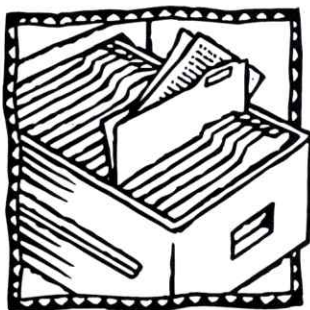




Administrative Staff Checklist

Name: Stacie Anderson

School: Kathleen E. Goodwin

Room or Area: Front Office Date Completed: 3/30/26

Signature: Stacie Anderson

Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. GENERAL CLEANLINESS

	Yes	No	N/A
1a. Ensured that offices are dusted and vacuumed regularly	☒	☐	☐
1b. Ensured that trash is removed daily	☒	☐	☐
1c. Ensured that no food is stored in the office overnight	☒	☐	☐
1d. Ensured that the room is free of pests and vermin	☒	☐	☐
1e. Used unscented, school-approved cleaners and air fresheners, if any, in rooms	☒	☐	☐

2. EXCESS MOISTURE IN OFFICES

2a. Ensured that condensate is wiped from windows, windowsills, and window frames	☒	☐	☐
2b. Ensured that cold water pipes are free of condensate	☒	☐	☐
2c. Ensured that indoor surfaces of exterior walls are free of condensate	☒	☐	☐
2d. Ensured that areas around and under sinks are free of leaks	☐	☐	☒
2e. Ensured that lavatories are free of leaks	☐	☐	☒
2f. Checked ceiling tiles and walls for signs of leaks (discoloration may indicate periodic leaks)	☐	☒	☐
2g. Ensured that spills are cleaned promptly	☒	☐	☐

3. THERMAL COMFORT

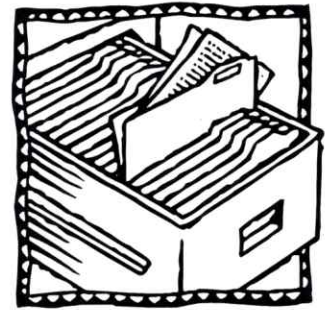
3a. Ensured that moderate temperature (should generally be 72°F–76°F)	☒	☐	☐
3b. Ensured that there are no signs of draftiness	☒	☐	☐
3c. Maintained humidity at acceptable levels (between 30 and 60 percent)	☒	☐	☐

4. VENTILATION

4a. Located unit ventilator	☒	☐	☐
4b. Located air supply and return vents	☒	☐	☐
4c. Ensured that air is flowing from supply vent	☒	☐	☐
4d. Ensured that the air supply pathway is not obstructed	☒	☐	☐
4e. Ensured that there are no vehicle exhaust, kitchen/food, and chemical odors	☐	☐	☒
4f. Ensured that there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>)	☒	☐	☐
4g. Determined operability of windows	☒	☐	☐

5. LOCAL EXHAUST FANS

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Located major pollutant-generating activities, if any | ☒ | ☐ | ☐ |
| 5b. Located exhaust fan(s), if any | ☒ | ☐ | ☐ |
| 5c. Determined that fans operate | ☒ | ☐ | ☐ |
| 5d. Ensured that adjacent rooms are free of odor | ☒ | ☐ | ☐ |

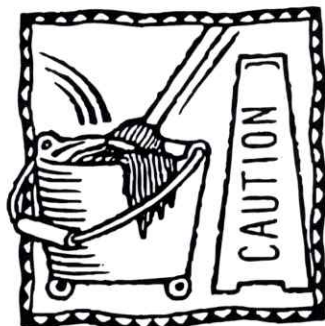


6. PRINTING/DUPLICATING EQUIPMENT

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for odors from equipment | ☒ | ☐ | ☐ |
| 6b. Ensured that equipment is maintained regularly (date of most recent servicing is usually documented on the machine) | ☒ | ☐ | ☐ |
| 6c. Checked that equipment functions properly | ☒ | ☐ | ☐ |
| 6d. Ensured that duplicating equipment, printers, and copiers are located in a well-ventilated area, preferably in a separate room with an exhaust fan vented to the outside | ☒ | ☐ | ☐ |

NOTES

2f some discoloration/water marks on ceiling tiles



Building and Grounds Maintenance Checklist

Name: Anthony Girardi
 School: Goodwin
 Room or Area: _____ Date Completed: _____
 Signature: [Signature]

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. BUILDING MAINTENANCE SUPPLIES

	Yes	No	N/A
1a. Developed appropriate procedures and stocked supplies for spill control	☒	☐	☐
1b. Reviewed supply labels	☒	☐	☐
1c. Ensured that air from chemical and trash storage areas vents to the outdoors	☒	☐	☐
1d. Stored chemical products and supplies in sealed, clearly labeled containers	☒	☐	☐
1e. Researched and selected the safest products available	☒	☐	☐
1f. Ensured that supplies are being used according to manufacturers' instructions	☒	☐	☐
1g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions	☒	☐	☐
1h. Substituted less- or non-hazardous materials (where possible)	☒	☐	☐
1i. Scheduled work involving odorous or hazardous chemicals for periods when the school is unoccupied	☒	☐	☐
1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals	☒	☐	☐

2. GROUNDS MAINTENANCE SUPPLIES

2a. Stored grounds maintenance supplies in appropriate area(s)	☒	☐	☐
2b. Ensured that supplies are used and stored according to manufacturers' instructions	☒	☐	☐
2c. Established and followed procedures to minimize exposure to fumes from supplies	☒	☐	☐
2d. Reviewed and followed manufacturers' guidelines for maintenance	☒	☐	☐
2e. Replaced portable gas cans with low-emission cans	☒	☐	☐
2f. Stored chemical products and supplies in sealed, clearly-labeled containers	☒	☐	☐
2g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions	☒	☐	☐

3. DUST CONTROL

3a. Installed and maintained barrier mats for entrances	☒	☐	☐
3b. Used high efficiency vacuum bags	☒	☐	☐
3c. Used proper dusting techniques	☒	☐	☐
3d. Wrapped feather dusters with a dust cloth	☒	☐	☐
3e. Cleaned air return grilles and air supply vents	☒	☐	☐

4. FLOOR CLEANING

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors | ☒ | ☐ | ☐ |
| 4b. Cleaned spills on floors promptly (as necessary) | ☒ | ☐ | ☐ |
| 4c. Performed restorative maintenance (as necessary) | ☒ | ☐ | ☐ |

5. DRAIN TRAPS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Poured water down floor drains once per week (about 1 quart of water) | ☒ | ☐ | ☐ |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) | ☒ | ☐ | ☐ |
| 5c. Flushed toilets once each week (if not used regularly) | ☒ | ☐ | ☐ |

6. MOISTURE, LEAKS, AND SPILLS

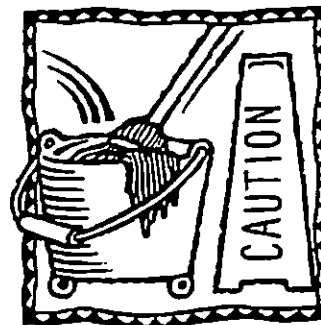
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors | ☒ | ☐ | ☐ |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks) | ☒ | ☐ | ☐ |
| 6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms) | ☒ | ☐ | ☐ |
| 6d. Checked that windows, windowsills, and window frames are free of condensate | ☒ | ☐ | ☐ |
| 6e. Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate | ☒ | ☐ | ☐ |
| 6f. Ensured the following areas are free from signs of leaks and water damage: | | | |
| Indoor areas near known roof or wall leaks | ☒ | ☐ | ☐ |
| Walls around leaky or broken windows | ☒ | ☐ | ☐ |
| Floors and ceilings under plumbing | ☒ | ☐ | ☐ |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes | ☒ | ☐ | ☐ |

7. COMBUSTION APPLIANCES

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for odors from combustion appliances | ☒ | ☐ | ☐ |
| 7b. Checked appliances for backdrafting (using chemical smoke) | ☒ | ☐ | ☐ |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration | ☒ | ☐ | ☐ |
| 7d. Inspected flue components for corrosion and soot | ☒ | ☐ | ☐ |

8. PEST CONTROL

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 8a. Completed the <i>Integrated Pest Management Checklist</i> | ☒ | ☐ | ☐ |
|---|-------------------------------------|--------------------------|--------------------------|



NOTES

KGS

EPA Tools for Schools Checklist

		YES	NO	N/A	Comments
1a.	Marked locations of all outdoor air intakes on a small floor plan	X			
1b.	Ensured that the ventilation system was on and operating in "occupied" mode	X			Occupied/unoccupied set in BMS
1c.	Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers	X			
1e.	Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas)	X			
1f.	Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers)	X			
1h.	Obtained chemical smoke (or a small piece of tissue paper or light plastic)	~~NA~~		X	
1i.	Confirmed that outdoor air is entering the intake appropriately.	X			
2l.	Checked mechanical room for unsanitary conditions, leaks, and spills	X			
2m.	Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies	X			
3a.	Ensured that air dampers are at least partially open (minimum position)				
3b.	Ensured that minimum position provides adequate outdoor air for occupants				
3c.	Obtained and reviewed all design inside/outside temperature and humidity requirements, controls specifications, as-built mechanical drawings, and controls operations manuals (often uniquely designed)				
3f.	Ensured that settings fit the actual schedule of building use (including night/weekend use)				
3k.	Ensured that the outdoor air damper is visible for inspection	X			
3l.	Ensured that the recirculating relief and/or exhaust dampers are visible for inspection	X			
3m.	Ensured that air temperature in the indoor area(s) served by each outdoor air damper is within the normal operating range				
3n.	Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler				
3o.	Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on				
3u.	Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats.			X	
3v.	Ensured that the mixed air stat for heating mode is set no higher than 65°F			X	
3w.	Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting			X	
3x.	Confirmed proper economizer settings based on design specifications or local practices				
3y.	Checked that sensor on the economizer is shielded from direct sunlight				
3aa.	Ensured that all fans (supply fans and associated return or relief fans) that move outside air indoors continuously operate during occupied hours (even when room thermostat is satisfied)				
4a.	Ensured that supply and return air pathways in the existing ventilation system perform as required	X			

4b.	Ensured that passive gravity relief ventilation systems and transfer grilles between rooms and corridors are functioning	X			
4c.	Made sure every occupied space has supply of outdoor air (mechanical system or operable windows)	X			
4d.	Ensured that supply and return vents are open and unblocked	X			
4f.	Modified existing HVAC systems to incorporate any room or zone layout and population changes			X	
4h.	Ensured that unit ventilators are quiet enough to accommodate classroom activities	X			
4i.	Ensured that classrooms are free of uncomfortable drafts produced by air from supply terminals	X			
4j.	Ensured that air flows out of the building (using chemical smoke) through windows, doors, or other cracks and holes in exterior wall (for example, floor joints, pipe openings)			X	
5a.	Checked (using chemical smoke) that air flows into exhaust fan grille(s)	X			weak Used paper test
5b.	Checked (using chemical smoke) that air is drawn into the room from adjacent spaces	X			Used paper test
5c.	Ensured that air is flowing toward the exhaust intake	X			
5d.	Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition			X	
6b.	Calculated the number of occupants served (22b) by the ventilation unit under consideration	X			
6c.	Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c)	X			
6d.	Compared the existing outdoor air per person (22c) to the recommended levels in Table 1	X			
1d.	Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake)			X	
1g.	Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe)			X	
2a.	Replaced filters per maintenance schedule				
2b.	Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream)				
2c.	Vacuumed filter areas before installing new filters				
2d.	Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter.				
2e.	Confirmed proper installation of filters (correct direction for airflow)				
2f.	Ensured that drain pans slant toward the drain (to prevent water from accumulating)				
2g.	Cleaned drain pans				
2h.	Checked drain pans for mold and mildew				
2i.	Ensured that heating and cooling coils are clean				
2j.	Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean				
2k.	Ensured that ducts are clean				
3d.	Turned summer-winter switches to the correct position			X	
3e.	Set time clocks appropriately			X	
3g.	Ensured appropriate system pressure by testing line pressure at both the occupied (day) setting and the unoccupied (night) setting			X	
3h.	Checked that the line dryer prevents moisture buildup			X	
3i.	Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank)			X	

3j.	Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions)			X	
3p.	If in heating mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 85°F				
3q.	If in cooling mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 60°F and mixed air thermostat is set to 45°F.				
3r.	If the outdoor air damper does not move, confirmed the following items:			X	
3r.	The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight			X	
3r.	Moving parts are free of impediments (e.g., rust, corrosion)			X	
3r.	Electrical wire or pneumatic tubing connects to the damper actuator			X	
3r.	The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly).			X	
3s.	Disconnected power to controls (for automatic reset only) to test continuity across terminals			X	
OR					
3t.	Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped)			X	
3z.	Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications			X	
4e.	Modified the HVAC system to supply outside air to areas without an outdoor air supply			X	
4g.	Moved all barriers (for example, room dividers, large free-standing blackboards or displays, bookshelves) that could block movement of air in the room, especially those blocking air vents			X	
6a.	Measured the quantity of outdoor air supplied (22a) to each ventilation unit			X	
6e.	Corrected problems with ventilation units that supplied inadequate quantities of outdoor air to ensure that outdoor air quantities (22c) meet the recommended levels in Table 1				



Food Service Checklist

Name: Junko Falcone
 School: Goodwin
 Room or Area: Kitchen Date Completed: 4/7/26
 Signature: [Signature]

Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. COOKING AREA

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) | ☒ | ☐ | ☐ |
| 1b. Checked for odors near cooking, preparation, and eating areas | ☒ | ☐ | ☐ |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning | ☒ | ☐ | ☐ |
| 1d. Determined that gas appliances function properly | ☒ | ☐ | ☐ |
| 1e. Verified that gas appliances are vented outdoors | ☒ | ☐ | ☐ |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used | ☒ | ☐ | ☐ |
| 1g. Ensured that kitchen is clean after use | ☒ | ☐ | ☐ |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) | ☒ | ☐ | ☐ |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application | ☒ | ☐ | ☐ |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) | ☒ | ☐ | ☐ |

2. FOOD HANDLING AND STORAGE

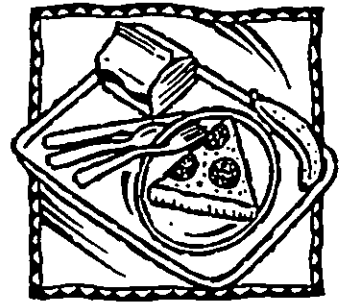
- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) | ☒ | ☐ | ☐ |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces | ☒ | ☐ | ☐ |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary | ☒ | ☐ | ☐ |
| 2d. Disposed of food scraps properly and removed crumbs | ☒ | ☐ | ☐ |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) | ☒ | ☐ | ☐ |
| 2f. Swept and wet mopped floors | ☒ | ☐ | ☐ |

3. WASTE MANAGEMENT

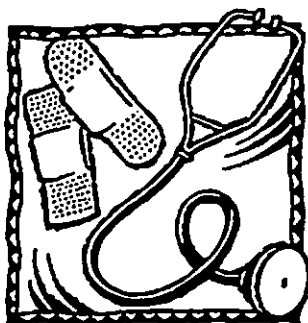
- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3a. Selected and placed waste in appropriate containers | ☒ | ☐ | ☐ |
| 3b. Ensured that containers' lids are securely closed | ☒ | ☐ | ☐ |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible | ☒ | ☐ | ☐ |
| 3d. Stored waste containers in a well-ventilated area | ☒ | ☐ | ☐ |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) | ☒ | ☐ | ☐ |

4. DELIVERIES

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Instructed vendors to avoid idling their engines during deliveries | ☒ | ☐ | ☐ |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas | ☒ | ☐ | ☐ |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen | ☒ | ☐ | ☐ |



NOTES



Health Officer/School Nurse Checklist

Name: Caitlyn Arathuzik
 School: Goodwin
 Room or Area: _____ Date Completed: 3/24/20
 Signature: Caitlyn Arathuzik

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. MAINTAINING STUDENT HEALTH

	Yes	No	N/A
1a. Completed health records for each student	☒	☐	☐
1b. Updated health records, as appropriate	☒	☐	☐
1c. Obtained necessary information about student allergies and other health factors	☒	☐	☐
1d. Developed a system to log health complaints (note symptoms, location and time of symptom onset, and exposure to pollutant sources)	☒	☐	☐
1e. Monitored trends in health complaints (especially in timing or location of complaints)	☒	☐	☐
1f. Investigated potential causes of health complaints (for example, school was renovated or refurbished recently; individual recently started working with new or different materials or equipment; new practices or products, such as cleaners or pesticides, were introduced into the school)	☒	☐	☐
1g. Ensured that the school prohibits smoking	☒	☐	☐
1h. Noted any new warm-blooded animals introduced into classrooms	☐	☐	☒
1i. Reviewed and understood indicators of IAQ-related problems	☒	☐	☐

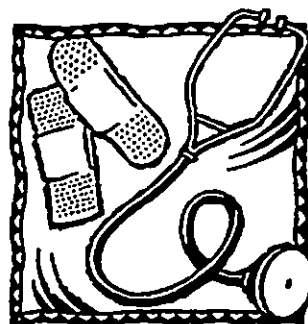
2. HEALTH, IAQ, AND HYGIENE EDUCATION

2a. Educated students and staff about the importance of good hygiene	☒	☐	☐
2b. Arranged individual instruction/counseling where necessary	☒	☐	☐
2c. Developed information and education programs for parents and staff	☒	☐	☒
2d. Established an information and counseling program for smokers	☐	☐	☒
2e. Provided literature on smoking and secondhand smoke	☐	☐	☒
2f. Educated school staff, students, and parents on the link between IAQ and health	☒	☐	☐

3. HEALTH OFFICER'S OFFICE

3a. Ensured the ventilation system operates properly and supplies adequate quantities of outdoor air (i.e., at least 25 cubic feet per minute of outdoor air per occupant)	☒	☐	☐
3b. Ensured that air filters are clean and properly installed	☒	☐	☐
3c. Ensured that air supply pathways are clear of any obstructions	☒	☐	☐
3d. Determined that air removed from the health office is separated from the ventilation system to avoid affecting other occupied areas of the school	☒	☐	☐

NOTES





Integrated Pest Management Checklist

Name: Anthony Givarelli
 School: Goodwin
 Room or Area: whole school Date Completed: _____
 Signature: [Signature]

Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. OFFICIAL POLICY STATEMENT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 1a. Developed or located the school's official policy statement for integrated pest management (IPM)..... | ☒ | ☐ | ☐ |

2. DESIGNATING PEST MANAGEMENT ROLES

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Assigned and trained a qualified person to be the pest manager | ☒ | ☐ | ☐ |
| 2b. Involved decision makers in the IPM program | ☒ | ☐ | ☐ |
| 2c. Educated students and staff (the occupants of the building) about IPM and asked them to keep their areas clean and free of clutter | ☒ | ☐ | ☐ |
| 2d. Encouraged parents to learn about IPM practices and implement them at home | ☒ | ☐ | ☐ |
| 2e. Developed a program to educate and train all IPM participants | ☒ | ☐ | ☐ |
| 2f. Included language about IPM into contracts with pest management professionals | ☒ | ☐ | ☐ |

3. SETTING PEST MANAGEMENT OBJECTIVES

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3a. Set appropriate pest management objectives for school buildings (such as preventing pests from interfering with students' learning environment and preserving the integrity of the building structure) | ☒ | ☐ | ☐ |
| 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) | ☒ | ☐ | ☐ |

4. INSPECTING, IDENTIFYING, AND MONITORING

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Inspected all buildings and grounds for pest evidence, entry points, food, water, and harborage sites | ☒ | ☐ | ☐ |
| 4b. Identified potential pest habitats in buildings and grounds | ☒ | ☐ | ☐ |
| 4c. Pinpointed the source of any current pest problems | ☒ | ☐ | ☐ |
| 4d. Monitored to determine the extent of pest problems and to estimate pest populations | ☒ | ☐ | ☐ |
| 4e. Developed plans to modify habitat (for example, exclusion, repair, and sanitation efforts) to prevent or resolve any pest problems | ☒ | ☐ | ☐ |
| 4f. Established a monitoring program that consists of routine inspections to estimate pest population levels and identify evidence of pests and potential habitat | ☒ | ☐ | ☐ |

5. SETTING ACTION THRESHOLDS

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Evaluated all available data obtained through inspecting, identifying, and monitoring | ☒ | ☐ | ☐ |
| 5b. Determined how many pests the school buildings, grounds, and occupants can tolerate | ☒ | ☐ | ☐ |
| 5c. Set action thresholds | ☒ | ☐ | ☐ |



6. PREVENTIVE STRATEGIES

INDOOR SITES

6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Entryways | ☒ | ☐ | ☐ |
| • Classrooms | ☒ | ☐ | ☐ |
| • Gymnasiums | ☒ | ☐ | ☐ |
| • Locker rooms | ☒ | ☐ | ☐ |
| • Offices | ☒ | ☐ | ☐ |
| • Staff lounges | ☒ | ☐ | ☐ |
| • Bathrooms | ☒ | ☐ | ☐ |
| • Food preparation and serving areas | ☒ | ☐ | ☐ |
| • Rooms with extensive plumbing | ☒ | ☐ | ☐ |
| • Maintenance areas | ☒ | ☐ | ☐ |
| • Other | ☒ | ☐ | ☐ |

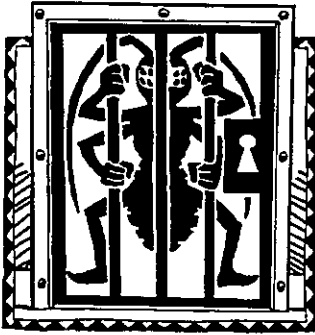
OUTDOOR SITES

6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Playgrounds | ☒ | ☐ | ☐ |
| • Parking lots | ☒ | ☐ | ☐ |
| • Lawns and athletic fields | ☒ | ☐ | ☐ |
| • Teaching gardens or greenhouses | ☒ | ☐ | ☐ |
| • Loading docks | ☒ | ☐ | ☐ |
| • Dumpsters | ☒ | ☐ | ☐ |
| • Areas with ornamental shrubs and trees | ☒ | ☐ | ☐ |
| • Other | ☒ | ☐ | ☐ |

7. PESTICIDE USE AND STORAGE

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 7a. Explored alternative pest management methods before concluding that pesticides were necessary | ☒ | ☐ | ☐ |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods | ☒ | ☐ | ☐ |
| 7c. Identified the least toxic, target-specific chemical (or pesticide formulation) that is the most effective to address the pest problem, preferably as baits and granules | ☒ | ☐ | ☐ |
| 7d. Reviewed and followed all label instructions on pesticides and learned how to properly apply and handle these chemicals | ☒ | ☐ | ☐ |
| 7e. Used spot-treatment (or bait, crack, and crevice applications) to apply pesticides whenever possible and only treated the obviously infested plants in the area | ☒ | ☐ | ☐ |
| 7f. Used protective clothing or equipment when applying pesticides | ☒ | ☐ | ☐ |
| 7g. Placed all pesticides in tamper-resistant bait boxes or locations that are inaccessible to children and non-target species | ☒ | ☐ | ☐ |



7. PESTICIDE USE AND STORAGE (cont.)

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box | ☒ | ☐ | ☐ |
| 7i. Applied pesticides when occupants were not present or in areas where they would not be exposed to the chemicals | ☒ | ☐ | ☐ |
| 7j. Ensured that school occupants (students and staff) are notified of upcoming pesticide applications through posted notices and/or letters | ☒ | ☐ | ☐ |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters | ☒ | ☐ | ☐ |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible | ☒ | ☐ | ☐ |
| 7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel | ☒ | ☐ | ☐ |
| 7n. Ensured that storage areas are adequately ventilated and are located away from areas prone to flooding or where spills or leaks may contaminate the environment | ☒ | ☐ | ☐ |
| 7o. Ensured that flammable liquids are stored away from ignition sources | ☒ | ☐ | ☐ |
| 7p. Ensured that pesticides are stored in their original containers and all lids are securely fastened | ☒ | ☐ | ☐ |
| 7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system | ☒ | ☐ | ☐ |

8. EVALUATING RESULTS AND RECORD KEEPING

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 8a. Ensured that accurate, up-to-date records of IPM practices and a pest management log for each property are kept | ☒ | ☐ | ☐ |
| 8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained | ☒ | ☐ | ☐ |
| 8c. Ensured that each log book contains the following items: | | | |
| • Copy of the pest management plan | ☒ | ☐ | ☐ |
| • Service schedules for maintenance of buildings and grounds | ☒ | ☐ | ☐ |
| • Current EPA-registered labels | ☒ | ☐ | ☐ |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project | ☒ | ☐ | ☐ |
| • Pest surveillance data sheets | ☒ | ☐ | ☐ |
| • Diagram noting the location of pest activity, traps, and bait stations | ☒ | ☐ | ☐ |

NOTES



School Official's Checklist

Name: Michelle Hartel
 School: Kathleen Goodwin Elementary School
 Room or Area: Date Completed: 5/6/26
 Signature: Michelle Hartel

Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. ROLE AS A LIAISON

	Yes	No	N/A
1a. Obtained approval for IAQ program from the school board and continuously kept board informed of progress	☒	☐	☐
1b. Arranged proper funding for IAQ program through the school CFO and, if necessary, the school board	☒	☐	☐
1c. Collaborated with unions to establish processes to address various situations	☒	☐	☐
1d. Communicated IAQ program's progress to parents, community, and media ..	☒	☐	☐
1e. Introduced IAQ Coordinator to staff, fully endorsing his or her leadership ...	☒	☐	☐

2. VERBAL AND WRITTEN SUPPORT

2a. Ensured that top level management provided written support for the <i>IAQ TJS</i> Program	☒	☐	☐
2b. Wrote a letter to notify <u>State</u> EPA that the school is participating in the <i>IAQ TJS</i> Program (qualifying the school for a Great Start Award)	☒	☐	☐
2c. Participated in EPA's mentoring program (i.e., obtained advice from schools and districts with effective IAQ programs and, after implementation, provided advice to other schools and districts initiating an IAQ program)	☐	☒	☐
2d. Applied for EPA's Leadership and Excellence Awards (after implementing the IAQ program)	☐	☒	☐

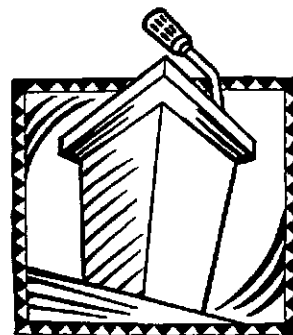
3. IAQ MANAGEMENT PLAN

3a. Authorized (or obtained authorization for) the development of a district-wide IAQ management plan	☒	☐	☐
3b. Coordinated the implementation of the district-wide IAQ management plan and monitored progress	☒	☐	☐
3c. Ensured that IAQ policies and upgrades in each school are developed and conducted consistently	☒	☐	☐
3d. Developed management plans for integrated pest management, radon, and other relevant issues	☒	☐	☐

4. EMERGENCY RESPONSE

4a. Developed an emergency plan for IAQ crises	☒	☐	☐
4b. Identified a contact person(s) to communicate IAQ issues to the media	☒	☐	☐
4c. Notified school staff and other officials of emergency procedures and the identity and responsibilities of the contact person(s)	☒	☐	☐

NOTES





Teacher's Classroom Checklist

Name: Elena Muniz
 School: Goodwin
 Room or Area: A2 Date Completed: 3/30/26
 Signature: [Signature]

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. GENERAL CLEANLINESS

	Yes	No	N/A
1a. Ensured rooms are dusted and vacuumed regularly	☒	☐	☐
1b. Ensured rooms are free of clutter	☒	☐	☐
1c. Ensured that trash is removed daily	☒	☐	☐
1d. Ensured that no food is stored in classroom overnight	☒	☐	☐
1e. Ensured that animal food is stored in tightly sealed containers	☒	☐	☒
1f. Ensured room is free of pests and vermin	☒	☐	☐
1g. Used unscented, school-approved cleaners and air fresheners, if any, in rooms	☒	☐	☐

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	☐	☐	☒
2b. Ensured that animals are kept in cages (as much as possible)	☐	☐	☒
2c. Ensured that cages are cleaned regularly	☐	☐	☒
2d. Placed animal cages away from supply and return vents	☐	☐	☒
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	☒	☐	☐
2f. Identified potential allergies of students	☒	☐	☐
2g. Moved sensitive students away from animals and habitats	☐	☐	☒

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	☒	☐	☐
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	☒	☐	☐
3c. Ensured that toilets are flushed once each week, especially if not used regularly	☒	☐	☐

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	☒	☐	☐
4b. Ensured that cold water pipes are free of condensate	☒	☐	☐
4c. Ensured that indoor surfaces of exterior walls are free of condensate	☒	☐	☐
4d. Ensured areas around and under classroom sinks are free of leaks	☒	☐	☐
4e. Ensured classroom lavatories are free of leaks	☒	☐	☐
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	☒	☐	☐
4g. Ensured that spills are cleaned promptly	☒	☐	☐

5. THERMAL COMFORT

	Yes	No	N/A
5a. Ensured moderate temperature (should generally be 72°F–76°F)	☒	☐	☐
5b. Ensured there are no signs of draftiness	☒	☐	☐
5c. Ensured that students are not seated in direct sunlight	☒	☐	☐
5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)	☒	☐	☐

6. VENTILATION

6a. Located unit ventilator	☒	☐	☐
6b. Located air supply and return vents	☒	☐	☐
6c. Ensured air is flowing from supply vent	☒	☐	☐
6d. Ensured the air supply pathway is not obstructed	☒	☐	☐
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	☒	☐	☐
6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>)	☒	☐	☐
6g. Determined operability of windows	☒	☐	☐

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

7a. Reviewed supplies and their labels	☒	☐	☐
7b. Ensured that Material Safety Data Sheets are accessible	☒	☐	☐
7c. Developed and implemented spill clean-up procedures	☒	☐	☐
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	☒	☐	☐
7e. Ensured that supplies are stored according to manufacturers' recommendations	☒	☐	☐
7f. Understood and followed recommended procedures for disposal of used substances	☒	☐	☐
7g. Ensured that compressed gas cylinders are stored securely	☒	☐	☐
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	☒	☐	☐
7i. Used diluted substances rather than concentrates, wherever possible	☒	☐	☐
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	☒	☐	☐
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	☒	☐	☐

8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	☒	☐	☐
8b. Located exhaust fan(s), if any	☒	☐	☐
8c. Determined that fans operate	☒	☐	☐
8d. Ensured that adjacent rooms or halls are free of odor	☒	☐	☐

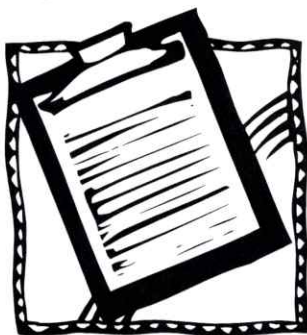
9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	☐	☐	☒
9b. Checked that soiled clothes are removed regularly	☒	☐	☐
9c. Ensured that wet towels are removed from locker room	☐	☐	☒
9d. Ensured that there is water in the drain trap	☐	☐	☒
9e. Verified that the local exhaust fan is functioning properly and used consistently	☐	☐	☒





NOTES



Walkthrough Inspection Checklist

Name: Anthony Girardi, Cathlyn Arathuzik
 School: Goodwin
 Room or Area: _____ Date Completed: _____
 Signature: [Signature]

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. GROUND LEVEL

	Yes	No	N/A
1a. Ensured that ventilation units operate properly	☒	☐	☐
1b. Ensured there are no obstructions blocking air intakes	☒	☐	☐
1c. Checked for nests and droppings near outdoor air intakes	☒	☐	☐
1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes	☒	☐	☐
1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings)	☒	☐	☐
1f. Ensured that vehicles avoid idling near outdoor air intakes	☒	☐	☐
1g. Minimized pesticide application	☒	☐	☐
1h. Ensured that there is proper drainage away from the building (including roof downspouts)	☒	☐	☐
1i. Ensured that sprinklers spray away from the building and outdoor air intakes	☒	☐	☐
1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly	☒	☐	☐

2. ROOF

While on the roof, consider inspecting the HVAC units (use the Ventilation Checklist).

2a. Ensured that the roof is in good condition	☒	☐	☐
2b. Checked for evidence of water ponding	☒	☐	☐
2c. Checked that ventilation units operate properly (air flows in)	☒	☐	☐
2d. Ensured that exhaust fans operate properly (air flows out)	☒	☐	☐
2e. Ensured that air intakes remain open, even at minimum setting	☒	☐	☐
2f. Checked for nests and droppings near outdoor air intakes	☒	☐	☐
2g. Ensured that air from plumbing stacks and exhaust outlets flows away from outdoor air intakes	☒	☐	☐

3. ATTIC

3a. Checked for evidence of roof and plumbing leaks	☐	☐	☒
3b. Checked for birds and animal nests	☐	☐	☒

4. GENERAL CONSIDERATIONS

4a. Ensured that temperature and humidity are maintained within acceptable ranges	☒	☐	☐
4b. Ensured that no obstructions exist in supply and exhaust vents	☒	☐	☐
4c. Checked for odors	☒	☐	☐
4d. Checked for signs of mold and mildew growth	☒	☐	☐

4. GENERAL CONSIDERATIONS (continued)

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 4e. Checked for signs of water damage | ☒ | ☐ | ☐ |
| 4f. Checked for evidence of pests and obvious food sources | ☒ | ☐ | ☐ |
| 4g. Noted and reviewed all concerns from school occupants | ☒ | ☐ | ☐ |

5. BATHROOMS AND GENERAL PLUMBING

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured that bathrooms and restrooms have operating exhaust fans | ☒ | ☐ | ☐ |
| 5b. Ensured proper drain trap maintenance: | | | |
| Water is poured down floor drains once per week (approx. 1 quart of water) | ☒ | ☐ | ☐ |
| Water is poured into sinks at least once per week (about 2 cups of water) | ☒ | ☐ | ☐ |
| Toilets are flushed at least once per week | ☒ | ☐ | ☐ |

6. MAINTENANCE SUPPLIES

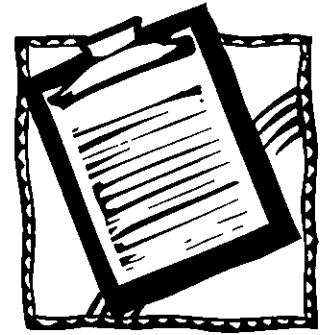
- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 6a. Ensured that chemicals are used only with adequate ventilation and when building is unoccupied | ☒ | ☐ | ☐ |
| 6b. Ensured that vents in chemical and trash storage areas are operating properly | ☒ | ☐ | ☐ |
| 6c. Ensured that portable fuel containers are properly closed | ☒ | ☐ | ☐ |
| 6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines | ☒ | ☐ | ☐ |

7. COMBUSTION APPLIANCES

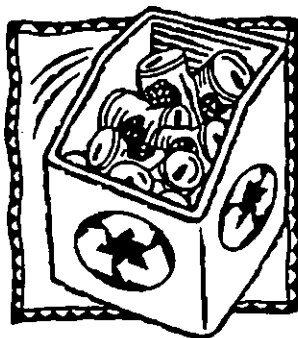
- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors | ☒ | ☐ | ☐ |
| 7b. Ensured that combustion appliances have flues or exhaust hoods | ☒ | ☐ | ☐ |
| 7c. Checked for leaks, disconnections, and deterioration | ☒ | ☐ | ☐ |
| 7d. Ensured there is no soot on inside or outside of flue components | ☒ | ☐ | ☐ |

8. OTHER

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 8a. Checked for peeling and flaking paint (if the building was built before 1980, this could be a lead hazard) | ☒ | ☐ | ☐ |
| 8b. Determined date of last radon test | ☒ | ☐ | ☐ |



NOTES



Waste Management Checklist

Name: Anthony Girardi
 School: Goodman
 Room or Area: ALL Date Completed: _____
 Signature: [Signature]

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids)	☒	☐	☐
1b. Ensured that waste containers are lined	☒	☐	☐
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately	☒	☐	☐
1d. Labeled recycling bins clearly	☒	☐	☐
1e. Ensured number of bins and dumpsters is adequate	☒	☐	☐
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds)	☒	☐	☐
1g. Ensured waste containers are emptied regularly	☒	☐	☐
1h. Ensured appropriate waste removal schedule	☒	☐	☐
1i. Ensured waste is stored in a well-ventilated room	☒	☐	☐
1j. Ensured any exhaust fans in the room are operating properly	☒	☐	☐
1k. Checked waste storage areas for odors, contaminants, or signs of vermin	☒	☐	☐

NOTES