

Date	The University of Georgia Cooperative Extension Service <i>Putting Knowledge to Work</i> Housing & Near Environment INDOOR AIR QUALITY: Combustion Pollutants	#
------	---	---

Checking My Knowledge...

	True	False
• Combustion pollutants are gases or particles that come from burning fuels.	<input type="checkbox"/>	<input type="checkbox"/>
• Tobacco smoking is not a source of combustion pollutants	<input type="checkbox"/>	<input type="checkbox"/>
• Combustion pollutants can cause headaches, dizziness, nausea, and in the case of carbon monoxide, even death.	<input type="checkbox"/>	<input type="checkbox"/>
• Heating appliances that burn fuel do not need to be vented to the outside	<input type="checkbox"/>	<input type="checkbox"/>
• Hundreds of people are killed each year because of carbon monoxide in their homes.	<input type="checkbox"/>	<input type="checkbox"/>
• Faulty water heaters and car exhaust can be a source of carbon monoxide.	<input type="checkbox"/>	<input type="checkbox"/>

Taking Charge...

When I go home, I plan to:

	Yes, I'll Start	I already do this
• Tell my family about the problems caused by combustion pollutants.	<input type="checkbox"/>	<input type="checkbox"/>
• Have my home inspected to make sure that all appliances and heating systems are working and are vented properly.	<input type="checkbox"/>	<input type="checkbox"/>
• Install carbon monoxide detectors in key places around the home.	<input type="checkbox"/>	<input type="checkbox"/>
• Warm the car in an open air space and not inside an enclosed garage.	<input type="checkbox"/>	<input type="checkbox"/>
• Open a window slightly when operating a bathroom or kitchen exhaust fan to control air pressure in the home.	<input type="checkbox"/>	<input type="checkbox"/>
• If I smoke, to smoke outside the home	<input type="checkbox"/>	<input type="checkbox"/>

WORKSHOP TITLE
Overall, this workshop was....

Not Helpful 1 2 3 4 5 Very Helpful

Other Topics

I would like to have more information on: _____

The best time and place for another workshop is: _____

One thing I will do as a result of this workshop is: _____

I would have enjoyed this workshop more if: _____

Name (optional) _____

Receive Food Stamps? Yes _____ No _____

Ethnic Background White _____ Black _____ Hispanic/Latino _____ Multi-Cultural _____ American Indian _____ Asian/Pacific Islander _____

Receive Housing Assistance? Yes _____ No _____