

FARMINGTON HIGH SCHOOL TEACHER CHECKLIST RESPONSES

3. Room number or description of space.  
 4. Room is ducted and vacuumed regularly.  
 5. Trash is removed regularly.  
 6. Room is free of clutter.  
 7. Unsanitized school-approved cleaners are used in this room.  
 8. Areas around and under classroom sinks are free of leaks.  
 9. Ceiling tiles are free from water stains.  
 10. Temperature is maintained at moderate levels during school hours.  
 11. Window blinds are present and operable.  
 12. Air supply pathway is free from obstruction.  
 13. Perimeter heat supply (radiators) is free from obstruction.  
 14. The room and hallway is free of vehicle exhaust within foot or other nois.  
 15. In non-air conditioned spaces, windows are operable.  
 16. Bathrooms in your area are kept clean and free from odor.

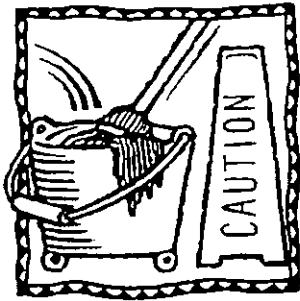
Room Number/Description	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2113	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Math Classrooms and Office	Yes	Yes	Yes	No	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3105 and 3107	Yes	Yes	Yes	Yes	Not Applicable	Yes	No	Yes	Not Applicable	Not Applicable	Yes			Yes
Counseling Suite	Yes	Yes	Yes	Yes	Yes	Yes	Other	Yes	Yes	Yes	Yes			Yes
3111, 3113, 3115 classrooms	No	Yes	Yes	Yes	Not Applicable	Yes	Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2111, 3216, 2404	Yes	No	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2127 - Science laboratory room (Biology)	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
3217	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Not Applicable	Yes			Yes
320*	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2209	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
3121, classroom	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Not Applicable	Yes			Yes
1217	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
2207	Yes		Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2512	No	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2518	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes			Yes
1215, 1211	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1432	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Not Applicable	Yes			Yes
2213	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes
2414 (Office) 2404 (Classroom) Learning Commons	Yes	Yes	Yes	Yes	Not Applicable	No	Yes	No	Yes	Yes	Yes			Yes
2109	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Gym/ Fitness Center/ 1518	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2475	Yes	Yes	Yes	Yes	Not Applicable		Yes	Yes	Yes	Not Applicable	Yes	No		Yes
1518/1519/Cy m(s)/Fitness Center and H-PEW Women's Office	Yes	Yes	Yes	Yes	Yes	Yes	Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2201	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2107	Yes	Yes	Yes	No	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	No		Yes
English Office	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes		Yes	Not Applicable	Yes	Yes	Yes	Yes
3211	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes
3109 (Classroom) Learning Commons + Room 2405	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1205	Yes	Yes	Yes	Yes	Yes	Yes	Other	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes

FARMINGTON HIGH SCHOOL TEACHER CHECKLIST RESPONSES

3. Room number or description of space.  
 4. Room is dusted and vacuumed regularly.  
 5. Trash is removed daily.  
 6. Rooms are free of clutter.  
 7. Unsanitized, school-approved cleaners are used in this room.  
 8. Areas around and under classroom sinks are free of leaks.  
 9. Ceiling tiles are free from water stains.  
 10. Temperature is maintained at moderate levels during school hours.  
 11. Window blinds are present and operable.  
 12. Air supply pathway is free from obstruction.  
 13. Perimeter heat supply (radiators) is free from obstruction.  
 14. The room and hallway is free of vehicle exhaust, kitchen/food or other odors.  
 15. In non-air conditioned spaces, windows are operable.  
 16. Bathrooms in your area are kept clean and free from odor.

Gym	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Applicable	No	Yes
2205	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Applicable	No	No
25-6	Yes	Yes	Yes	Yes	Yes	Yes	Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
32-8	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes
2207, 2210, 1111, 1105	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No
Classroom	Yes	No	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Room 2103/2105, room 2216 and room 2213	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1325 Alternative High School	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes
School Counseling Office	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes
Library conference room classroom	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1107	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2103/2105	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2464 - Engineering Room 25 computers and 7 larger tables	No	Yes	Yes	Yes	Not Applicable	Yes	Other	Yes	Yes	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes
Girls PE office	Yes	No	Yes	Yes	Not Applicable	Yes	Other	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes
3100, 3109, 3103	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11-5	No	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
1203, 1209, 1107	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1213, 2213, 2215	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
English office and room 2107	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Social Studies office, Room 1113, Room 2113, Room 2211	Yes	Yes	No	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
3205	No	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
3103, classroom	Yes	Yes	Yes	Yes	Not Applicable	Yes	Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3117- lab classroom	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2110	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2308 Ceramics	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes
3117	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Library and related spaces	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2209/2207/2210 office	No	Yes	Yes	No	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
1103	Yes	Yes	No	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2211	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Applicable	Yes	Yes





# Building and Grounds Maintenance Checklist

Name: Vic Michaud  
 School: FHS  
 Room or Area: \_\_\_\_\_ Date Completed: 11-6-24  
 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

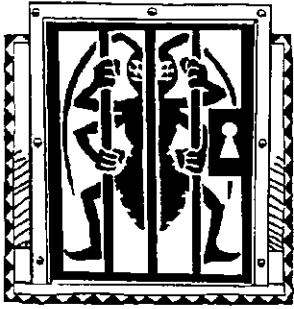
	Yes	No	N/A
1a. Developed appropriate procedures and stocked supplies for spill control .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Reviewed supply labels .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. 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 checked="" 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"/>



# Integrated Pest Management Checklist

Name: Vic Michael  
 School: FHS  
 Room or Area: \_\_\_\_\_ Date Completed: 11-6-24  
 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

Yes No N/A

- 1a. Developed or located the school's official policy statement for integrated pest management (IPM) .....

## 2. DESIGNATING PEST MANAGEMENT ROLES

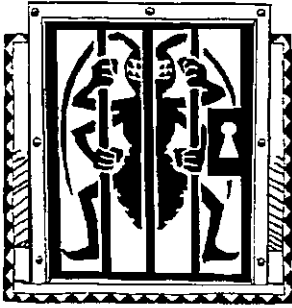
- 2a. Assigned and trained a qualified person to be the pest manager .....
- 2b. Involved decision makers in the IPM program .....
- 2c. Educated students and staff (the occupants of the building) about IPM and asked them to keep their areas clean and free of clutter .....
- 2d. Encouraged parents to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

## 3. SETTING PEST MANAGEMENT OBJECTIVES

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

## 4. INSPECTING, IDENTIFYING, AND MONITORING

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



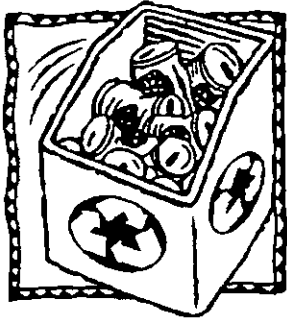
## 7. PESTICIDE USE AND STORAGE (cont.)

	Yes	No	N/A
7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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



# Waste Management Checklist

Name: Vic Michael  
 School: FHS  
 Room or Area: \_\_\_\_\_ Date Completed: 11-6-24  
 Signature: [Signature]

## Instructions

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

## 1. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids) .....	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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



# Ventilation Checklist

Name: Vic Michael  
 School: FHS  
 Unit Ventilator/AHU No: \_\_\_\_\_  
 Room or Area: \_\_\_\_\_ Date Completed: 11-6-24  
 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....                               | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

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





### 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Moving parts are free of impediments (e.g., rust, corrosion) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Electrical wire or pneumatic tubing connects to the damper actuator .....   | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### ACTIVITY 15: ECONOMIZERS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3x. Confirmed proper economizer settings based on design specifications or local practices ..... | <input checked="" 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 checked="" 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 checked="" 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.*



## 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

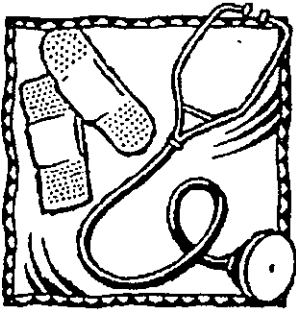
*NOTE: Refer to "How to Measure Airflow" for techniques.*

- 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



# Health Officer/School Nurse Checklist

Name: Amber King / Kristine Dudecz  
 School: FHS  
 Room or Area: FHS/NURSE Date Completed: 12/3/24  
 Signature: [Handwritten 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

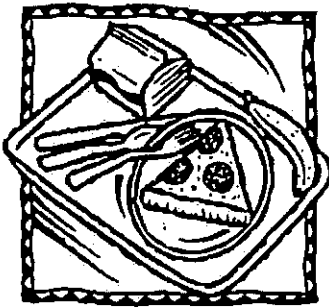
- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1a. Completed health records for each student .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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"/> |

## 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"/> |



# Food Service Checklist

Name: Farmington Public Schools  
 School: Farmington High School  
 Room or Area: Food Ser. Date Completed: 11/7/24  
 Signature: Joseph Walsh FSO

## 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 2. FOOD HANDLING AND STORAGE

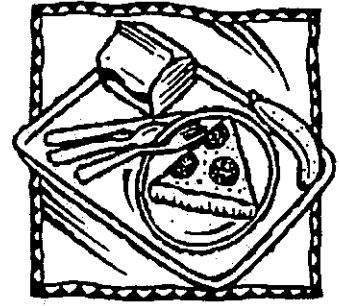
- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



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**NOTES**



# Walkthrough Inspection Checklist

Name: Vic Michaud  
 School: FHS  
 Room or Area: \_\_\_\_\_ Date Completed: 11-6-24  
 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

#### NOTES

- New Building opened September 2024
- add a sign @ loading dock No holding