

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.

Building and Grounds Maintenance Checklist

Name:		
School:		
Room or Area: Date Completed:		
Signature:		
1. BUILDING MAINTENANCE SUPPLIES		
Yes	No	N/
1a. Developed appropriate procedures and stocked supplies for spill control \square		
1b. Reviewed supply labels		
1c. Ensured that air from chemical and trash storage areas vents to		
the outdoors		

	Developed appropriate procedures and stocked supplies for spill control Reviewed supply labels		
	Ensured that air from chemical and trash storage areas vents to	_	_
IC.	the outdoors		
1d	Stored chemical products and supplies in sealed, clearly labeled	_	_
1 4.	containers		
1e.	Researched and selected the safest products available		
	Ensured that supplies are being used according to manufacturers'		
	instructions		
1g.	Ensured that chemicals, chemical-containing wastes, and containers are		
	disposed of according to manufacturers' instructions		
1h.	Substituted less- or non-hazardous materials (where possible) \square		
1i.	Scheduled work involving odorous or hazardous chemicals for periods	_	_
	when the school is unoccupied		
1j.	Ventilated affected areas during and after the use of odorous or		
	hazardous chemicals	_	
2	GROUNDS MAINTENANCE SUPPLIES		
2.	GROUNDS MAINTENANCE SUPPLIES		
2a.	Stored grounds maintenance supplies in appropriate area(s) \Box		
2b.	Ensured that supplies are used and stored according to manufacturers'		
	instructions		
2c.	Established and followed procedures to minimize exposure to fumes		
		_	_
	from supplies		
	from supplies		
2e.	from supplies		
	from supplies		
2e. 2f.	from supplies		
2e. 2f.	from supplies		
2e. 2f.	from supplies		
2e. 2f. 2g.	from supplies		
2e. 2f. 2g.	from supplies		
2e.2f.2g.3a.	from supplies		
2e. 2f. 2g. 3a. 3b.	from supplies		
2e. 2f. 2g. 3a. 3b. 3c.	from supplies		
2e. 2f. 2g. 3a. 3b. 3c. 3d.	from supplies		

4.	FLOOR CLEANING Yes	No	N/A	
4a. 4b. 4c.	C III			
5.	DRAIN TRAPS			
5b.	Poured water down floor drains once per week (about 1 quart of water) \square Ran water in sinks at least once per week (about 2 cups of water) \square			
5c.	Flushed toilets once each week (if not used regularly)			
6.	MOISTURE, LEAKS, AND SPILLS			
	Checked for moldy odors			
6b.	Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks)			
6c.	Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms)			
6d.	Checked that windows, windowsills, and window frames are free of condensate			
6e.	Checked that indoor surfaces of exterior walls and cold water pipes are		_	
6f.	free of condensate			
	Indoor areas near known roof or wall leaks			
	Walls around leaky or broken windows			
	Floors and ceilings under plumbing			
	Duct interiors near humidifiers, cooling coils, and outdoor air intakes \Box			
7.	COMBUSTION APPLIANCES			
7a.	Checked for odors from combustion appliances			
	Checked appliances for backdrafting (using chemical smoke)			
	Inspected exhaust components for leaks, disconnections, or deterioration			
	Inspected flue components for corrosion and soot			
8.	PEST CONTROL			
8a.	Completed the Integrated Pest Management Checklist			

NOTES