



# Contents

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## 1 Evaluation Procedure

## 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   |    |     |                        |
| 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)                                                                                                                             | 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)                                                                                                                                 | X   |    |     |                        |
| 3b.  | Ensured that minimum position provides adequate outdoor air for occupants                                                                                                                               |     |    | X   | Tested during 5yr Eval |
| 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) | X   |    |     |                        |
| 3f.  | Ensured that settings fit the actual schedule of building use (including night/weekend use)                                                                                                             | X   |    |     |                        |
| 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                                                                               | X   |    |     |                        |
| 3n.  | Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler                                                                                           | X   |    |     |                        |
| 3o.  | Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on                                                                                          |     |    | X   | Maintenance Task       |
| 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                                                                                                                  | X   |    |     |                        |
| 3y.  | Checked that sensor on the economizer is shielded from direct sunlight                                                                                                                                  | X   |    |     |                        |
| 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)              | X   |    |     |                        |
| 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)                    |   |  |   |                        |
| 5a. | Checked (using chemical smoke) that air flows into exhaust fan grille(s)                                                                                                                           |   |  |   |                        |
| 5b. | Checked (using chemical smoke) that air is drawn into the room from adjacent spaces                                                                                                                | X |  |   | Used Plastic indicator |
| 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 |  |   | See Part 6 of doc      |
| 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                                                                                                                                                          | X |  |   |                        |
| 2b. | Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream)                                                                                                   | X |  |   |                        |
| 2c. | Vacuumed filter areas before installing new filters                                                                                                                                                | X |  |   |                        |
| 2d. | Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter.                                                                                                     | X |  |   |                        |
| 2e. | Confirmed proper installation of filters (correct direction for airflow)                                                                                                                           | X |  |   |                        |
| 2f. | Ensured that drain pans slant toward the drain (to prevent water from accumulating)                                                                                                                | X |  |   |                        |
| 2g. | Cleaned drain pans                                                                                                                                                                                 | X |  |   |                        |
| 2h. | Checked drain pans for mold and mildew                                                                                                                                                             | X |  |   |                        |
| 2i. | Ensured that heating and cooling coils are clean                                                                                                                                                   | X |  |   |                        |
| 2j. | Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean                                                                                  | X |  |   |                        |
| 2k. | Ensured that ducts are clean                                                                                                                                                                       | X |  |   |                        |
| 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                                          | X |  |   |                        |
| 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. | X |  |   |                        |
| 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 | 5yr Evaluation |
| 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             |  |  | X | 5yr Evaluation |

## 2 EPA Ventilation Checklist



# Ventilation Checklist

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Unit Ventilator/AHU No: \_\_\_\_\_  
 Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of this checklist for **each** ventilation unit in your school, as well as a copy 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. OUTDOOR AIR INTAKES

- |                                                                                                                     | Yes                      | No                       | N/A                      |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1a. Marked locations of all outdoor air intakes on a small floor plan (for example, a fire escape floor plan) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 1: OBSTRUCTIONS

- |                                                                                                                |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers .....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 2: POLLUTANT SOURCES

- |                                                                                                                                                                               |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) .....                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 3: AIRFLOW

- |                                                                                    |                          |                          |                          |
|------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- |                                                                                                            |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2a. Replaced filters per maintenance schedule .....                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Vacuumed filter areas before installing new filters .....                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Confirmed proper installation of filters (correct direction for airflow) .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS (continued)

### ACTIVITY 5: DRAIN PANS

- |                                                                                               | Yes                      | No                       | N/A                      |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2f. Ensured that drain pans slant toward the drain (to prevent water from accumulating) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Cleaned drain pans .....                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2h. Checked drain pans for mold and mildew .....                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 6: COILS

- |                                                            |                          |                          |                          |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2i. Ensured that heating and cooling coils are clean ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

### ACTIVITY 7: AIR-HANDLING UNITS, UNIT VENTILATORS

- |                                                                                                                             |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2j. Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean .....                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 8: MECHANICAL ROOMS

- |                                                                                                                    |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2l. Checked mechanical room for unsanitary conditions, leaks, and spills .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2m. Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. CONTROLS FOR OUTDOOR AIR SUPPLY

- |                                                                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3a. Ensured that air dampers are at least partially open (minimum position) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that minimum position provides adequate outdoor air for occupants ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 9: CONTROLS INFORMATION

- |                                                                                                                                                                                                                   |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 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) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

### ACTIVITY 10: CLOCKS, TIMERS, SWITCHES

- |                                                                                                       |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3d. Turned summer-winter switches to the correct position .....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Set time clocks appropriately .....                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 11: CONTROL COMPONENTS

- |                                                                                                                                                                    |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3g. Ensured appropriate system pressure by testing line pressure at both the occupied (day) setting and the unoccupied (night) setting .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3h. Checked that the line dryer prevents moisture buildup .....                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3i. Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3j. Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions) .....                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 12: OUTDOOR AIR DAMPERS

- |                                                                                                                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3k. Ensured that the outdoor air damper is visible for inspection .....                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3l. Ensured that the recirculating relief and/or exhaust dampers are visible for inspection .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3m. Ensured that air temperature in the indoor area(s) served by each outdoor air damper is within the normal operating range ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: It is necessary to ensure that the damper is operating properly and within the normal range to continue.*





### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

- |                                                                                                                                                                                                             | Yes                      | No                       | N/A                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3n. Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler .....                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3o. Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on .....                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 .....                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3r. If the outdoor air damper does not move, confirmed the following items:                                                                                                                                 |                          |                          |                          |
| • The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight .....                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Moving parts are free of impediments (e.g., rust, corrosion) .....                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Electrical wire or pneumatic tubing connects to the damper actuator .....                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly) .....                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Proceed to Activities 13–16 if the damper seems to be operating properly.*

#### ACTIVITY 13: FREEZE STATS

- |                                                                                                                                                                    |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3s. Disconnected power to controls (for automatic reset only) to test continuity across terminals .....                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OR                                                                                                                                                                 |                          |                          |                          |
| 3t. Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3u. Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats .....                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: HVAC systems with water coils need protection from the cold. The freeze-stat may close the outdoor air damper and disconnect the supply air when tripped. The typical trip range is 35°F to 42°F.*

#### ACTIVITY 14: MIXED AIR THERMOSTATS

- |                                                                                                             |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3v. Ensured that the mixed air stat for heating mode is set no higher than 65°F .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3w. Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### ACTIVITY 15: ECONOMIZERS

- |                                                                                                  |                          |                          |                          |
|--------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3x. Confirmed proper economizer settings based on design specifications or local practices ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

*NOTE: The dry-bulb is typically set at 65°F or lower.*

- |                                                                                                                                                        |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3y. Checked that sensor on the economizer is shielded from direct sunlight .....                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3z. Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: Economizers use varying amounts of cool outdoor air to assist with the cooling load of the room or rooms. There are two types of economizers, dry-bulb and enthalpy. Dry-bulb economizers vary the amount of outdoor air based on outdoor temperature, and enthalpy economizers vary the amount of outdoor air based on outdoor temperature and humidity level.*

### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

#### ACTIVITY 16: FANS

- 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) ..... ☐ Yes ☐ No ☐ N/A

*NOTE: If fan shuts off when the thermostat is satisfied, adjust control cycle as necessary to ensure sufficient outdoor air supply.*

### 4. AIR DISTRIBUTION

#### ACTIVITY 17: AIR DISTRIBUTION

- 4a. Ensured that supply and return air pathways in the existing ventilation system perform as required ..... ☐ ☐ ☐
- 4b. Ensured that passive gravity relief ventilation systems and transfer grilles between rooms and corridors are functioning ..... ☐ ☐ ☐

*NOTE: If ventilation system is closed or blocked to meet current fire codes, consult with a professional engineer for remedies.*

- 4c. Made sure every occupied space has supply of outdoor air (mechanical system or operable windows) ..... ☐ ☐ ☐
- 4d. Ensured that supply and return vents are open and unblocked ..... ☐ ☐ ☐

*NOTE: If outlets have been blocked intentionally to correct drafts or discomfort, investigate and correct the cause of the discomfort and reopen the vents.*

- 4e. Modified the HVAC system to supply outside air to areas without an outdoor air supply ..... ☐ ☐ ☐
- 4f. Modified existing HVAC systems to incorporate any room or zone layout and population changes ..... ☐ ☐ ☐
- 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 ..... ☐ ☐ ☐
- 4h. Ensured that unit ventilators are quiet enough to accommodate classroom activities ..... ☐ ☐ ☐
- 4i. Ensured that classrooms are free of uncomfortable drafts produced by air from supply terminals ..... ☐ ☐ ☐

#### ACTIVITY 18: PRESSURIZATION IN BUILDINGS

*NOTE: To prevent infiltration of outdoor pollutants, the ventilation system is designed to maintain positive pressurization in the building. Therefore, ensure that the system, including any exhaust fans, is operating on the "occupied" cycle when doing this activity.*

- 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) ..... ☐ ☐ ☐

### 5. EXHAUST SYSTEMS

#### ACTIVITY 19: EXHAUST FAN OPERATION

- 5a. Checked (using chemical smoke) that air flows into exhaust fan grille(s) ..... ☐ ☐ ☐

*If fans are running but air is not flowing toward the exhaust intake, check for the following:*

- Inoperable dampers
- Obstructed, leaky, or disconnected ductwork
- Undersized or improperly installed fan
- Broken fan belt





## 5. EXHAUST SYSTEMS (continued)

### ACTIVITY 20: EXHAUST AIRFLOW

*NOTE: Prevent migration of indoor contaminants from areas such as bathrooms, kitchens, and labs by keeping them under negative pressure (as compared to surrounding spaces).*

- 5b. Checked (using chemical smoke) that air is drawn into the room from adjacent spaces ..... **Yes** **No** **N/A**  
☐ ☐ ☐

*Stand outside the room with the door slightly open while checking airflow high and low in the door opening (see "How to Measure Airflow").*

- 5c. Ensured that air is flowing toward the exhaust intake ..... ☐ ☐ ☐

### ACTIVITY 21: EXHAUST DUCTWORK

- 5d. Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition ..... ☐ ☐ ☐

## 6. QUANTITY OF OUTDOOR AIR

### ACTIVITY 22: OUTDOOR AIR MEASUREMENTS AND CALCULATIONS

*NOTE: Refer to "How to Measure Airflow" for techniques.*

- 6a. Measured the quantity of outdoor air supplied (22a) to each ventilation unit ..... ☐ ☐ ☐  
 6b. Calculated the number of occupants served (22b) by the ventilation unit under consideration ..... ☐ ☐ ☐  
 6c. Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c) ..... ☐ ☐ ☐

### ACTIVITY 23: ACCEPTABLE LEVELS OF OUTDOOR AIR QUANTITIES

- 6d. Compared the existing outdoor air per person (22c) to the recommended levels in Table 1 ..... ☐ ☐ ☐  
 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 ..... ☐ ☐ ☐

## NOTES

### 3 School Floor Plans

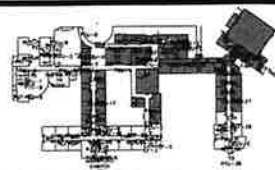
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GRAPHIC SCALE

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OLD SAYBROOK TOOLS FOR SCHOOLS PROCEDURE GUIDE

FIRST FLOOR PLAN  
80 Old Boson Post Road

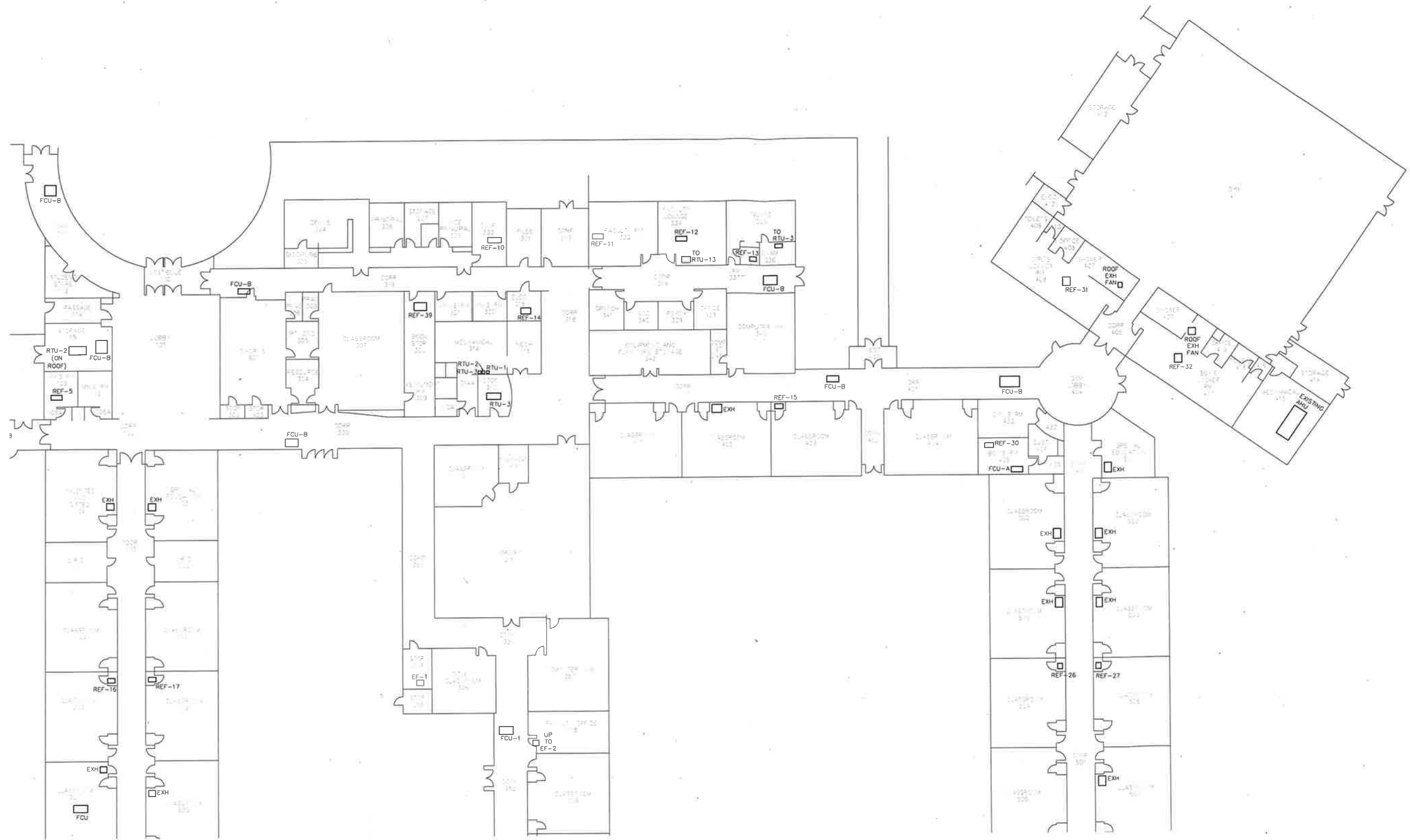
OLD SAYBROOK

CT

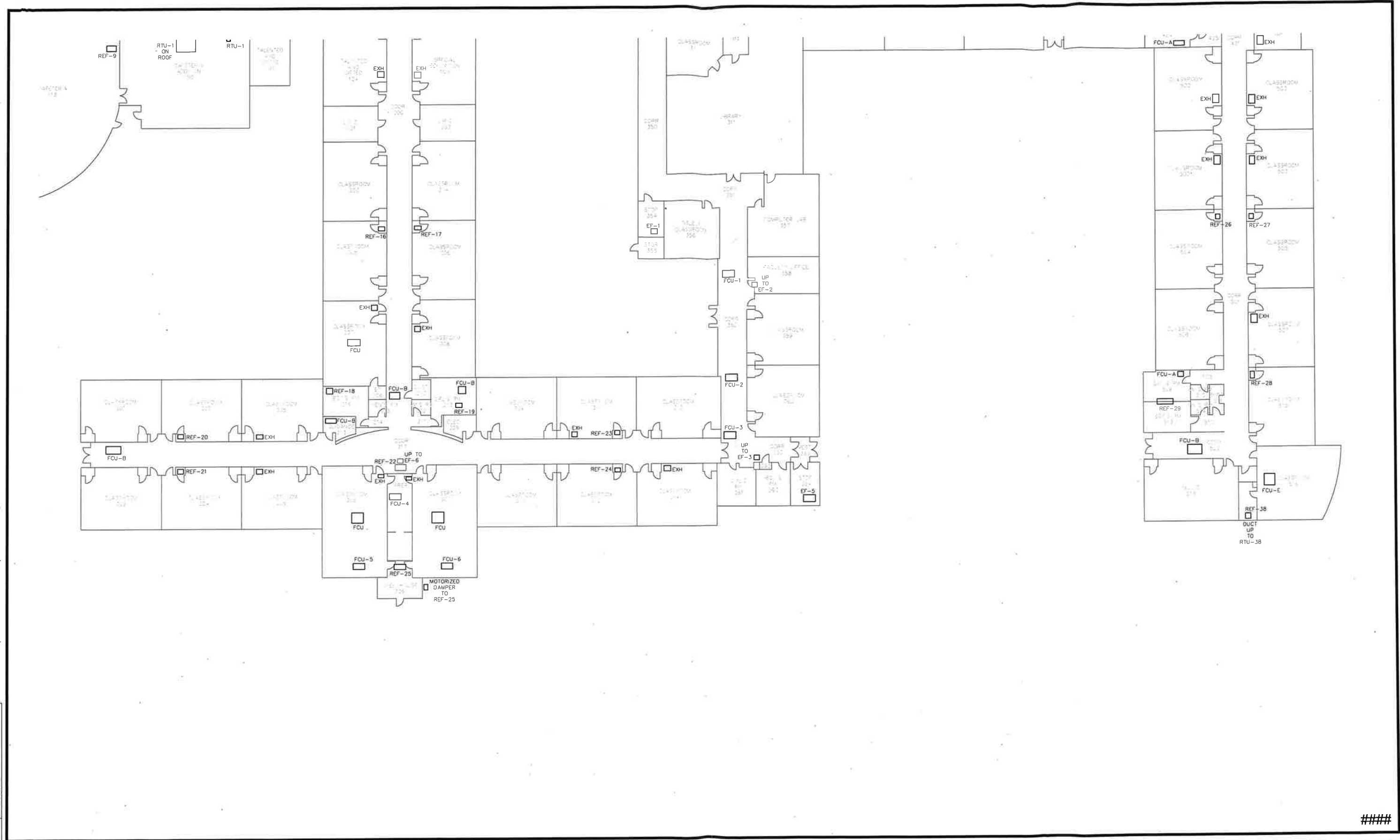
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A-101

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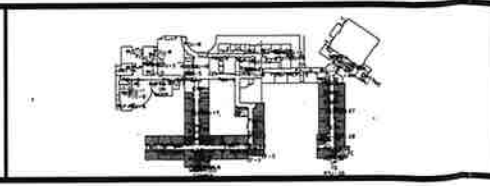
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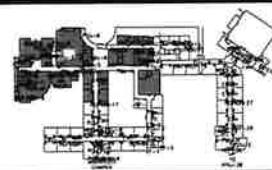
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HARTFORD, CT 06103  
860.648.2469  
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OLD SAYBROOK TOOLS FOR SCHOOLS PROCEDURE GUIDE  
  
FIRST FLOOR PLAN  
80 Old Boson Post Road  
  
CT

PROJ. No: 20210255.A41  
DATE: JUNE 17, 2025  
  
**A-102**

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SCALE:

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0 8' 16' 32'

GRAPHIC SCALE

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OLD SAYBROOK TOOLS FOR SCHOOLS PROCEDURE GUIDE

### FIRST FLOOR PLAN

80 Old Boson Post Road

OLD SAYBROOK

CT

PROJ. No.: 20210255 A41  
DATE: JUNE 17, 2025

A-103

**Stecker  
LaBau  
Arneill  
McManus**  
Architects, Inc.

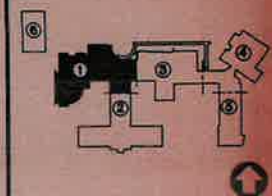
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Hartford  
Connecticut  
06103 265-6000



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10 NORTH MAIN STREET  
WEST HARTFORD, CT  
06107 265-5000

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SAYBROOK  
MIDDLE  
SCHOOL**

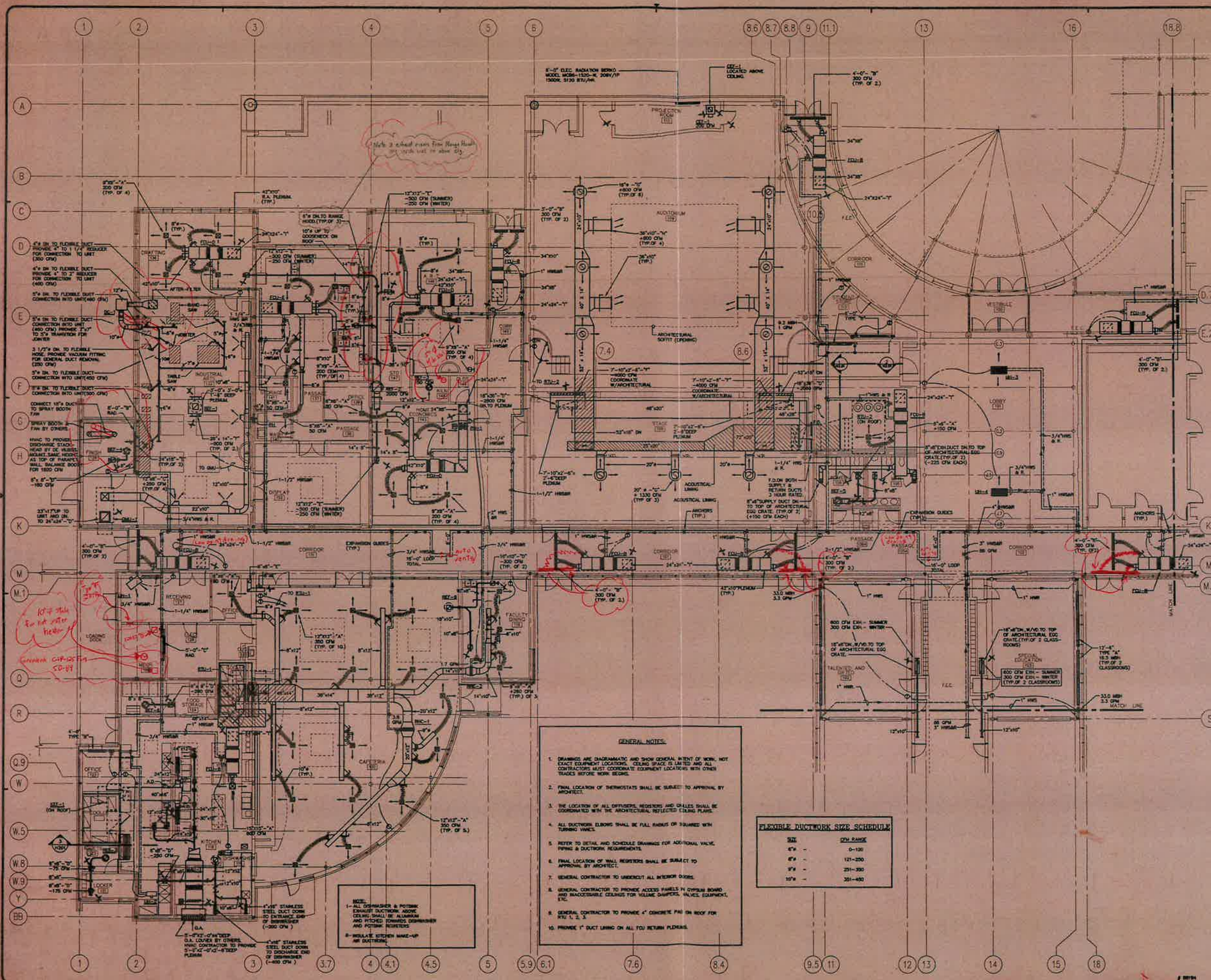
SHEFFIELD STREET  
OLD SAYBROOK, CT



As built  
GAS 11 9/20/91

CAFETERIA/ AUDITORIUM  
HVAC PLAN

11-10-80  
1/8" = 1'-0"  
80047.20  
**H1.02**



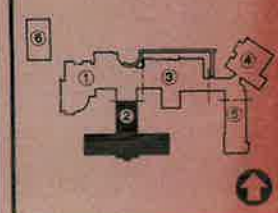
**Stecker  
LaBau  
Arneill  
McManus**  
Architects, Inc.

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Hartford  
Connecticut  
06102-5501

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WEST HARTFORD, CT  
06107  
(860) 241-0200

**OLD  
SAYBROOK  
MIDDLE  
SCHOOL**

SHEFFIELD STREET  
OLD SAYBROOK, CT



*As Bldg  
CRASH  
7/25/91*

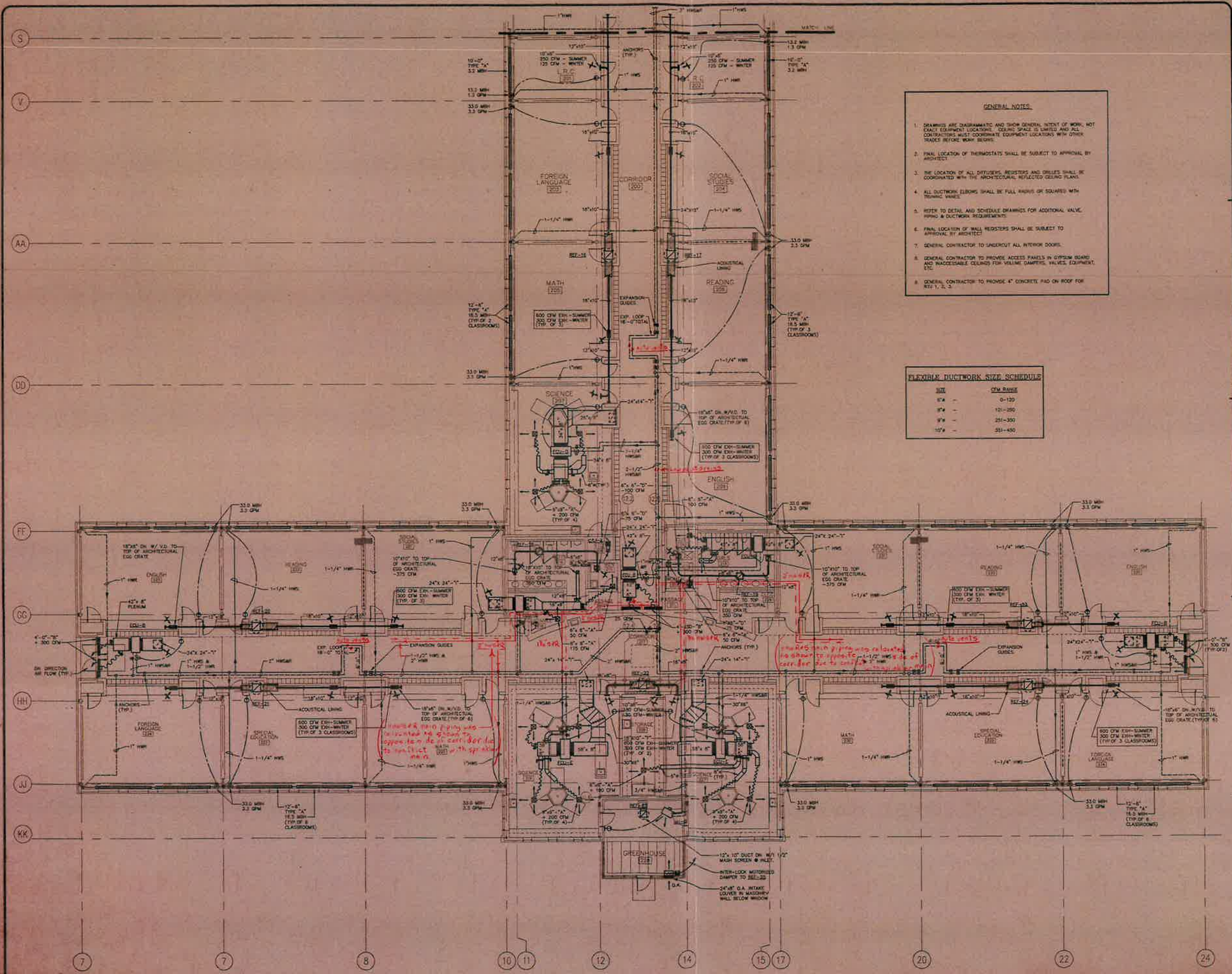
**WEST CLASSROOM WING  
HVAC PLAN**

DATE: 11-10-88  
SCALE: 1/8" = 1'-0"  
PROJECT: 88047.30  
**H1.03**

- GENERAL NOTES:**
1. DRAWINGS ARE DIAGNOSTIC AND SHOW GENERAL INTENT OF WORK. NOT EXACT EQUIPMENT LOCATIONS. CEILING SPACE IS LIMITED AND ALL CONTRACTORS MUST COORDINATE EQUIPMENT LOCATIONS WITH OTHER TRADES BEFORE WORK BEGINS.
  2. FINAL LOCATION OF THERMOSTATS SHALL BE SUBJECT TO APPROVAL BY ARCHITECT.
  3. THE LOCATION OF ALL DIFFUSERS, REGISTERS AND GRILLES SHALL BE COORDINATED WITH THE ARCHITECTURAL REFLECTED CEILING PLANS.
  4. ALL OUTWORK ELBOWS SHALL BE FULL RADIUS OR SQUARE WITH TRUNING VIEWS.
  5. REFER TO DETAIL AND SCHEDULE DRAWINGS FOR ADDITIONAL VALVE, FITTING & OUTWORK REQUIREMENTS.
  6. FINAL LOCATION OF WALL REGISTERS SHALL BE SUBJECT TO APPROVAL BY ARCHITECT.
  7. GENERAL CONTRACTOR TO UNDERCUT ALL INTERIOR DOORS.
  8. GENERAL CONTRACTOR TO PROVIDE ACCESS PANELS IN GYPSUM BOARD AND ACCESSIBLE CEILINGS FOR VALVE DAMPERS, VALVES, EQUIPMENT, ETC.
  9. GENERAL CONTRACTOR TO PROVIDE 4" CONCRETE PAD ON ROOF FOR RTU 1, 2, 3.

**FLEXIBLE DUCTWORK SIZE SCHEDULE**

| SIZE     | CFM RANGE |
|----------|-----------|
| 6" x 8"  | 0-120     |
| 8" x 8"  | 120-250   |
| 10" x 8" | 250-350   |
| 12" x 8" | 350-450   |



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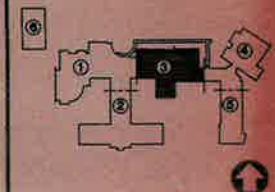
100 Allen Street  
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Connecticut  
06103 525-9891



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10 NORTH MAIN STREET  
WEST HARTFORD, CT  
06107  
525-3300

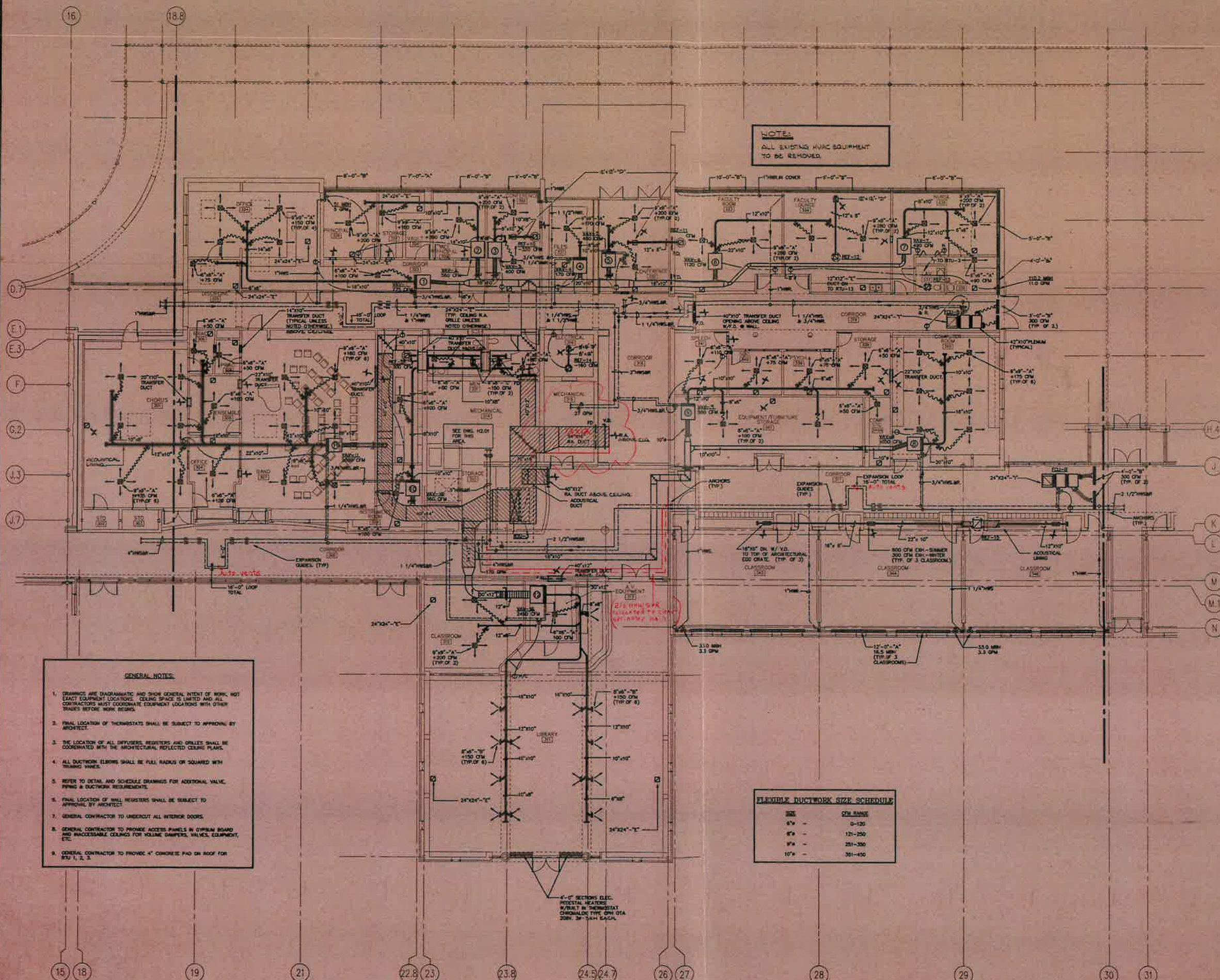
**OLD  
SAYBROOK  
MIDDLE  
SCHOOL**

SHEFFIELD STREET  
OLD SAYBROOK, CT



**ADMINISTRATION  
HVAC PLAN**

DATE: 9-10-80  
SCALE: 1/8" = 1'-0"  
PROJECT: H1.04  
SHEET: 80047.00



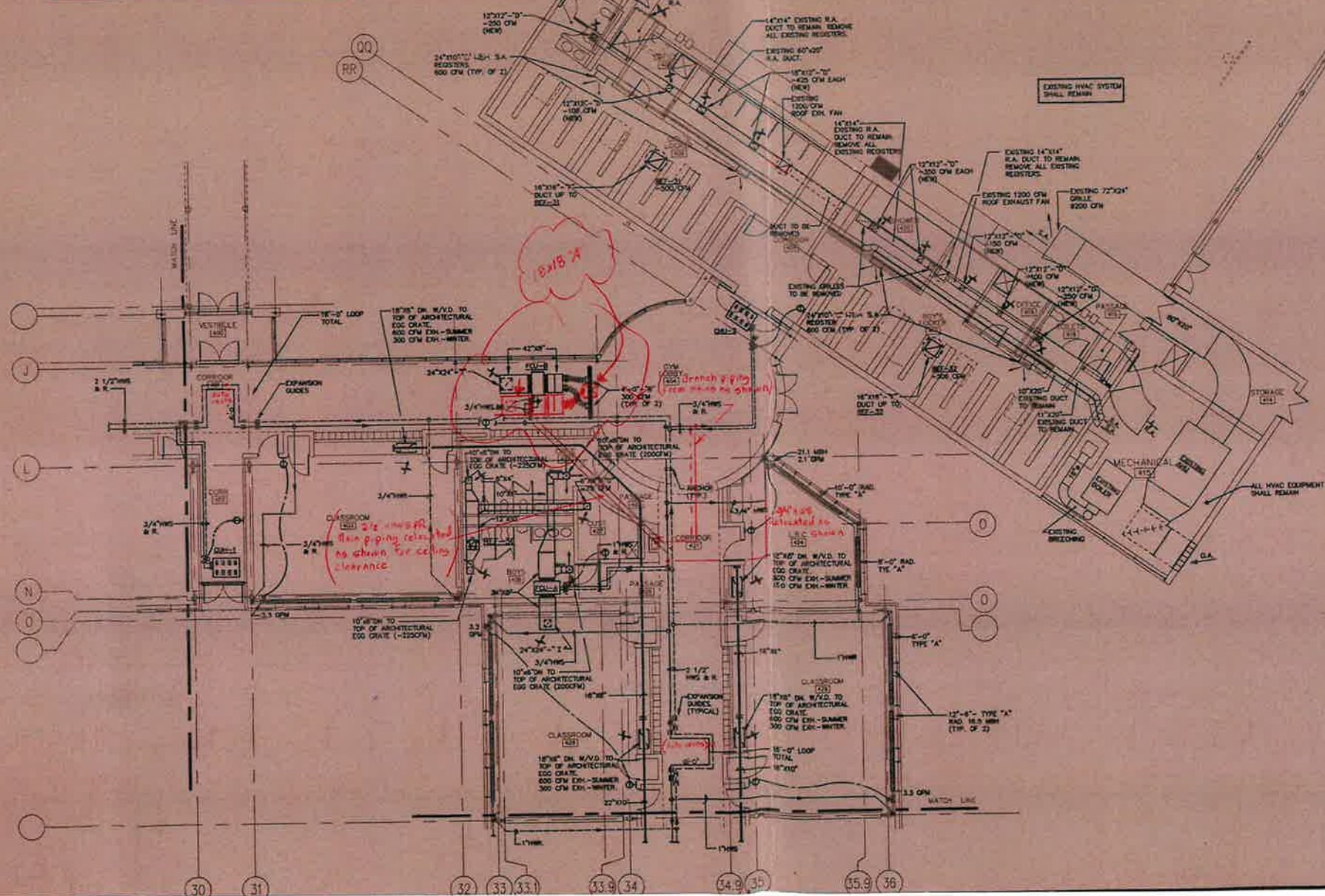
- GENERAL NOTES:**
1. DRAWINGS ARE DIAGNOSTIC AND SHOW GENERAL INTENT OF WORK. NOT EXACT EQUIPMENT LOCATIONS. CEILING SPACE IS LIMITED AND ALL CONTRACTORS MUST COORDINATE EQUIPMENT LOCATIONS WITH OTHER TRADES BEFORE WORK BEGINS.
  2. FINAL LOCATION OF THERMOSTATS SHALL BE SUBJECT TO APPROVAL BY ARCHITECT.
  3. THE LOCATION OF ALL DIFFUSERS, REGISTERS AND GRILLES SHALL BE COORDINATED WITH THE ARCHITECTURAL REFLECTED CEILING PLANS.
  4. ALL DUCTWORK ELBOWS SHALL BE FULL RADIUS OR SQUARED WITH BENDING VANES.
  5. REFER TO DETAIL AND SCHEDULE DRAWINGS FOR ADDITIONAL VALVE, PIPING & DUCTWORK REQUIREMENTS.
  6. FINAL LOCATION OF WALL REGISTERS SHALL BE SUBJECT TO APPROVAL BY ARCHITECT.
  7. GENERAL CONTRACTOR TO UNDERCUT ALL INTERIOR DOORS.
  8. GENERAL CONTRACTOR TO PROVIDE ACCESS PANELS IN GYP/SUM BOARD AND UNACCESSIBLE CEILINGS FOR VOLUME DAMPERS, VALVES, EQUIPMENT, ETC.
  9. GENERAL CONTRACTOR TO PROVIDE 4" CONCRETE PAD ON ROOF FOR RTU 1, 2, 3.

| SIZE | CFM RANGE |
|------|-----------|
| 8"   | 0-120     |
| 10"  | 121-250   |
| 12"  | 251-350   |
| 14"  | 351-450   |

| SIZE  | CFM RANGE |
|-------|-----------|
| 6" -  | 0-120     |
| 8" -  | 121-250   |
| 10" - | 251-350   |
| 12" - | 351-450   |

# GENERAL NOTES

1. DRAWINGS ARE DIAGRAMMATIC AND SHOW GENERAL INTENT OF WORK. NOT TO SCALE. CONTRACTOR SHALL COORDINATE WITH ARCHITECTURAL REFLECTED CEILING PLANS.
2. FINAL LOCATION OF THERMOSTATS SHALL BE SUBJECT TO APPROVAL BY ARCHITECT.
3. THE LOCATION OF ALL DIFFUSERS, REGISTERS AND GRILLES SHALL BE COORDINATED WITH THE ARCHITECTURAL REFLECTED CEILING PLANS.
4. ALL DUCTWORK ELBOWS SHALL BE FULL RADIUS OR SQUARED WITH DRIVING UNITS.
5. REFER TO DETAIL AND SCHEDULE DRAWINGS FOR ADDITIONAL VALVE, PIPING & DUCTWORK REQUIREMENTS.
6. FINAL LOCATION OF WALL REGISTERS SHALL BE SUBJECT TO APPROVAL BY ARCHITECT.
7. GENERAL CONTRACTOR TO UNDERCUT ALL INTERIOR DOORS.
8. GENERAL CONTRACTOR TO PROVIDE ACCESS PANELS IN CEILING BOARD AND INACCESSIBLE CEILING FOR VOLUME DAMPERS, VALVES, EQUIPMENT, ETC.
9. GENERAL CONTRACTOR TO PROVIDE 4" CONCRETE PAD ON ROOF FOR RTU 1, 2, 3.



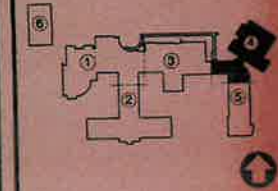
**Stecker  
LaBau  
Arneill  
McManus**  
Architects, Inc.

100 Allyn Street  
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Connecticut  
06103 525-6000

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06107  
525-2344

**OLD  
SAYBROOK  
MIDDLE  
SCHOOL**

SHEFFIELD STREET  
OLD SAYBROOK, CT



*As Built  
COASM  
9/20/11*

**GYMNASIUM HVAC PLAN**

DATE: 11-13-09  
SCALE: 1/8" = 1'-0"  
SHEET NO: 8904730  
**H1.05**

## 4 Equipment List

## 5 Maintenance Checklist (ASHRAE 180)

| Air Handling Units |                                                        |                          |                       |
|--------------------|--------------------------------------------------------|--------------------------|-----------------------|
| Component          | Maintenance Task                                       | Task Completed (Initial) | Recommended Frequency |
| Filters            | Inspect for condition, replace if necessary            |                          | Monthly               |
|                    | Record pressure drop across filter                     |                          | Monthly               |
| Coils              | Inspect for dirt, corrosion, damage                    |                          | Quarterly             |
|                    | Clean coils (as needed, or per OEM)                    |                          | Semi-annually         |
| Drain Pans/Lines   | Check and clean for blockage or microbial growth       |                          | Quarterly             |
|                    | Ensure proper drainage                                 |                          | Quarterly             |
| Fans & Blowers     | Inspect belts, sheaves, and couplings                  |                          | Quarterly             |
|                    | Check motor mounts, alignment                          |                          | Quarterly             |
|                    | Lubricate bearings (as applicable)                     |                          | Semi-annually         |
| Dampers            | Inspect for proper operation and cleanliness           |                          | Semi-annually         |
|                    | Lubricate moving parts                                 |                          | Annually              |
| Ducts              | Inspect visible ductwork for leaks or damage           |                          | Annually              |
| Sensors/Controls   | Verify sensor calibration and function                 |                          | Semi-annually         |
|                    | Check thermostats, safeties, and actuators             |                          | Semi-annually         |
| Electrical         | Inspect wiring, connections, and panels                |                          | Semi-annually         |
|                    | Check for unusual noise/vibration                      |                          | Quarterly             |
| General Unit       | Clean inside of unit housing                           |                          | Semi-annually         |
|                    | Check access panels and seals                          |                          | Quarterly             |
| Documentation      | Record all inspections, issues, and corrective actions |                          | Every Visit           |

| Rooftop Units                     |                                                        |                          |                       |
|-----------------------------------|--------------------------------------------------------|--------------------------|-----------------------|
| Component                         | Maintenance Task                                       | Task Completed (Initial) | Recommended Frequency |
| Filters                           | Inspect and replace if necessary                       |                          | Monthly               |
|                                   | Record pressure drop across filters                    |                          | Monthly               |
| Coils<br>(Evaporator & Condenser) | Inspect for dirt, damage, corrosion                    |                          | Quarterly             |
|                                   | Clean coils (as needed or per manufacturer)            |                          | Semi-annually         |
| Drain Pans & Lines                | Check for clogs, microbial growth, clean if needed     |                          | Quarterly             |
|                                   | Verify proper drainage                                 |                          | Quarterly             |
| Fans & Blowers                    | Inspect belts, pulleys, bearings                       |                          | Quarterly             |
|                                   | Adjust tension or alignment if needed                  |                          | Quarterly             |
|                                   | Lubricate (as applicable per manufacturer)             |                          | Semi-annually         |
| Refrigeration Circuit             | Inspect for signs of leaks, check operating pressures  |                          | Semi-annually         |
|                                   | Verify refrigerant charge                              |                          | Annually              |
| Burners / Heat Exchangers         | Inspect for cracks, corrosion                          |                          | Annually              |
|                                   | Clean burner components                                |                          | Annually              |
|                                   | Test safety controls and ignition                      |                          | Annually              |
| Dampers & Economizers             | Inspect operation, linkage, and cleanliness            |                          | Semi-annually         |
|                                   | Lubricate moving parts                                 |                          | Annually              |
| Controls & Sensors                | Verify sensor readings and calibration                 |                          | Semi-annually         |
|                                   | Check thermostat operation, safety switches            |                          | Semi-annually         |
| Electrical System                 | Inspect wiring, terminals, and control boards          |                          | Semi-annually         |
|                                   | Test capacitors, contactors, relays                    |                          | Annually              |
| Casing & Cabinet                  | Inspect panels, fasteners, and insulation              |                          | Quarterly             |
|                                   | Clean debris from unit exterior and interior           |                          | Quarterly             |
| Documentation                     | Record all inspections, issues, and corrective actions |                          | Every visit           |

| Exhaust Fans          |                                                           |                          |                       |
|-----------------------|-----------------------------------------------------------|--------------------------|-----------------------|
| Component             | Maintenance Task                                          | Task Completed (Initial) | Recommended Frequency |
| Motor                 | Inspect for overheating, noise, vibration                 |                          | Quarterly             |
|                       | Lubricate bearings (as per OEM)                           |                          | Semi-annually         |
|                       | Check electrical connections                              |                          | Semi-annually         |
| Belts & Pulleys       | Inspect for wear, cracking, or misalignment               |                          | Quarterly             |
|                       | Adjust tension or alignment if necessary                  |                          | Quarterly             |
|                       | Replace worn belts                                        |                          | As needed             |
| Fan Blades / Impeller | Inspect for dirt, damage, or imbalance                    |                          | Semi-annually         |
|                       | Clean blades                                              |                          | Semi-annually         |
|                       | Check for secure attachment                               |                          | Semi-annually         |
| Housing / Mounts      | Inspect unit housing, vibration isolators, and mounts     |                          | Quarterly             |
|                       | Tighten loose fasteners                                   |                          | Quarterly             |
|                       | Inspect for rust or corrosion                             |                          | Semi-annually         |
| Electrical Controls   | Test safety interlocks and disconnect switches            |                          | Semi-annually         |
|                       | Inspect control wiring and components                     |                          | Semi-annually         |
| Dampers / Backdraft   | Check operation and cleanliness of dampers                |                          | Semi-annually         |
|                       | Lubricate damper linkages (as applicable)                 |                          | Annually              |
| Airflow Performance   | Verify airflow against design specifications              |                          | Annually              |
|                       | Check for abnormal noise or performance issues            |                          | Quarterly             |
| Documentation         | Log all maintenance, test results, and corrective actions |                          | Every visit           |

## 6 Ventilation Calculations

### Ventilation Calculations:

$$V_{bz} = (R_p \times P_z) + (R_a \times A_z)$$

$R_p$  = ASHRAE defined ventilation per person (CFM / Person)

$P_z$  = number of people in each zone (Person)

$R_a$  = ASHRAE defined ventilation per area (CFM / ft<sup>2</sup>)

$A_z$  = zone area (ft<sup>2</sup>)

ASHRAE Standard 62.1 2022 Table 6-1: Minimum Ventilation Rates in Breathing Zone

Project Name:

School Name: OS Middle School

Project Number:

Scope: HVAC Verification and Evaluation

Data Collection By: F&O Data

Date:

| FIELD NOTES |               |                    |                     |                |                    | VENTILATION CALCULATIONS |           |     |
|-------------|---------------|--------------------|---------------------|----------------|--------------------|--------------------------|-----------|-----|
| Floor       | Actual Room # | Actual Room Names  | Room Type           | Drawing Room # | Drawing Room Name  | OA CFM Rp                | OA CFM Ra | Vbz |
|             |               |                    |                     |                |                    | CFM                      | CFM       |     |
| Area 1      | 100           | VESTIBULE          | Vestibule           | 100            | VESTIBULE          | 5                        | 3         | 8   |
| Area 1      | 101           | LOBBY              | Library             | 101            | LOBBY              | 40                       | 23        | 63  |
| Area 1      | 102           | CORRIDOR           | Corridor            | 102            | CORRIDOR           | 0                        | 9         | 9   |
| Area 1      | 201           | SPECIAL EDUCATION  | Classroom           | 104            | SPECIAL EDUCATION  | 60                       | 19        | 79  |
| Area 1      | 105           | MEN                | Restroom            | 105            | MEN                | 0                        | 0         | 0   |
| Area 1      | 106           | WOMEN              | Restroom            | 106            | WOMEN              | 0                        | 0         | 0   |
| Area 1      | 107           | CORRIDOR           | Corridor            | 107            | CORRIDOR           | 0                        | 15        | 15  |
| Area 1      | 108           | STAGE              | Stage/ Studio       | 108            | STAGE              | 0                        | 0         | 0   |
| Area 1      | 109           | AUDITORIUM         | Auditorium          | 109            | AUDITORIUM         | 720                      | 57        | 777 |
| Area 1      | 110           | PROJECTION ROOM    | Office              | 110            | PROJECTION ROOM    | 5                        | 2         | 7   |
| Area 1      | 111           | CORRIDOR           | Corridor            | 111            | CORRIDOR           | 0                        | 10        | 10  |
| Area 1      | 113           | STUDENT STORE      | Office              | 113            | STUDENT STORE      | 5                        | 3         | 8   |
| Area 1      | 118           | KITCHEN            | Kitchen             | 118            | KITCHEN            | 190                      | 16        | 206 |
| Area 1      | 119           | DISHWASHER         | Kitchen             | 119            | DISHWASHER         | 40                       | 3         | 43  |
| Area 1      | 120           | CAFETERIA          | Cafeteria           | 120            | CAFETERIA          | 510                      | 122       | 632 |
| Area 1      | 121           | LOCKER             | Locker Room         | 121            | LOCKER             | 0                        | 0         | 0   |
| Area 1      | 123           | TOILETS            | Restroom            | 123            | OFFICE             | 0                        | 0         | 0   |
| Area 1      | 123           | TOILETS            | Restroom            | 123            | OFFICE             | 0                        | 0         | 0   |
| Area 1      | 124           | FOOD STORAGE       | Storage             | 124            | FOOD STORAGE       | 0                        | 5         | 5   |
| Area 1      | 125           | CUST               | Custodial           | 125            | CUST               | 0                        | 0         | 0   |
| Area 1      | 126           | ELEC               | Utility             | 126            | ELEC               | 0                        | 0         | 0   |
| Area 1      | 127           | RECVING            | Storage             | 127            | RECVING            | 0                        | 7         | 7   |
| Area 1      | 129           | MECH               | Utility             | 129            | MECH               | 0                        | 0         | 0   |
| Area 1      | 131           | CORRIDOR           | Corridor            | 131            | CORRIDOR           | 0                        | 8         | 8   |
| Area 1      | 104           | INDUSTRIAL ARTS    | Classroom           | 134            | FINISH             | 20                       | 4         | 24  |
| Area 1      | 140           | WASH               | Utility             | 140            | WASH               | 0                        | 0         | 0   |
| Area 1      | 107           | DRAFTING           | Classroom           | 143            | HOME ECONOMICS     | 60                       | 20        | 80  |
| Area 1      | 144           | CLOSET             | Utility             | 144            | CLOSET             | 0                        | 0         | 0   |
| Area 1      | 102           | CORRIDOR           | Music/Theater/Dance | 145            | CORRIDOR           | 60                       | 9         | 69  |
| Area 1      | 146           | ART                | Storage             | 146            | ART                | 0                        | 26        | 26  |
| Area 1      | 147           | STO                | Corridor            | 147            | STO                | 0                        | 2         | 2   |
| Area 1      | 101           | KILN               | Classroom           | 148            | KILN               | 10                       | 1         | 11  |
| Area 1      | 150           | CAFETERIA ADDITION | Storage             | 150            | CAFETERIA ADDITION | 0                        | 58        | 58  |

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| FIELD NOTES |               |                     |                     |                |                     | VENTILATION CALCULATIONS |           |     |
|-------------|---------------|---------------------|---------------------|----------------|---------------------|--------------------------|-----------|-----|
| Floor       | Actual Room # | Actual Room Names   | Room Type           | Drawing Room # | Drawing Room Name   | OA CFM Rp                | OA CFM Ra | Vbz |
|             |               |                     |                     |                |                     | CFM                      | CFM       |     |
| Area 1      | 151           | TALENTED AND GIFTED | Art Classroom       | 151            | TALENTED AND GIFTED | 50                       | 38        | 88  |
| Area 1      | 150           | DISPLAY             | Cafeteria           | 152            | DISPLAY             | 98                       | 23        | 120 |
| Area 1      | 105A          | PASSAGE             | Classroom           | 105A           | PASSAGE             | 10                       | 1         | 11  |
| Area 1      | 106A          | PASSAGE             | Corridor            | 106A           | PASSAGE             | 0                        | 1         | 1   |
| Area 2      | 200           | CORRIDOR            | Corridor            | 200            | CORRIDOR            | 0                        | 27        | 27  |
| Area 2      | 201           | L.R.C               | Corridor            | 201            | L.R.C               | 0                        | 4         | 4   |
| Area 2      | 202           | L.R.C               | Corridor            | 202            | L.R.C               | 0                        | 4         | 4   |
| Area 2      | 203           | FOREIGN LANGUAGE    | Classroom           | 203            | FOREIGN LANGUAGE    | 60                       | 19        | 79  |
| Area 2      | 204           | SOCIAL STUDIES      | Classroom           | 204            | SOCIAL STUDIES      | 60                       | 18        | 78  |
| Area 2      | 205           | MATH                | Classroom           | 205            | MATH                | 60                       | 20        | 80  |
| Area 2      | 206           | READING             | Classroom           | 206            | READING             | 60                       | 18        | 78  |
| Area 2      | 207           | SCIENCE             | Classroom           | 207            | SCIENCE             | 70                       | 21        | 91  |
| Area 2      | 208           | ENGLISH             | Classroom           | 208            | ENGLISH             | 60                       | 18        | 78  |
| Area 2      | 208           | ENGLISH             | Classroom           | 208            | ENGLISH             | 60                       | 18        | 78  |
| Area 2      | 210           | CUST.               | Classroom           | 210            | CUST.               | 10                       | 1         | 11  |
| Area 2      | 211           | PASSAGE             | Custodial           | 211            | PASSAGE             | 0                        | 0         | 0   |
| Area 2      | 212           | WOMEN               | Corridor            | 212            | WOMEN               | 0                        | 1         | 1   |
| Area 2      | 213           | GIRLS               | Restroom            | 213            | GIRLS               | 0                        | 0         | 0   |
| Area 2      | 214           | PASSAGE             | Restroom            | 214            | PASSAGE             | 0                        | 0         | 0   |
| Area 2      | 215           | MENS                | Corridor            | 215            | MENS                | 0                        | 0         | 0   |
| Area 2      | 216           | BOYS                | Restroom            | 216            | BOYS                | 0                        | 0         | 0   |
| Area 2      | 217           | CORRIDOR            | Restroom            | 217            | CORRIDOR            | 0                        | 0         | 0   |
| Area 2      | 218           | GUIDANCE            | Corridor            | 218            | GUIDANCE            | 0                        | 1         | 1   |
| Area 2      | 219           | 7TH GRADE SCIENCE   | Office              | 219            | 7TH GRADE SCIENCE   | 10                       | 16        | 26  |
| Area 2      | 307           | MATH                | Classroom           | 220            | MATH                | 60                       | 18        | 78  |
| Area 2      | 306           | SOCIAL STUDIES      | Classroom           | 221            | SOCIAL STUDIES      | 60                       | 18        | 78  |
| Area 2      | 305           | SPECIAL EDUCATION   | Classroom           | 222            | SPECIAL EDUCATION   | 60                       | 18        | 78  |
| Area 2      | 304           | READING             | Classroom           | 223            | READING             | 60                       | 18        | 78  |
| Area 2      | 303           | FOREIGN LANGUAGE    | Classroom           | 224            | FOREIGN LANGUAGE    | 60                       | 18        | 78  |
| Area 2      | 302           | ENGLISH             | Classroom           | 225            | ENGLISH             | 60                       | 18        | 78  |
| Area 2      | 301           | PREP ROOM           | Classroom           | 226            | PREP ROOM           | 30                       | 9         | 39  |
| Area 2      | 227           | 8th GRADE SCIENCE   | Classroom           | 227            | 8th GRADE SCIENCE   | 90                       | 31        | 121 |
| Area 2      | 308           | FLEC                | Classroom           | 229            | FLEC                | 10                       | 3         | 13  |
| Area 2      | 310           | MATH                | Classroom           | 230            | MATH                | 60                       | 18        | 78  |
| Area 2      | 309           | SOCIAL STUDIES      | Classroom           | 231            | SOCIAL STUDIES      | 60                       | 19        | 79  |
| Area 2      | 312           | SPECIAL EDUCATION   | Classroom           | 232            | SPECIAL EDUCATION   | 60                       | 19        | 79  |
| Area 2      | 311           | READING             | Classroom           | 233            | READING             | 60                       | 20        | 80  |
| Area 2      | 314           | FOREIGN LANGUAGE    | Classroom           | 234            | FOREIGN LANGUAGE    | 60                       | 19        | 79  |
| Area 2      | 313           | ENGLISH             | Classroom           | 235            | ENGLISH             | 60                       | 20        | 80  |
| Area 2      | 236           | GREENHOUSE          | Utility             | 236            | GREENHOUSE          | 0                        | 0         | 0   |
| Area 3      | 300           | CORRIDOR            | Corridor            | 300            | CORRIDOR            | 0                        | 20        | 20  |
| Area 3      | 301           | CHORUS              | Music/Theater/Dance | 301            | CHORUS              | 80                       | 12        | 92  |

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| FIELD NOTES |               |                   |                     |                |                   | VENTILATION CALCULATIONS |           |     |
|-------------|---------------|-------------------|---------------------|----------------|-------------------|--------------------------|-----------|-----|
| Floor       | Actual Room # | Actual Room Names | Room Type           | Drawing Room # | Drawing Room Name | OA CFM Rp                | OA CFM Ra | Vbz |
|             |               |                   |                     |                |                   | CFM                      | CFM       |     |
| Area 3      | 302           | STO               | Storage             | 302            | STO               | 0                        | 1         | 1   |
| Area 3      | 303           | STO               | Storage             | 303            | STO               | 0                        | 1         | 1   |
| Area 3      | 304           | OFFICE            | Office              | 304            | OFFICE            | 5                        | 3         | 8   |
| Area 3      | 601           | ENSEMBLE          | Music/Theater/Dance | 305            | ENSEMBLE          | 20                       | 2         | 22  |
| Area 3      | 306           | PRAC              | Music/Theater/Dance | 306            | PRAC              | 10                       | 1         | 11  |
| Area 3      | 602           | BAND              | Music/Theater/Dance | 307            | BAND              | 110                      | 18        | 128 |
| Area 3      | 308           | PRAC              | Music/Theater/Dance | 308            | PRAC              | 10                       | 1         | 11  |
| Area 3      | 309           | INSTRUMENT ROOM   | Storage             | 309            | INSTRUMENT ROOM   | 0                        | 4         | 4   |
| Area 3      | 310           | STORAGE           | Storage             | 310            | STORAGE           | 0                        | 4         | 4   |
| Area 3      | 605           | LIBRARY           | Library             | 311            | LIBRARY           | 70                       | 40        | 110 |
| Area 3      | 606           | CLASSROOM         | Classroom           | 312            | CLASSROOM         | 40                       | 12        | 52  |
| Area 3      | 313           | AV EQUIPMENT      | Utility             | 313            | AV EQUIPMENT      | 0                        | 0         | 0   |
| Area 3      | 314           | MECHANICAL        | Utility             | 314            | MECHANICAL        | 0                        | 0         | 0   |
| Area 3      | 315           | MECHANICAL        | Utility             | 315            | MECHANICAL        | 0                        | 0         | 0   |
| Area 3      | 316           | ELECTRICAL        | Utility             | 316            | ELECTRICAL        | 0                        | 0         | 0   |
| Area 3      | 317           | CORRIDOR          | Corridor            | 317            | CORRIDOR          | 0                        | 9         | 9   |
| Area 3      | 318           | CORRIDOR          | Corridor            | 318            | CORRIDOR          | 0                        | 14        | 14  |
| Area 3      | 319           | CORRIDOR          | Corridor            | 319            | CORRIDOR          | 0                        | 10        | 10  |
| Area 3      | 320           | WOMEN             | Restroom            | 320            | WOMEN             | 0                        | 0         | 0   |
| Area 3      | 321           | MEN               | Restroom            | 321            | MEN               | 0                        | 0         | 0   |
| Area 3      | 322           | PAPER/BOOKSTORAGE | Storage             | 322            | PAPER/BOOKSTORAGE | 0                        | 7         | 7   |
| Area 3      | 323           | CORRIDOR          | Corridor            | 323            | CORRIDOR          | 0                        | 6         | 6   |
| Area 3      | 324           | OFFICE            | Office              | 324            | OFFICE            | 5                        | 5         | 10  |
| Area 3      | 325           | DISCIPLINE        | Office              | 325            | DISCIPLINE        | 5                        | 1         | 6   |
| Area 3      | 326           | PRINCIPAL         | Office              | 326            | PRINCIPAL         | 5                        | 3         | 8   |
| Area 3      | 327           | STORAGE           | Storage             | 327            | STORAGE           | 0                        | 2         | 2   |
| Area 3      | 328           | VAULT             | Utility             | 328            | VAULT             | 0                        | 0         | 0   |
| Area 3      | 329           | VICE PRINCIPAL    | Office              | 329            | VICE PRINCIPAL    | 5                        | 2         | 7   |
| Area 3      | 330           | CONFERENCE        | Conference Room     | 330            | CONFERENCE        | 20                       | 4         | 24  |
| Area 3      | 149           | FILES             | Storage             | 331            | FILES             | 0                        | 7         | 7   |
| Area 3      | 724           | CONFERENCE        | Conference Room     | 332            | CONFERENCE        | 20                       | 5         | 25  |
| Area 3      | 719           | FACULTY ROOM      | Office              | 333            | FACULTY ROOM      | 5                        | 7         | 12  |
| Area 3      | 718           | FACULTY LOUNGE    | Cafeteria           | 334            | FACULTY LOUNGE    | 98                       | 23        | 120 |
| Area 3      | 335           | NURSE             | Nurse               | 335            | NURSE             | 5                        | 5         | 10  |
| Area 3      | 336           | EXAM              | Nurse               | 336            | EXAM              | 5                        | 1         | 6   |
| Area 3      | 337           | LAV               | Restroom            | 337            | LAV               | 0                        | 0         | 0   |
| Area 3      | 338           | STORAGE           | Storage             | 338            | STORAGE           | 0                        | 4         | 4   |
| Area 3      | 723           | PSYCH             | Office              | 339            | PSYCH             | 5                        | 2         | 7   |
| Area 3      | 714           | SOC               | Classroom           | 340            | SOC               | 10                       | 3         | 13  |
| Area 3      | 710           | SPEECH            | Classroom           | 341            | SPEECH            | 20                       | 5         | 25  |
| Area 3      | 342           | EQUIPMENT STORAGE | Storage             | 342            | EQUIPMENT STORAGE | 0                        | 19        | 19  |
| Area 3      | 401           | CLASSROOM         | Classroom           | 343            | CLASSROOM         | 60                       | 20        | 80  |

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| FIELD NOTES |               |                     |              |                |                     | VENTILATION CALCULATIONS |           |     |
|-------------|---------------|---------------------|--------------|----------------|---------------------|--------------------------|-----------|-----|
| Floor       | Actual Room # | Actual Room Names   | Room Type    | Drawing Room # | Drawing Room Name   | OA CFM Rp                | OA CFM Ra | Vbz |
|             |               |                     |              |                |                     | CFM                      | CFM       |     |
| Area 3      | 402           | CLASSROOM           | Classroom    | 344            | CLASSROOM           | 60                       | 19        | 79  |
| Area 3      | 405           | COMPUTER ROOM       | Computer Lab | 345            | COMPUTER ROOM       | 50                       | 20        | 70  |
| Area 3      | 403           | CLASSROOM           | Classroom    | 346            | CLASSROOM           | 60                       | 20        | 80  |
| Area 3      | 350           | CORRIDOR            | Corridor     | 350            | CORRIDOR            | 0                        | 9         | 9   |
| Area 3      | 351           | CORRIDOR            | Corridor     | 351            | CORRIDOR            | 0                        | 8         | 8   |
| Area 3      | 352           | CORRIDOR            | Corridor     | 352            | CORRIDOR            | 0                        | 15        | 15  |
| Area 3      | 353           | CORRIDOR            | Corridor     | 353            | CORRIDOR            | 0                        | 4         | 4   |
| Area 3      | 354           | STOR                | Storage      | 354            | STOR                | 0                        | 4         | 4   |
| Area 3      | 355           | STORAGE             | Storage      | 355            | STORAGE             | 0                        | 2         | 2   |
| Area 3      | 319           | TITLE 1 CLASSROOM   | Classroom    | 356            | TITLE 1 CLASSROOM   | 50                       | 14        | 64  |
| Area 3      | 318           | COMPUTER LAB        | Computer Lab | 357            | COMPUTER LAB        | 50                       | 23        | 73  |
| Area 3      | 317           | FACULTY OFFICE      | Office       | 358            | FACULTY OFFICE      | 5                        | 5         | 10  |
| Area 3      | 316           | 8th GRADE CLASSROOM | Classroom    | 359            | 8th GRADE CLASSROOM | 70                       | 21        | 91  |
| Area 3      | 315           | 8TH GRADE CLASSROOM | Classroom    | 360            | 8TH GRADE CLASSROOM | 60                       | 20        | 80  |
| Area 3      | 361           | GIRLS LAVATORY      | Restroom     | 361            | GIRLS LAVATORY      | 0                        | 0         | 50  |
| Area 3      | 362           | CLOSET              | Storage      | 362            | CLOSET              | 0                        | 0         | 0   |
| Area 3      | 363           | BOYS LAVATORY       | Restroom     | 363            | BOYS LAVATORY       | 0                        | 0         | 0   |
| Area 3      | 364           | STORAGE             | Storage      | 364            | STORAGE             | 0                        | 6         | 6   |
| Area 3      | 365           | VESTIBULE           | Vestibule    | 365            | VESTIBULE           | 5                        | 2         | 7   |
| Area 3      | 310A          | TELEPHONE ROOM      | Utility      | 310A           | TELEPHONE ROOM      | 0                        | 0         | 0   |
| Area 3      | 314 A         | PASSAGE             | Corridor     | 314 A          | PASSAGE             | 0                        | 1         | 1   |
| Area 3      | 345A          | COMP STO            | Storage      | 345A           | COMP STO            | 0                        | 2         | 2   |
| Area 4      | 400           | VESTIBULE           | Vestibule    | 400            | VESTIBULE           | 5                        | 2         | 7   |
| Area 4      | 401           | CORRIDOR            | Corridor     | 401            | CORRIDOR            | 0                        | 13        | 13  |
| Area 4      | 402           | CORRIDOR            | Corridor     | 402            | CORRIDOR            | 0                        | 3         | 3   |
| Area 4      | 404           | CLASSROOM           | Classroom    | 403            | CLASSROOM           | 70                       | 21        | 91  |
| Area 4      | 404           | GYM LOBBY           | Lobby        | 404            | GYM LOBBY           | 10                       | 10        | 20  |
| Area 4      | 405           | CORRIDOR            | Corridor     | 405            | CORRIDOR            | 0                        | 4         | 4   |
| Area 4      | 406           | OFFICE              | Office       | 406            | OFFICE              | 5                        | 1         | 6   |
| Area 4      | 408           | GIRL'S LOCKER       | Restroom     | 408            | GIRL'S LOCKER       | 0                        | 0         | 0   |
| Area 4      | 409           | TOILET              | Restroom     | 409            | TOILET              | 0                        | 0         | 0   |
| Area 4      | 410           | PASSAGE             | Corridor     | 410            | PASSAGE             | 0                        | 0         | 0   |
| Area 4      | 411           | GYMNASIUM           | Gymnasium    | 411            | GYMNASIUM           | 280                      | 341       | 621 |
| Area 4      | 412           | STORAGE             | Storage      | 412            | STORAGE             | 0                        | 2         | 2   |
| Area 4      | 413           | STORAGE             | Storage      | 413            | STORAGE             | 0                        | 13        | 13  |
| Area 4      | 415           | MECHANICAL          | Utility      | 415            | MECHANICAL          | 0                        | 0         | 0   |
| Area 4      | 416           | PASSAGE             | Corridor     | 416            | PASSAGE             | 0                        | 0         | 0   |
| Area 4      | 417           | BOYS LOCKER         | Locker Room  | 417            | BOYS LOCKER         | 0                        | 0         | 0   |
| Area 4      | 418           | TOILET              | Restroom     | 418            | TOILET              | 0                        | 0         | 0   |
| Area 4      | 419           | OFFICE              | Office       | 419            | OFFICE              | 5                        | 1         | 6   |
| Area 4      | 420           | CLASSROOM           | Classroom    | 420            | CLASSROOM           | 20                       | 5         | 25  |
| Area 4      | 421           | CORRIDOR            | Corridor     | 421            | CORRIDOR            | 0                        | 7         | 7   |

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| FIELD NOTES |               |                  |                     |                |                   | VENTILATION CALCULATIONS |                       |     |
|-------------|---------------|------------------|---------------------|----------------|-------------------|--------------------------|-----------------------|-----|
| Floor       | Actual Room # | Actual Room Name | Room Type           | Drawing Room # | Drawing Room Name | OA CFM R <sub>D</sub>    | OA CFM R <sub>A</sub> | Vbz |
|             |               |                  |                     |                |                   | CFM                      | CFM                   |     |
| Area 4      | 422           | PASSAGE          | Corridor            | 422            | PASSAGE           | 0                        | 1                     | 1   |
| Area 4      | 423           | GIRLS            | Restroom            | 423            | GIRLS             | 0                        | 0                     | 0   |
| Area 4      | 501           | L.R.C            | Classroom           | 424            | L.R.C             | 40                       | 11                    | 51  |
| Area 4      | 425           | PASSAGE          | Corridor            | 425            | PASSAGE           | 0                        | 1                     | 1   |
| Area 4      | 426           | BOYS             | Restroom            | 426            | BOYS              | 0                        | 0                     | 0   |
| Area 4      | 427           | CUST.            | Custodial           | 427            | CUST.             | 0                        | 0                     | 0   |
| Area 4      | 428           | CLASSROOM        | Classroom           | 428            | CLASSROOM         | 60                       | 20                    | 80  |
| Area 4      | 429           | CLASSROOM        | Classroom           | 429            | CLASSROOM         | 60                       | 20                    | 80  |
| Area 5      | 502           | CLASSROOM        | Classroom           | 502            | CLASSROOM         | 60                       | 20                    | 80  |
| Area 5      | 503           | CLASSROOM        | Classroom           | 503            | CLASSROOM         | 60                       | 20                    | 80  |
| Area 5      | 504           | CLASSROOM        | Classroom           | 504            | CLASSROOM         | 60                       | 19                    | 79  |
| Area 5      | 505           | CLASSROOM        | Classroom           | 505            | CLASSROOM         | 60                       | 20                    | 80  |
| Area 5      | 506           | CLASSROOM        | Classroom           | 506            | CLASSROOM         | 60                       | 19                    | 79  |
| Area 5      | 507           | CLASSROOM        | Classroom           | 507            | CLASSROOM         | 60                       | 20                    | 80  |
| Area 5      | 508           | CORRIDOR         | Corridor            | 508            | CORRIDOR          | 0                        | 1                     | 1   |
| Area 5      | 509           | GIRLS            | Restroom            | 509            | GIRLS             | 0                        | 0                     | 0   |
| Area 5      | 510           | WOMEN            | Restroom            | 510            | WOMEN             | 0                        | 0                     | 0   |
| Area 5      | 511           | ELEC ROOM        | Corridor            | 511            | ELEC ROOM         | 0                        | 1                     | 1   |
| Area 5      | 512           | CORRIDOR         | Restroom            | 512            | CORRIDOR          | 0                        | 0                     | 0   |
| Area 5      | 513           | BOYS             | Restroom            | 513            | BOYS              | 0                        | 0                     | 0   |
| Area 5      | 511           | MENS             | Classroom           | 514            | MENS              | 10                       | 1                     | 11  |
| Area 5      | 510           | CLASSROOM        | Art Classroom       | 515            | CLASSROOM         | 40                       | 30                    | 70  |
| Area 5      | 516           | ART              | Storage             | 516            | ART               | 0                        | 26                    | 26  |
| Area 5      | 512           | STO              | Music/Theater/Dance | 517            | STO               | 10                       | 1                     | 11  |
| Area 5      | 518           | MUSIC            | Corridor            | 518            | MUSIC             | 0                        | 12                    | 12  |
| Area 5      | 520           | CORRIDOR         | Corridor            | 520            | CORRIDOR          | 0                        | 23                    | 23  |



# Building and Grounds Maintenance Checklist

Name: Mark Faulkingham  
 School: OSMS  
 Room or Area: \_\_\_\_\_ Date Completed: 4/1/26  
 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. BUILDING MAINTENANCE SUPPLIES

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

## 2. GROUNDS MAINTENANCE SUPPLIES

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

## 3. DUST CONTROL

|                                                               |                                     |                          |                          |
|---------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3a. Installed and maintained barrier mats for entrances ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Used high efficiency vacuum bags .....                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Used proper dusting techniques .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3d. Wrapped feather dusters with a dust cloth .....           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Cleaned air return grilles and air supply vents .....     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 4. FLOOR CLEANING

- |                                                                              | Yes                                 | No                       | N/A                      |
|------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary) .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 5. DRAIN TRAPS

- |                                                                                 |                                     |                          |                          |
|---------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 5a. Poured water down floor drains once per week (about 1 quart of water) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) .....     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Flushed toilets once each week (if not used regularly) .....                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 6. MOISTURE, LEAKS, AND SPILLS

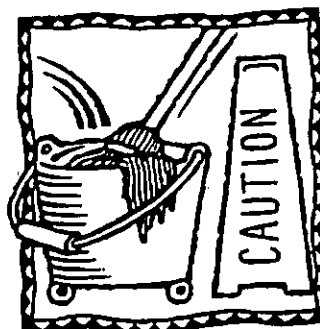
- |                                                                                                               |                                     |                          |                          |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------|-----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

#### 7. COMBUSTION APPLIANCES

- |                                                                                   |                                     |                          |                                     |
|-----------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Checked for odors from combustion appliances .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7b. Checked appliances for backdrafting (using chemical smoke) .....              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7d. Inspected flue components for corrosion and soot .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

#### 8. PEST CONTROL

- |                                                                     |                          |                          |                          |
|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 8a. Completed the <i>Integrated Pest Management Checklist</i> ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|



#### NOTES

# OSMS

## 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   |    |     |                        |
| 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)                                                                                                                             | X   |    |     |                        |
| 1i.  | Confirmed that outdoor air is entering the intake appropriately.                                                                                                                                        | X   |    |     |                        |
| 2i.  | 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)                                                                                                                                 | X   |    |     |                        |
| 3b.  | Ensured that minimum position provides adequate outdoor air for occupants                                                                                                                               |     |    | X   | Tested during 5yr Eval |
| 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) | X   |    |     |                        |
| 3f.  | Ensured that settings fit the actual schedule of building use (including night/weekend use)                                                                                                             | X   |    |     |                        |
| 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                                                                               | X   |    |     |                        |
| 3n.  | Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler                                                                                           | X   |    |     |                        |
| 3o.  | Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on                                                                                          |     |    | X   | Maintenance Task       |
| 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                                                                                                                  | X   |    |     |                        |
| 3y.  | Checked that sensor on the economizer is shielded from direct sunlight                                                                                                                                  | X   |    |     |                        |
| 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)              | X   |    |     |                        |
| 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)                    |   |  |   |                        |
| 5a. | Checked (using chemical smoke) that air flows into exhaust fan grille(s)                                                                                                                           |   |  |   |                        |
| 5b. | Checked (using chemical smoke) that air is drawn into the room from adjacent spaces                                                                                                                | X |  |   | Used Plastic indicator |
| 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 |  |   | See Part 6 of doc      |
| 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                                                                                                                                                          | X |  |   |                        |
| 2b. | Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream)                                                                                                   | X |  |   |                        |
| 2c. | Vacuumed filter areas before installing new filters                                                                                                                                                | X |  |   |                        |
| 2d. | Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter.                                                                                                     | X |  |   |                        |
| 2e. | Confirmed proper installation of filters (correct direction for airflow)                                                                                                                           | X |  |   |                        |
| 2f. | Ensured that drain pans slant toward the drain (to prevent water from accumulating)                                                                                                                | X |  |   |                        |
| 2g. | Cleaned drain pans                                                                                                                                                                                 | X |  |   |                        |
| 2h. | Checked drain pans for mold and mildew                                                                                                                                                             | X |  |   |                        |
| 2i. | Ensured that heating and cooling coils are clean                                                                                                                                                   | X |  |   |                        |
| 2j. | Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean                                                                                  | X |  |   |                        |
| 2k. | Ensured that ducts are clean                                                                                                                                                                       | X |  |   |                        |
| 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                                          | X |  |   |                        |
| 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. | X |  |   |                        |
| 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 | 5yr Evaluation |
| 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             |  |  | X | 5yr Evaluation |



# Food Service Checklist

Name: Erin Perpetua

School: Old Saybrook Middle School

Room or Area: Kitchen Date Completed: 5/7/26

Signature: Erin Perpetua

## 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. COOKING AREA

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

## 2. FOOD HANDLING AND STORAGE

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

## 3. WASTE MANAGEMENT

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

#### 4. DELIVERIES

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



---

#### NOTES

new wet spot in dishroom (517126)  
found today. custodian will be notified



# Health Officer/School Nurse Checklist

Name: Mark Faulkingham  
 School: OSMS  
 Room or Area: Health Office Date Completed: 4/1/26  
 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. MAINTAINING STUDENT HEALTH

|                                                                                                                                                                                                                                                                                                        | Yes                                 | No                       | N/A                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1a. Completed health records for each student .....                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1b. Updated health records, as appropriate .....                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1c. Obtained necessary information about student allergies and other health factors .....                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Developed a system to log health complaints (note symptoms, location and time of symptom onset, and exposure to pollutant sources) .....                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1e. Monitored trends in health complaints (especially in timing or location of complaints) .....                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 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) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1g. Ensured that the school prohibits smoking .....                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1h. Noted any new warm-blooded animals introduced into classrooms .....                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1i. Reviewed and understood indicators of IAQ-related problems .....                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 2. HEALTH, IAQ, AND HYGIENE EDUCATION

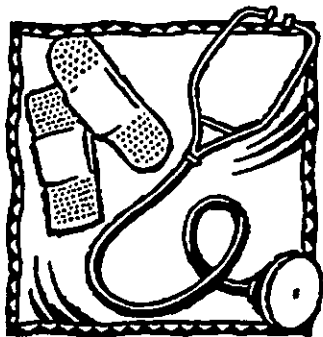
|                                                                                           |                                     |                                     |                                     |
|-------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 2a. Educated students and staff about the importance of good hygiene .....                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2b. Arranged individual instruction/counseling where necessary .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2c. Developed information and education programs for parents and staff .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2d. Established an information and counseling program for smokers .....                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2e. Provided literature on smoking and secondhand smoke .....                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2f. Educated school staff, students, and parents on the link between IAQ and health ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

*Nurses do not*

## 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) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that air filters are clean and properly installed .....                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that air supply pathways are clear of any obstructions .....                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3d. Determined that air removed from the health office is separated from the ventilation system to avoid affecting other occupied areas of the school .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES





# Integrated Pest Management Checklist

Name: MARK FAULKNER  
 School: CSMS  
 Room or Area: \_\_\_\_\_ Date Completed: 5/7/26  
 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. OFFICIAL POLICY STATEMENT

- 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 ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5b. Determined how many pests the school buildings, grounds, and occupants can tolerate .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5c. Set action thresholds .....                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 6. PREVENTIVE STRATEGIES

### INDOOR SITES

- 6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:
- |                                            |                                     |                          |                          |
|--------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| • Entryways .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Classrooms .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Gymnasiums .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Locker rooms .....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Offices .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff lounges .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bathrooms .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Food preparation and serving areas ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Rooms with extensive plumbing .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintenance areas .....                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

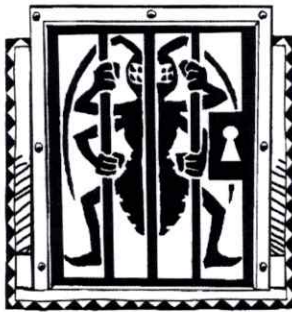
### OUTDOOR SITES

- 6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:
- |                                                |                                     |                          |                          |
|------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| • Playgrounds .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Parking lots .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lawns and athletic fields .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Teaching gardens or greenhouses .....        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Loading docks .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dumpsters .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Areas with ornamental shrubs and trees ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 7. PESTICIDE USE AND STORAGE

- |                                                                                                                                                                                    |                                     |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 7a. Explored alternative pest management methods before concluding that pesticides were necessary .....                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods .....                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Reviewed and followed all label instructions on pesticides and learned how to properly apply and handle these chemicals .....                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Used protective clothing or equipment when applying pesticides .....                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Placed all pesticides in tamper-resistant bait boxes or locations that are inaccessible to children and non-target species .....                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





## 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 .....                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Applied pesticides when occupants were not present or in areas where they would not be exposed to the chemicals .....                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Ensured that school occupants (students and staff) are notified of upcoming pesticide applications through posted notices and/or letters .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters .....                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel .....                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7o. Ensured that flammable liquids are stored away from ignition sources .....                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7p. Ensured that pesticides are stored in their original containers and all lids are securely fastened .....                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 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 ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8c. Ensured that each log book contains the following items:                                                              |                                     |                          |                          |
| • Copy of the pest management plan .....                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Service schedules for maintenance of buildings and grounds .....                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Current EPA-registered labels .....                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project ....                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pest surveillance data sheets .....                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Diagram noting the location of pest activity, traps, and bait stations .....                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES



# School Official's Checklist

Name: Michelle Hartel  
 School: Old Saybrook Middle School  
 Room or Area: \_\_\_\_\_ Date Completed: 5/6/26  
 Signature: Michelle A 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 ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Arranged proper funding for IAQ program through the school CFO and, if necessary, the school board .....       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Collaborated with unions to establish processes to address various situations .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Communicated IAQ program's progress to parents, community, and media ..                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Introduced IAQ Coordinator to staff, fully endorsing his or her leadership ...                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. VERBAL AND WRITTEN SUPPORT

- |                                                                                                                                                                                                                                     |                                     |                                     |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 2a. Ensured that top level management provided written support for the <i>IAQ TJS</i> Program .....                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2b. Wrote a letter to notify EPA that the school is participating in the <i>IAQ TJS</i> Program (qualifying the school for a Great Start Award) .....                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 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) .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2d. Applied for EPA's Leadership and Excellence Awards (after implementing the IAQ program) .....                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

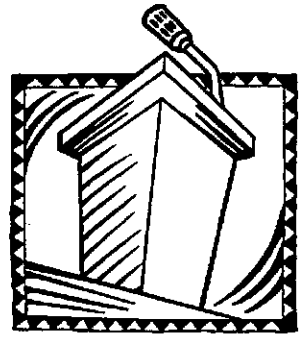
## 3. IAQ MANAGEMENT PLAN

- |                                                                                                             |                                     |                          |                          |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3a. Authorized (or obtained authorization for) the development of a district-wide IAQ management plan ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Coordinated the implementation of the district-wide IAQ management plan and monitored progress .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that IAQ policies and upgrades in each school are developed and conducted consistently .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3d. Developed management plans for integrated pest management, radon, and other relevant issues .....       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 4. EMERGENCY RESPONSE

- |                                                                                                                                            |                                     |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4a. Developed an emergency plan for IAQ crises .....                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Identified a contact person(s) to communicate IAQ issues to the media .....                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Notified school staff and other officials of emergency procedures and the identity and responsibilities of the contact person(s) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## NOTES





# Teacher's Classroom Checklist

Name: James Hessler  
 School: Old Saybrook Middle School  
 Room or Area: PE Date Completed: 3/31/26  
 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. GENERAL CLEANLINESS

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

## 2. ANIMALS IN THE CLASSROOM

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

## 3. DRAIN TRAPS IN THE CLASSROOM

|                                                                                                   |                                     |                                     |                          |
|---------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) .....       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly .....       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## 4. EXCESS MOISTURE IN CLASSROOMS

|                                                                                                         |                                     |                          |                          |
|---------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate .....                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks .....                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly .....                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 5. THERMAL COMFORT

|                                                                                                          | Yes                                 | No                       | N/A                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5b. Ensured there are no signs of draftiness .....                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5c. Ensured that students are not seated in direct sunlight .....                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels<br>(between 30 and 60 percent) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 6. VENTILATION

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

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

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

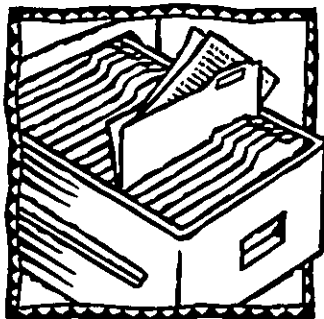
## 8. LOCAL EXHAUST FANS

|                                                                    |                                     |                          |                          |
|--------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 8a. Identified major pollutant-generating activities, if any ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Located exhaust fan(s), if any .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8c. Determined that fans operate .....                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 9. LOCKER ROOM

|                                                                                                |                                     |                          |                                     |
|------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9b. Checked that soiled clothes are removed regularly .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9c. Ensured that wet towels are removed from locker room .....                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap .....                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9e. Verified that the local exhaust fan is functioning properly and used<br>consistently ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |





# Administrative Staff Checklist

Name: MARK Faulkingham  
 School: OSMS  
 Room or Area: \_\_\_\_\_ Date Completed: 4/1/20  
 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 that offices are dusted and vacuumed regularly .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1b. Ensured that trash is removed daily .....                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1c. Ensured that no food is stored in the office overnight .....                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1d. Ensured that the room is free of pests and vermin.....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1e. Used unscented, school-approved cleaners and air fresheners, if any, in rooms ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## 2. EXCESS MOISTURE IN OFFICES

- |                                                                                                          |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2a. Ensured that condensate is wiped from windows, windowsills, and window frames .....                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Ensured that cold water pipes are free of condensate .....                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that indoor surfaces of exterior walls are free of condensate .....                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Ensured that areas around and under sinks are free of leaks .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Ensured that lavatories are free of leaks .....                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Checked ceiling tiles and walls for signs of leaks (discoloration may indicate periodic leaks) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Ensured that spills are cleaned promptly .....                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. THERMAL COMFORT

- |                                                                                |                                     |                          |                                     |
|--------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that moderate temperature (should generally be 72°F–76°F) .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3b. Ensured that there are no signs of draftiness .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3c. Maintained humidity at acceptable levels (between 30 and 60 percent) ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## 4. VENTILATION

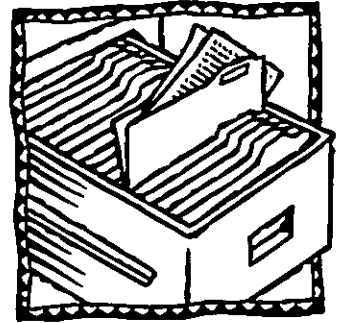
- |                                                                                                                      |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------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

## 5. LOCAL EXHAUST FANS

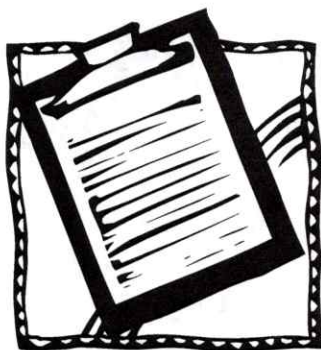
- |                                                                 | Yes                                 | No                       | N/A                      |
|-----------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 5a. Located major pollutant-generating activities, if any ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Located exhaust fan(s), if any .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Determined that fans operate .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that adjacent rooms are free of odor .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 6. PRINTING/DUPLICATING EQUIPMENT

- |                                                                                                                                                                                    |                                     |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for odors from equipment .....                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Ensured that equipment is maintained regularly (date of most recent servicing is usually documented on the machine) .....                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked that equipment functions properly .....                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## NOTES



# Walkthrough Inspection Checklist

Name: Mark Faulkingham  
 School: OSMS  
 Room or Area: \_\_\_\_\_ Date Completed: 4/1/26  
 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. GROUND LEVEL

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

## 2. ROOF

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

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

## 3. ATTIC

|                                                           |                          |                          |                                     |
|-----------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 3a. Checked for evidence of roof and plumbing leaks ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Checked for birds and animal nests .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## 4. GENERAL CONSIDERATIONS

|                                                                                         |                                     |                          |                          |
|-----------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that temperature and humidity are maintained within acceptable ranges ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that no obstructions exist in supply and exhaust vents .....                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Checked for odors .....                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Checked for signs of mold and mildew growth .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 4. GENERAL CONSIDERATIONS (continued)

- |                                                                  | Yes                                 | No                       | N/A                      |
|------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4e. Checked for signs of water damage .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Checked for evidence of pests and obvious food sources ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Noted and reviewed all concerns from school occupants .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 5. BATHROOMS AND GENERAL PLUMBING

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

#### 6. MAINTENANCE SUPPLIES

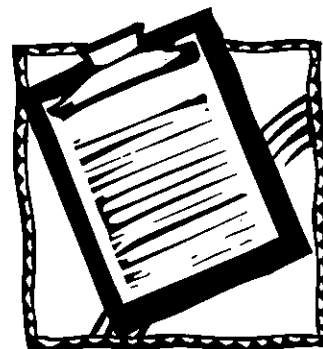
- |                                                                                                                                                    |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------------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

#### 7. COMBUSTION APPLIANCES

- |                                                                            |                                     |                          |                          |
|----------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that combustion appliances have flues or exhaust hoods .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Checked for leaks, disconnections, and deterioration .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Ensured there is no soot on inside or outside of flue components ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 8. OTHER

- |                                                                                                                      |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 8a. Checked for peeling and flaking paint (if the building was built before 1980, this could be a lead hazard) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Determined date of last radon test .....                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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#### NOTES



# Waste Management Checklist

Name: MARK Foulkerson

School: OSMS

Room or Area: \_\_\_\_\_ Date Completed: 5/7/26

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. WASTE MANAGEMENT

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

## NOTES