable ranges			
1.2 Ensured that no obstructions exist in supply and exhaust vents			
1.3 Checked for odors			
1.4 Checked for signs of mold and mildew growth			
1.5 Checked for signs of water damage			
1.6 Checked for evidence of pests and obvious food sources			
1.7 Checked for presence of hazardous substances			
1.8 Dirty or unsanitary conditions			
1.9 Inadequate ventilation (e.g stuffy, stale air)			
1.10 Poor conditions (e.g drain pans, cooling towers, filters, air cleaners)			
1.11 Overcrowding			

## 2.0 GROUND LEVEL

	Universiti Utara Malay	Yes	No	N/A
2.1	How many occupants in the work area?			
2.2	How long are they in the work area?			
2.3	Is the indoor temperature regulated by thermostats?			
2.4	Is there discomfort from heat radiation from visual display units?			
2.5	Is there discomfort due to radiant heat from warm window surfaces?			
2.6	Are temperature, relative humidity and air flow rates checked			
	regularly during working hours?			
2.7	Does air reach all parts of the office or there are no dead spaces?			
2.8	Is the building is still being used for the purpose it was intended?			
2.9	Have partitions/ walls been added or removed?			
2.10	Have occupancy levels changed?			

## **APPENDIX B- (CONTINUED)**

#### 3.0 Potential Sources of Contaminants

3 1	Are they any occupants smoking?	Yes	No	N/A
J. I	If yes, indicate where and if no, is there any designated area?			
3.2	Are they furniture, carpets etc that emit noticeable odours?			
3.3	Have detergents, pesticides or other chemicals been used in the			
	Building?			
3.4	Has there been any recent renovation or maintenance in any part			
	of the building?			
	3.4.1 Done during working hours?			
	3.4.2 That can be a source of contaminants (e.g painting, carpet			
	Installation/ cleaning, pesticide application etc)?			
	3.4.3 That can alter air flow patterns such as installation of			
	Partitions or relocation of air intake or exhaust?			
3.5	Is there a kitchen or pantry where cooking is done?			
	If yes, is exhaust ventilation provided?			
3.6	Is the building adequately clean?			
3.7	Is regular dusting of office furniture, ledges, shelves etc. carried out			
	to help keep dust to a minimum?			
<b>3.8</b>	Are the carpets vacuum- cleaned regularly?			
<b>3.9</b>	Are they any office equipment giving off gases or fumes such as			
	photocopying machines, blueprint machines and other office			
	machines	(cia		

Universiti Utara Malaysia

### 4.0 Ventilation and air-conditioning

	Yes	No	N/A
4.1 Is there at least one supply air and exhaust air vents in every area?			
If yes, how many vents provided in each area?			
4.2 Are supply air or exhaust air vents blocked in any way by partitions,			
files or other structures that obstruct air flow			
4.3 Has dust collected around the air vents?			
4.4 Is the air-conditioning system turned off			
4.4.1 any time during the day?			
4.4.2 after office hours?			
4.4.3 are there still occupants in the building after office hours?			
4.5 Where is the outdoor air intake duct located?			
4.5.1 near the cooling tower in the building?			
4.5.2 near adjacent buildings?			

## **APPENDIX B- (CONTINUED)**

	4.5.3 at street level?		
	4.5.4 near a car park?		
	4.5.5 is it obstructed?		
	4.5.6 others, please specify?	_	
4.6	Are heavy industries located nearby?		
4.7	Are there any construction work going on nearby?		
4.8	Is outdoor air actually getting into the building?		
4.9	Is there regular schedule for cleaning and maintenance of the		
	air- conditioning system in the building?		
4.10	Are all the components of the air- conditioning system regularly		
	Inspected for leaks, breaches etc.?		





## **APPENDIX C- PHOTOS OF SITE ASSESSMENT**



Photo 1 Fresh air intakes were located near to vehicles parking area



Photo 2 *TVOC sources in indoors* 



Photo 3 *MVAC and the log book for maintenance activities* 

## **APPENDIX C- (CONTINUED)**



Photo 4 Fresh air dampers in the AHU room were closed



Photo 5 Example of IAQ equipment and its sampling location