

## U.S. Environmental Protection Agency

## [District Address]

| PROTE                         | Assessme  | ent Checklist | CKIIST  |                   |  |
|-------------------------------|---|---------------|---|-------------------|--|
| Assessment Date:<br>Assessor: | Facility Name:<br>Physical Address:   |               | Routine Incident Respondent Complaint/Other Re-Assessment | er                |  |
|                               | Facility Type:  |               | Construction/F  |                   |  |
|                               | Primary Contact:  |               | -   |                   |  |
|                               | Facility Contact:   |               |   |                   |  |
| Area/Topic<br>Subtopic        | Assessment Standard   | Problem D     | escription/Corrective Action                              | Room/<br>Location |  |
| Central Office Chemical Man   | agement   |               |   |                   |  |
| Chemical Purchasing           | School is purchasing chemicals in a manner that is<br>consistent with the District's purchasing policy.   | Yes / No / NA |   |                   |  |
|                               | All chemicals are purchased in quantities that will be used during the current school year.   | Yes / No / NA |   |                   |  |
| Inventory                     |   |               |   |                   |  |
|                               | School has conducted an inventory of all of the chemicals on-site, including school maintenance (cleaning, pesticides, repairs), science classrooms and labs, art classrooms, shop classrooms, etc. | Yes / No / NA |   |                   |  |
|                               | All chemicals on the premises can be identified on the approved products list.  | Yes / No / NA |   |                   |  |
| Storage and Labeling          |   |               |   |                   |  |
|                               | All chemicals are stored properly.  | Yes / No / NA |   | p                 |  |
| Clean-out                     |   |               |   |                   |  |
|                               | School updates its chemical inventory list at least<br>annually to reflect removal of chemicals from school.  | Yes / No / NA |   | ,                 |  |
|                               | School has conducted a chemical clean-out, identifying<br>and removing unnecessary hazardous materials through<br>appropriate recycling and/or disposal methods.                                    | Yes / No / NA |   |                   |  |
| Training and Handling         |   |               |   |                   |  |
|                               | School employees and students are properly trained to<br>handle chemicals and lab equipment.  | Yes / No / NA |   |                   |  |

| Area/Topic                       |   |               |                                       | Room/    |
|----------------------------------|---|---------------|---------------------------------------|----------|
| Subtopic                         | Assessment Standard   |               | Problem Description/Corrective Action | Location |
| Central Office Chemical Manager  | ment  |               |                                       |          |
| Training and Handling            |   |               |                                       |          |
|                                  | Only trained employees are permitted to transport chemicals within the building, and only after school hours or when students are within classrooms.  | Yes / No / NA |                                       |          |
|                                  | Food and drink are prohibited in areas where chemicals are handled or stored.   | Yes / No / NA |                                       |          |
| Hazard Communication Plan        |   |               |                                       |          |
|                                  | School has a written hazard communication plan.   | Yes / No / NA |                                       |          |
| Central Office Energy            |   |               |                                       |          |
| Energy Star                      |   |               |                                       |          |
|                                  | School is aware of the district's energy efficiency policy/program goals.   | Yes / No / NA |                                       |          |
|                                  | School tracks whole building energy use, assesses<br>energy performance using EPA's Energy Performance<br>Rating System, sets whole building energy performance<br>improvement target, and reassesses energy<br>performance to measure improvement.   | Yes / No / NA |                                       |          |
|                                  | Procurement policy in place that favors the purchase of<br>products carrying the ENERGY STAR, including<br>Compact Fluorescent Lamps, kitchen equipment, office<br>equipment, computers and others.   | Yes / No / NA |                                       | ,        |
|                                  | Monitor power management software on computer<br>networks is installed.   | Yes / No / NA |                                       |          |
| Central Office Hazardous Materia | als   |               |                                       |          |
| Asbestos Management Plan         |   |               |                                       |          |
| U U                              | School has an up-to- date asbestos management plan  | Yes / No / NA |                                       |          |
|                                  | on file containing designation of a contact person who<br>ensures that the responsibilities of the local education<br>agency are properly implemented.  |               |                                       |          |
|                                  | School has an up-to-date asbestos management plan<br>on file that contains documentation of the steps to be<br>taken by the Local Education Agency to provide written<br>notification to parent, teacher, and employee<br>organizations regarding the availability of the Asbestos<br>Management Plan and any response actions taken or<br>planned once annually. | Yes / No / NA |                                       |          |
|                                  | School has an up to date asbestos management plan on file containing records for periodic surveillance of known or suspected asbestos containing building material (ACBM).  | Yes / No / NA |                                       |          |

| Area/Topic                          |   |               |                                       | Room/    |
|-------------------------------------|---|---------------|---------------------------------------|----------|
| Subtopic                            | Assessment Standard   |               | Problem Description/Corrective Action | Location |
| Central Office Hazardous Materia    | ls  |               |                                       |          |
| Asbestos Management Plan            |   |               |                                       |          |
|                                     | School has an up to date asbestos management plan on<br>file containing a blueprint, diagram, or written description<br>of each school building that identifies clearly each<br>location where material was sampled for ACM, the exact<br>location where each bulk sample was collected, date of<br>collection, and where suspected ACBM is assumed to<br>be ACM. | Yes / No / NA |                                       |          |
| Asbestos Awareness Training         |   |               |                                       |          |
|                                     | Local education agency provides asbestos awareness<br>training to all of its maintenance and custodial staff who<br>work in buildings that contain asbestos.  | Yes / No / NA |                                       |          |
| Initial Asbestos Inspections        |   |               |                                       |          |
|                                     | An initial asbestos inspection has been conducted.  | Yes / No / NA |                                       |          |
| Follow Up Asbestos<br>Reinspections |   |               |                                       |          |
|                                     | Follow-up re-inspections to the initial asbestos<br>inspection have been performed every three years.   | Yes / No / NA |                                       |          |
| Asbestos Records                    |   |               |                                       |          |
|                                     | School maintains records of each preventive measure<br>and response action taken for friable and nonfriable<br>asbestos-containing building material as well as records<br>of the persons performing the actions.   | Yes / No / NA |                                       |          |
| Carbon Monoxide                     |   |               |                                       |          |
|                                     | School has an inventory of all combustion appliances that are potential sources of carbon monoxide.   | Yes / No / NA |                                       |          |
|                                     | School inspects all combustion appliances that are<br>potential sources of carbon monoxide on an annual<br>basis.   | Yes / No / NA |                                       |          |
|                                     | School places restrictions on the placement and use of gasoline powered engines or tools inside the building.   | Yes / No / NA |                                       |          |
|                                     | Staff is trained to recognize the signs and symptoms of<br>carbon monoxide exposure.  | Yes / No / NA |                                       |          |
| Lead Paint                          |   |               |                                       |          |
|                                     | School maintains a file of lead paint inspection reports for all schools built prior to 1992.   | Yes / No / NA |                                       |          |
|                                     | School has a policy in place to manage any activity (e.g., renovation work) that may disturb areas containing lead paint hazards.   | Yes / No / NA |                                       |          |
|                                     | All staff are trained to recognize and report potential lead paint hazards.   | Yes / No / NA |                                       |          |

| rea/Topic   |  |               |                                       | Room/    |
|---|--|---------------|---------------------------------------|----------|
| Subtopic  | Assessment Standard  |               | Problem Description/Corrective Action | Locatior |
| entral Office Hazardous Materia                         | s  |               |                                       |          |
| Lead in Drinking Water                                  |  |               |                                       |          |
|   | Plumbing survey has been conducted to locate areas of<br>high risk for lead sources.   | Yes / No / NA |                                       |          |
|   | Drinking fountains have been checked against EPA's list<br>of known lead-containing models; listed fountains have<br>been permanently taken out of service or removed.   | Yes / No / NA |                                       |          |
|   | School has a policy of flushing out at the start of each<br>school day all drinking and cooking water outlets with<br>high lead levels where other remediation actions have<br>not been taken (replace outlet or disconnect outlet). | Yes / No / NA |                                       |          |
|   | Drinking water taps have been tested for lead in the past year.  | Yes / No / NA |                                       |          |
|   | Lead concentrations at all drinking water taps are below the EPA action level.   | Yes / No / NA |                                       |          |
| Mercury Assessment and<br>Removal                       |  |               |                                       |          |
|   | School prohibits the purchase of mercury products.   | Yes / No / NA |                                       |          |
|   | School has conducted and maintains an up-to-date<br>inventory list of all devices containing elemental<br>mercury, mercury compounds, and mercury solutions.   | Yes / No / NA |                                       |          |
|   | School has a policy to replace all unnecessary mercury containing devices with non-mercury devices.  | Yes / No / NA |                                       |          |
| Mercury Spills  |  |               |                                       |          |
|   | Ensure that the chemical hygiene plan has a spill control<br>policy for mercury, that the staff is trained to clean up<br>mercury spills, and has a mercury spill recovery kit.  | Yes / No / NA |                                       |          |
| Mercury Recycling or Disposal                           |  |               |                                       |          |
|   | Ensure the school recycles or disposes of unwanted<br>mercury laboratory chemicals, mercury thermometers,<br>gauges, and other devices in accordance with federal,<br>state and local environmental regulations.                     | Yes / No / NA |                                       |          |
| Polychlorinated Biphenyls (PCBs                         |  |               |                                       |          |
|   | School has determined applicability and compliance with PCB regulations.   | Yes / No / NA |                                       |          |
| Radioactive Materials – Tritium<br>Exit Signs (Devices) |  |               |                                       |          |
|   | Responsible individual appointed to take actions to<br>comply with appropriate Nuclear Regulatory Commission<br>(NRC) regulations and requirements.  | Yes / No / NA |                                       |          |
|   | All tritium EXIT signs installed in the school(s) have been identified.  | Yes / No / NA |                                       |          |

| Area/Topic<br>Subtopic   | Assessment Standard  |               | Problem Description/Corrective Action | Room/<br>Location |
|--|--|---------------|---------------------------------------|-------------------|
| Central Office Hazardous Materials                                       |  |               |                                       |                   |
| Radioactive Materials – Tritium<br>Exit Signs (Devices)                  |  |               |                                       |                   |
|  | School(s) have a record of all tritium EXIT sign<br>purchases including the information provided by the<br>manufacturer or distributor at the time of purchase.  | Yes / No / NA |                                       |                   |
|  | All installed tritium EXIT signs display a label with words<br>"Caution – Radioactive Material".   | Yes / No / NA |                                       | ,                 |
| Radon  |  |               |                                       |                   |
|  | All classrooms in contact with the ground have been tested for radon, if school located in Zone 1.   | Yes / No / NA |                                       |                   |
|  | If test results show radon levels of 4 pCi/L or greater, mitigation strategies have been implemented.  | Yes / No / NA |                                       |                   |
| Storage Tanks Aboveground  |  |               |                                       |                   |
|  | If above-ground storage tanks are present, aggregate<br>quantity of storage capacity is less than 1320 gallons,<br>OR school has a Spill Prevention, Containment, and<br>Countermeasure (SPCC) plan on file. | Yes / No / NA |                                       |                   |
| Storage Tanks Underground  |  |               |                                       |                   |
|  | If any school vehicles are fueled on school owned<br>property, school is in compliance with Underground<br>Storage Tank regulations.   | Yes / No / NA |                                       |                   |
|  | If any school vehicles are fueled on school owned property, school maintains leak detection reports.   | Yes / No / NA |                                       |                   |
| Tobacco Smoke  |  |               |                                       |                   |
|  | School has a written non-smoking policy.   | Yes / No / NA |                                       |                   |
| Central Office Hazardous Waste   |  |               |                                       |                   |
| Generation   |  |               |                                       |                   |
|  | School has determined its hazardous waste generation status.   | Yes / No / NA |                                       |                   |
| Generator Identification Number  |  |               |                                       |                   |
|  | If the school generates regulated quantities of<br>hazardous waste, the school has obtained a RCRA site-<br>specific identification number.  | Yes / No / NA |                                       |                   |
| Conditionally Exempt Small<br>Quantity Generator (CESQG)<br>Requirements |  |               |                                       |                   |
| ,  | If the school is a CESQG, the school complies with the<br>limited requirements applicable to a CESQG.  | Yes / No / NA |                                       |                   |

| Area/Topic<br>Subtopic  | Assessment Standard   |               | Problem Description/Corrective Action | Room/<br>Locatior |
|---|---|---------------|---------------------------------------|-------------------|
| Central Office Hazardous Waste  |   |               |                                       |                   |
| Small Quantity Generator (SQG)/<br>Large Quantity Generator (LQG)<br>requirements | If the school is a Small- or Large Quantity Generator of  | Yes / No / NA |                                       |                   |
|   | hazardous waste, the school complies with more stringent requirements.  |               |                                       |                   |
| Central Office Indoor Air Quality   |   |               |                                       |                   |
| IAQ Coordinator   |   |               |                                       |                   |
|   | School has an identified IAQ coordinator who maintains a file documenting IAQ activities.   | Yes / No / NA |                                       |                   |
| Indoor Air Quality Profile  |   |               |                                       |                   |
|   | School has developed an indoor air quality profile based on a walkthrough assessment.   | Yes / No / NA |                                       |                   |
| Ventilation System  |   |               |                                       |                   |
|   | School has records of ventilation system inspections on file (if mechanical ventilation system present).  | Yes / No / NA |                                       |                   |
| Indoor Air Quality Management<br>Plan   |   |               |                                       |                   |
|   | School has an IAQ management plan.  | Yes / No / NA |                                       |                   |
| Central Office Mold/Moisture  |   |               |                                       |                   |
| Mold Prevention   |   |               |                                       |                   |
|   | No wet or damp areas.   | Yes / No / NA |                                       |                   |
|   | Indoor relative humidity is maintained below 60% (ideally<br>between 30% and 50%, except in cold climates during<br>freezing temperatures, when relative humidity levels<br>between 20-30% are normal). |               |                                       |                   |
|   | All school structures (including portable structures) are<br>inspected for visible mold, moldy odors, moisture, stains<br>or discoloration, and water leakage on a regular basis.                       | Yes / No / NA |                                       |                   |
| Mold Containment and Clean-up   |   |               |                                       |                   |
|   | All moisture and mold problems have been investigated and evaluated.  | Yes / No / NA |                                       |                   |
|   | Communication with all building occupants occurs at each stage of the mold remediation process, as appropriate.   | Yes / No / NA |                                       |                   |
|   | If visible mold is present, a remediation plan has been developed.  | Yes / No / NA |                                       |                   |
|   | If visible mold is present, a remediation plan has been implemented.  | Yes / No / NA |                                       |                   |

| Area/Topic                             |   |               |                                       | Room/    |
|--|---|---------------|---------------------------------------|----------|
| Subtopic                               | Assessment Standard   |               | Problem Description/Corrective Action | Location |
| Central Office Non-hazardous W         | Vaste   |               |                                       |          |
| Food Waste                             |   |               |                                       |          |
|  | School has a program in place to minimize food waste from cafeteria food production.  | Yes / No / NA |                                       |          |
| Recycling                              |   |               |                                       |          |
|  | School has recycling bins for: 1) plastic; 2) office paper/newspaper/cardboard; 3) aluminum/tin; and 4) glass.  | Yes / No / NA |                                       |          |
|  | School purchases supplies and equipment made with recycled content materials (e.g. paper products, engine oil, paints).   | Yes / No / NA |                                       |          |
| Waste Reduction                        |   |               |                                       |          |
|  | School has implemented a waste education program, such as EPA's Waste Wise Program.   | Yes / No / NA |                                       |          |
| Central Office Outdoor Air Pollu       | ition   |               |                                       |          |
| Air Quality Index Advisories           |   |               |                                       |          |
|  | School has procedures in place for responding to Air<br>Quality Index advisories.   | Yes / No / NA |                                       |          |
| School Bus Idling                      |   |               |                                       |          |
|  | School has an anti-idling policy on file.   | Yes / No / NA |                                       |          |
|  | Signs are posted stating that all vehicles are prohibited from idling on school premises.   | Yes / No / NA |                                       |          |
|  | School bus schedules are designed to minimize school bus caravanning.   | Yes / No / NA |                                       |          |
| Refrigeration and Air-<br>Conditioning |   |               |                                       |          |
|  | Refrigerant Inventory conducted to determine if the<br>school's refrigeration equipment uses regulated ozone-<br>depleting refrigerant.   | Yes / No / NA |                                       |          |
|  | School's air-conditioning or refrigeration systems contain<br>LESS THAN a fifty-pound charge of CFC or HCFC<br>refrigerant.   | Yes / No / NA |                                       |          |
|  | If school personnel perform any type of repair, service,<br>or maintenance on any air conditioning or refrigeration<br>equipment, personnel are properly certified as a section<br>608 EPA-approved technician. | Yes / No / NA |                                       |          |
| Central Office Pest Control            |   |               |                                       |          |
| Integrated Pest Management<br>Plan     |   |               |                                       |          |
|  | School is implementing an integrated pest management plan.  | Yes / No / NA |                                       |          |

| Area/Topic                      |   |               |                                       | Room/    |
|---------------------------------|---|---------------|---------------------------------------|----------|
| Subtopic                        | Assessment Standard   |               | Problem Description/Corrective Action | Location |
| Central Office Pest Control     |   |               |                                       |          |
| Pesticide Use                   |   |               |                                       |          |
|                                 | School provides notification of their pest control policies,<br>methods of application, and requirements for posting<br>and pre-notification to parents and school employees.         | Yes / No / NA |                                       |          |
|                                 | School maintains annual summaries of pesticide applications, copies of pesticide labels, copies of notices, and MSDSs in an accessible location.                                      | Yes / No / NA |                                       |          |
|                                 | Children are prohibited from entering the pesticide area<br>for at least 8 hours following the application or longer, if<br>feasible, or if required by the pesticide label.          | Yes / No / NA |                                       |          |
| Central Office Ultraviolet Radi | ation   |               |                                       |          |
| SunWise                         |   |               |                                       |          |
|                                 | School uses the SunWise program or otherwise follows CDC's Guidelines for School Programs to Prevent Skin Cancer.   | Yes / No / NA |                                       |          |
| Central Office Water            |   |               |                                       |          |
| Drinking Water Quality          |   |               |                                       |          |
|                                 | Drinking water source is protected if school acquires drinking water from its own well.   | Yes / No / NA |                                       |          |
|                                 | No pathways exist for drinking water contamination or<br>unintentional water loss.  | Yes / No / NA |                                       |          |
|                                 | On-site drinking water storage is protected from contamination.   | Yes / No / NA |                                       |          |
| Water Efficiency                |   |               |                                       |          |
|                                 | School has conducted a water audit to determine its water usage.  | Yes / No / NA |                                       |          |
|                                 | All building systems (e.g. chillers, Cooling towers,<br>boilers, plumbing fixtures, cafeteria equipment) are<br>operating efficiently (based on the results from the water<br>audit). | Yes / No / NA |                                       | ,        |
|                                 | All water-using equipment is checked regularly for leaks<br>to prevent damage to building structure and mold<br>formation.  | Yes / No / NA |                                       |          |
|                                 | Water-using equipment that is purchased is in the top 25% of efficiency.  | Yes / No / NA |                                       |          |
| Waste Water                     |   |               |                                       |          |
|                                 | School prohibits the dumping of gasoline, oil, chemicals,<br>and lawn and garden pesticides down the drain, into<br>surface water, onto the ground, or in the trash.                  | Yes / No / NA |                                       |          |

| Area/Topic  |  |               |                                       | Room/   |
|---|--|---------------|---------------------------------------|---------|
| Subtopic  | Assessment Standard  |               | Problem Description/Corrective Action | Locatio |
| Central Office Safety and Health P                          | olicies  |               |                                       |         |
| Policies  |  |               |                                       |         |
|   | School has written policies that address the eight<br>components of the Coordinated School Health Program.   | Yes / No / NA |                                       |         |
| Central Office Safety and Security                          |  |               |                                       |         |
| Emergency Response and Crisis<br>Management                 |  |               |                                       |         |
|   | School has crisis management plans in place<br>addressing: 1) preparedness, 2) prevention and<br>mitigation, 3) response, and 4) recovery.   | Yes / No / NA |                                       |         |
| Fire Prevention and Detection<br>and Emergency Action Plans |  |               |                                       |         |
|   | School has emergency action and fire detection and prevention plans.   | Yes / No / NA |                                       |         |
| Traffic and Pedestrian Safety                               |  |               |                                       |         |
|   | "Safe Pedestrian Routes" to school have been<br>designated, distributed to parents and posted in the<br>main office.   | Yes / No / NA |                                       |         |
|   | Student drop-off and pick-up points are designated and supervised.   | Yes / No / NA |                                       |         |
|   | Students, parents and employees provided with: traffic safety and pedestrian brochures; bicycle and bus safety rules; information on pedestrian routes to and from school; student drop-off/pickup procedures; and seat belt/car safety information. | Yes / No / NA |                                       |         |
| Central Office Injury and Illness Pi                        | revention  |               |                                       |         |
| Occupational Injury and Illness<br>Reporting                |  |               |                                       |         |
|   | School (employer) maintains a log and summary of recordable occupational injuries and illnesses (OSHA Form No. 300 or equivalent) that reflects separately the illness and injury experience of each establishment (i.e., school).                   | Yes / No / NA |                                       |         |
| Bloodborne Pathogens Exposure<br>Control Plan               |  |               |                                       |         |
|   | School has a bloodborne pathogens exposure control plan.   | Yes / No / NA |                                       |         |
| Classrooms  |  |               |                                       |         |
| General   |  |               |                                       |         |
|   | Overall clean and sanitary conditions.   | Yes / No / NA |                                       |         |
|   | Free of visible mold on any interior surface.  | Yes / No / NA |                                       |         |
|   | Free of signs of moisture problems or water damage on any interior surface.  | Yes / No / NA |                                       |         |

| rea/Topic<br>Subtopic | Assessment Standard  |   | Problem Description/Corrective Action | Room/<br>Locatior |
|-----------------------|--|---|---------------------------------------|-------------------|
| assrooms              |  |   |                                       |                   |
| General               |  |   |                                       |                   |
|                       | Stored items do not inhibit or restrict routine maintenance or cleaning.   | Yes / No / NA                             |                                       |                   |
|                       | Free of evidence of pests or obvious food sources.   | Yes / No / NA                             |                                       |                   |
|                       | Food stored in sealed, vermin-proof containers.  |   |                                       |                   |
|                       | Drapes and curtains clean with no noticeable dust accumulation.  |   |                                       |                   |
| Safety                |  |   |                                       |                   |
|                       | Chemicals & cleaning products inaccessible to children.  | Yes / No / NA                             |                                       |                   |
| Walls                 |  |   |                                       |                   |
|                       | Chipped or peeling paint or plaster not present.   | Yes / No / NA                             |                                       |                   |
| Fire Safety           |  |   |                                       |                   |
|                       | Fire extinguishers checked monthly and serviced<br>annually, clearly marked, and easily accessible.                  | Yes / No / NA                             |                                       |                   |
|                       | All exits and exit corridors free of obstructions that would restrict or prevent emergency egress from the building. | Yes / No / NA                             |                                       |                   |
|                       | All exits properly marked.   | Yes / No / NA                             |                                       |                   |
| Floors General        |  |   |                                       |                   |
|                       | Smooth, wear resistant, and easily cleanable.  | Yes / No / NA                             |                                       |                   |
|                       | Free of obstructions to cleaning and maintenance   | $\lambda = - / \lambda = - / \lambda = 0$ |                                       |                   |
| Floors Carpet         |  |   |                                       |                   |
|                       | Clean and dry with no noticeable odors.  | Yes / No / NA                             |                                       |                   |
|                       | Free of evidence of staining.  | Yes / No / NA                             |                                       |                   |
|                       | Secure to floor with no loose edges, tears, holes or other tripping hazards.   |   |                                       |                   |
|                       | Not installed in areas with plumbing.  | Yes / No / NA                             |                                       |                   |
| Floors Resilient      |  |   |                                       |                   |
|                       | Clean and dry.   | Yes / No / NA                             |                                       |                   |
|                       | Smooth, intact and secure.   |   |                                       |                   |
| Ceilings              |  |   |                                       |                   |
|                       | Clean with no water stains, rust stains, water damage or visible mold.   | Yes / No / NA                             |                                       | ,                 |
|                       | Free of chipping/peeling paint or loose, cracked, or falling ceiling materials.                                      | Yes / No / NA                             |                                       |                   |
| Windows               |  |   |                                       |                   |
|                       | Free of chipped or peeling paint or plaster.   | Yes / No / NA                             |                                       | ,                 |

| ea/Topic                                       |  |               |                                       | Room/    |
|--|--|---------------|---------------------------------------|----------|
| Subtopic                                       | Assessment Standard  |               | Problem Description/Corrective Action | Locatior |
| ssrooms  |  |               |                                       |          |
| Other Horizontal Surfaces                      | Free of visible accumulation of dust/debris on high or low surfaces.   | Yes / No / NA |                                       |          |
| HVAC Systems General                           |  |               |                                       |          |
|  | Fans operating continuously during all occupied periods.   | Yes / No / NA |                                       |          |
|  | Thermostatic controls set to operate fan continuously<br>during occupied periods.  |               |                                       |          |
|  | Free of excessive noise or vibration from any system component.  | Yes / No / NA |                                       |          |
|  | Free of visible mold or other debris on any system component.  | Yes / No / NA |                                       |          |
|  | Free of offensive odors from any system component.   | Yes / No / NA |                                       |          |
|  | Pleated paper air filtration media in use.   |               |                                       |          |
|  | Air filters properly sized and installed.  | Ves / No / NA |                                       |          |
|  | Air filters not excessively loaded with particulate debris.  |               |                                       |          |
| HVAC System Air Supply and<br>Return Diffusers |  |               |                                       |          |
|  | Air supply diffusers and return grilles unobstructed.  | Yes / No / NA |                                       |          |
|  | Free of rigged baffles, deflectors or barriers affixed to existing diffusers.  |               |                                       |          |
| HVAC Systems Unit Ventilators                  | 3  |               |                                       |          |
|  | Air outlets & inlets unobstructed by books, boxes, or other items.   | Yes / No / NA |                                       |          |
| Indoor Air Quality                             |  |               |                                       |          |
|  | Free of objectionable/unusual odors (mold, mildew, VOCs, sewer gas, ETS, etc.).  | Yes / No / NA |                                       |          |
|  | Temperature & relative humidity within acceptable ranges (ASHRAE comfort zone).  | Yes / No / NA |                                       |          |
|  | Design outdoor ventilation rate and current operational set point are known and delivering appropriate amounts of outside air.   | Yes / No / NA |                                       |          |
|  | Building positively pressurized (i.e. air flows out).  | Yes / No / NA |                                       |          |
| Animal Management                              |  |               |                                       |          |
|  | Animals in classrooms are selected and managed to<br>minimize exposure of students and staff to allergens and<br>disease agents. | Yes / No / NA |                                       |          |
|  | Hand washing facilities available in rooms with animals.   | Yes / No / NA |                                       |          |
|  | -  |               |                                       |          |

| Area/Topic<br>Subtopic | Assessment Standard   |   | Problem Description/Corrective Action | Room/<br>Location |
|------------------------|---|---|---------------------------------------|-------------------|
| Classrooms             |   |   | •                                     |                   |
| Art Supplies           |   |   |                                       |                   |
|                        | All art material conforms to ASTM D-4236.   | Yes / No / NA                                       |                                       |                   |
| Sinks                  |   |   |                                       |                   |
|                        | Hot and cold water available at all lavatories.   |   |                                       |                   |
|                        | Hot water temperature does not exceed 120 degrees (F).                                    |   |                                       |                   |
|                        | Sinks clean.  |   |                                       |                   |
|                        | Drains unclogged.   | Yes / No / NA                                       |                                       |                   |
|                        | Soap and disposable hand towels or air drier present.                                     | $\lambda I = - I \Lambda I = - I \Lambda I \Lambda$ |                                       |                   |
| allways and Stairwells |   |   |                                       |                   |
| General                |   |   |                                       |                   |
|                        | Furniture or other items not stored on the floor.   | Yes / No / NA                                       |                                       | ,                 |
| Drinking Fountains     |   |   |                                       |                   |
|                        | Drinking water dispensers are sanitary, capable of being closed, and equipped with a tap. | Yes / No / NA                                       |                                       |                   |
| Floors Carpet          |   |   |                                       |                   |
|                        | Not installed in areas likely to get wet.   | Yes / No / NA                                       |                                       |                   |
| estrooms               |   |   |                                       |                   |
| General                |   |   |                                       |                   |
|                        | All fixtures in good repair and operating properly.                                       | Yes / No / NA                                       |                                       |                   |
|                        | Floors clean and dry.   |   |                                       |                   |
| Sinks                  |   |   |                                       |                   |
|                        | Hot and cold water available at all lavatories.   |   |                                       |                   |
|                        | Hot water temperature does not exceed 120 degrees (F).                                    |   |                                       |                   |
|                        | Sinks clean.  | Yes / No / NA                                       |                                       |                   |
|                        | Drains unclogged.   | Yes / No / NA                                       |                                       |                   |
|                        | Soap and disposable hand towels or air dryer present.                                     |   |                                       |                   |
| Toilets                |   |   |                                       |                   |
|                        | Toilet paper provided for each toilet in proper dispensers.                               |   |                                       |                   |
|                        | Clean (top and undersides).   | Yes / No / NA                                       |                                       |                   |
|                        | Flush properly.   | Yes / No / NA                                       |                                       |                   |
|                        | Toilet seats secure and properly fitted.  | Yes / No / NA                                       |                                       |                   |
|                        | Toilet partitions clean and secure.   | Yes / No / NA                                       |                                       |                   |
| Indoor Air Quality     |   |   |                                       |                   |
|                        | Exhaust fan on throughout school day.   | Yes / No / NA                                       |                                       |                   |

| Area/Topic<br>Subtopic         |   |                          | Problem Departmention (Optime Antion  | Room/    |
|--------------------------------|---|--------------------------|---------------------------------------|----------|
| Restrooms                      | Assessment Standard   |                          | Problem Description/Corrective Action | Location |
| Indoor Air Quality             |   |                          |                                       |          |
|                                | No excessive odors.   | Yes / No / NA            |                                       |          |
| Custodial Closets              |   |                          |                                       |          |
| General                        |   |                          |                                       |          |
|                                | Closet door equipped with operable lock.  | Yes / No / NA            |                                       |          |
|                                | Access restricted to authorized individuals at all times.   |                          |                                       |          |
|                                | Equipped with continuously operating exhaust fans.  | $M_{}$ / $M_{}$ / $M_{}$ |                                       |          |
| Hazard Communication           |   |                          |                                       |          |
|                                | Material Safety Data Sheets (MSDS) readily accessible<br>to staff for all hazardous chemicals used or stored in<br>custodial closet.  | Yes / No / NA            |                                       |          |
|                                | Containers of hazardous materials, including mercury<br>products, are labeled with the identity of the material, the<br>date the material was acquired, the words "hazardous<br>material" and the hazard associated with the material<br>(e.g., toxicity, corrosivity, ignitability, reactivity). | Yes / No / NA            |                                       |          |
| Science Rooms and Laboratories |   |                          |                                       |          |
| General                        |   |                          |                                       |          |
|                                | Adult supervision present throughout all instructional periods.   | Yes / No / NA            |                                       |          |
|                                | Lab door(s) equipped with operable lock(s).   | Yes / No / NA            |                                       |          |
|                                | Lab kept locked and inaccessible to students during<br>unoccupied periods.  | Yes / No / NA            |                                       |          |
|                                | Placards posted indicating the location of all safety & emergency equipment.  | Yes / No / NA            |                                       |          |
|                                | Food or drinks prohibited.  | Yes / No / NA            |                                       |          |
|                                | Master gas shutoff valve located in room and clearly labeled.   |                          |                                       |          |
|                                | First aid kit accessible to staff.  | Yes / No / NA            |                                       |          |
| Chemical Hygiene Plan          |   |                          |                                       |          |
|                                | Ensure the school has a written and complete chemical hygiene plan.   | Yes / No / NA            |                                       |          |
| Hazard Communication           |   |                          |                                       |          |
|                                | Material Safety Data Sheets (MSDS) readily accessible<br>to staff & students for all hazardous chemicals used or<br>stored in the lab.  | Yes / No / NA            |                                       |          |

| ea/Topic<br>Subtopic                    | Assessment Standard   |               | Problem Description/Corrective Action | Room/<br>Locatio |
|---|---|---------------|---------------------------------------|------------------|
| ence Rooms and Laboratories             |   |               |                                       |                  |
| Hazard Communication                    |   |               |                                       |                  |
|   | Containers of hazardous materials, including mercury<br>products, are labeled with the identity of the material, the<br>date the material was acquired, the words "hazardous<br>material" and the hazard associated with the material<br>(e.g., toxicity, corrosivity, ignitability, reactivity). | Yes / No / NA |                                       |                  |
| Chemical Storage                        |   |               |                                       |                  |
|   | Comprehensive chemical inventory list and disposal log on hand and updated within past year.  | Yes / No / NA |                                       |                  |
|   | Chemical storage room door or individual cabinets equipped with operable locks.   | Yes / No / NA |                                       |                  |
|   | Chemicals kept locked during non-class periods.   | Yes / No / NA |                                       |                  |
|   | All chemicals stored according to chemically compatible families.   |               |                                       |                  |
|   | Flammable and corrosive liquids stored separately in<br>approved cabinets.  | Yes / No / NA |                                       |                  |
|   | Chemical storage rooms vented via mechanical exhaust system.  | Yes / No / NA |                                       |                  |
|   | Anti-roll lips on all chemical storage shelves.   | Yes / No / NA |                                       |                  |
|   | Free of chemicals stored in fume hoods or on floors.  |               |                                       |                  |
|   | Chemical spill kit accessible to instructor.  |               |                                       |                  |
| Emergency Equipment Safety<br>Showers   |   |               |                                       |                  |
|   | Located within 50' of all lab workstations.   | Yes / No / NA |                                       |                  |
|   | Showers operational.  |               |                                       |                  |
| Emergency Equipment<br>Eyewash Stations |   |               |                                       |                  |
|   | Within 25' of all lab workstations.   | Yes / No / NA |                                       |                  |
|   | Eyewash operational.  | Yes / No / NA |                                       |                  |
| Personal Protective Equipment           |   |               |                                       |                  |
|   | Appropriate personal protective equipment accessible to<br>all students and staff.  | Yes / No / NA |                                       | s                |
|   | Goggles worn during demonstrations and experiments.   | Yes / No / NA |                                       |                  |
|   | Other personal protective equipment worn whenever appropriate.  | Yes / No / NA |                                       |                  |
| Ventilation                             |   |               |                                       |                  |
|   | Local exhaust systems (including dust collection<br>systems, paint booths, fume hoods) installed at all<br>airborne contaminant sources.  | Yes / No / NA |                                       |                  |

| Area/Topic                        |  |                 |                                       | Room/    |
|-----------------------------------|--|-----------------|---------------------------------------|----------|
| Subtopic                          | Assessment Standard  |                 | Problem Description/Corrective Action | Location |
| Science Rooms and Laboratori      | es   |                 |                                       |          |
| Ventilation                       | Exhaust fans operable.   | Yes / No / NA   |                                       |          |
|                                   | •  |                 |                                       |          |
|                                   | Exhaust ventilation provided where hazardous chemicals generated, used or stored.  | Yes / No / NA   |                                       |          |
|                                   | Exhaust fans on during chemical demonstrations, lab<br>experiments and other activity periods where airborne<br>contaminants generated.      | Yes / No / NA   |                                       |          |
| /isual Arts, Industrial Arts & Vo | ocational Ed. Rooms  |                 |                                       |          |
| General                           |  |                 |                                       |          |
|                                   | Door(s) equipped with operable lock(s).  | Yes / No / NA   |                                       |          |
|                                   | Room kept locked and inaccessible to students during<br>unoccupied periods.  |                 |                                       |          |
|                                   | Placards posted indicating the location of all safety &<br>emergency equipment.  | Yes / No / NA   |                                       |          |
|                                   | Food or drinks prohibited.   | Yes / No / NA   |                                       |          |
|                                   | Master gas shutoff valve and electric panel clearly marked and accessible.   | Vaa / Nia / NiA |                                       |          |
|                                   | All machines appropriately guarded.  | Yes / No / NA   |                                       |          |
|                                   | Equipment danger zones clearly marked.   |                 |                                       |          |
|                                   | No paints, glazes or other finishes containing lead, cadmium, or other heavy metals.   | Voc / No / NA   |                                       |          |
|                                   | Personal protective equipment accessible and in use when appropriate.  | Yes / No / NA   |                                       |          |
| Sinks                             |  |                 |                                       |          |
|                                   | Hot and cold water available at all lavatories.  | Yes / No / NA   |                                       |          |
|                                   | Hot water temperature does not exceed 120 degrees (F).   | Yes / No / NA   |                                       |          |
|                                   | Sinks clean.   | Yes / No / NA   |                                       |          |
|                                   | Drains unclogged.  |                 |                                       |          |
|                                   | Soap and disposable hand towels or air dryer present.  | Vee / Ne / NA   |                                       |          |
| Chemical Hygiene Plan             |  |                 |                                       |          |
|                                   | School has a written chemical hygiene plan.  | Yes / No / NA   |                                       |          |
| Hazard Communication              |  |                 |                                       |          |
|                                   | Material Safety Data Sheets (MSDS) readily accessible<br>to staff & students for all hazardous chemicals used or<br>stored in the classroom. | Yes / No / NA   |                                       |          |

| Area/Topic                        |   |               | Problem Description (0) and (1) to (1) | Room/    |
|-----------------------------------|---|---------------|--|----------|
| Subtopic                          | Assessment Standard   |               | Problem Description/Corrective Action  | Location |
| /isual Arts, Industrial Arts & Vo | cational Ed. Rooms  |               |  |          |
| Hazard Communication              | Containers of hazardous materials, including mercury<br>products, are labeled with the identity of the material, the<br>date the material was acquired, the words "hazardous<br>material" and the hazard associated with the material<br>(e.g., toxicity, corrosivity, ignitability, reactivity). | Yes / No / NA |  |          |
| Chemical Storage                  |   |               |  |          |
|                                   | Comprehensive chemical inventory list and disposal log on hand and updated within past year.  | Yes / No / NA |  |          |
|                                   | Chemical storage room door or individual cabinets equipped with operable locks.   | Yes / No / NA |  |          |
|                                   | Chemicals kept locked during non-class periods.   | Yes / No / NA |  |          |
|                                   | All chemicals stored according to chemically compatible families.   |               |  |          |
|                                   | Flammable and corrosive materials stored separately in approved cabinets.   | Yes / No / NA |  |          |
|                                   | Chemicals not stored in fume hoods or on floors.  | Yes / No / NA |  |          |
| Ventilation                       |   |               |  |          |
|                                   | Local exhaust systems (including dust collection systems, paint booths, fume hoods) installed at all airborne contaminant sources.  | Yes / No / NA |  |          |
|                                   | Exhaust fans operable.  | Yes / No / NA |  |          |
|                                   | Local exhaust systems on during activity periods where airborne contaminants generated.   | Yes / No / NA |  |          |
|                                   | Exhaust ventilation provided where hazardous chemicals generated, used or stored.   | Yes / No / NA |  |          |
|                                   | Kiln exhaust fan operational and on during kiln operation.  | Yes / No / NA |  |          |
| Chemical Disposal Logs            |   |               |  |          |
| , ,                               | Maintained for all chemicals.   | Yes / No / NA |  |          |
| Art Supplies                      |   | -             |  |          |
|                                   | All art material conforms to ASTM D-4236.   | Yes / No / NA |  |          |
| Iome Economic Rooms               |   |               |  |          |
| General                           |   |               |  |          |
|                                   | Free of signs of vermin or pests.   | Yes / No / NA |  |          |
|                                   | Food service area is clean.   | Yes / No / NA |  |          |
|                                   | First aid kit stocked and accessible.   | Yes / No / NA |  |          |

| Area/Topic<br>Subtopic            | Assessment Standard  |               | Problem Description/Corrective Action | Room/<br>Location |
|-----------------------------------|--|---------------|---------------------------------------|-------------------|
| Home Economic Rooms               |  |               | · · · · · · · · · · · · · · · · · · · |                   |
| Cooking Area                      |  |               |                                       |                   |
|                                   | Exhaust fans on during cooking, dishwashing, and cleaning.   |               |                                       |                   |
|                                   | Gas appliances vented to outdoors and working properly.  | Yes / No / NA |                                       |                   |
| Waste Management                  |  |               |                                       |                   |
|                                   | Waste stored in appropriate containers.  | Yes / No / NA |                                       | ,                 |
| Sinks                             |  |               |                                       |                   |
|                                   | Hot and cold water available at all lavatories.  | Yes / No / NA |                                       |                   |
|                                   | Hot water temperature does not exceed 120 degrees (F).   | Yes / No / NA |                                       |                   |
|                                   | Sinks clean.   | Yes / No / NA |                                       |                   |
|                                   | Drains unclogged.  | Yes / No / NA |                                       |                   |
|                                   | Soap and disposable hand towels or air dryer present.  | Yes / No / NA |                                       |                   |
| Combustion Appliances             |  |               |                                       |                   |
|                                   | Air monitored regularly for CO where combustion<br>appliances are present.   | Yes / No / NA |                                       |                   |
| Computer and CADD Labs            |  |               |                                       |                   |
| Energy Star                       |  |               |                                       |                   |
|                                   | Monitor power management software on computer<br>networks is installed.  | Yes / No / NA |                                       |                   |
| Music Rooms                       |  |               |                                       |                   |
| General                           |  |               |                                       |                   |
|                                   | Cleaning supplies provided for instrument maintenance and headphones.  | Yes / No / NA |                                       |                   |
| Auditoriums                       |  |               |                                       |                   |
| General                           |  |               |                                       |                   |
|                                   | All risers, platforms, and guardrails structurally intact.   | Yes / No / NA |                                       |                   |
|                                   | Guardrails present at every open-sided floor, platform or<br>balcony 30" or more above adjacent floor excepting<br>stage fronts. | Yes / No / NA |                                       |                   |
|                                   | Stage curtains clean.  | Yes / No / NA |                                       |                   |
| Cafeterias and Student Dining Are | eas  |               |                                       |                   |
| General                           |  |               |                                       |                   |
|                                   | Free of signs of vermin or pests.  | Yes / No / NA |                                       |                   |
|                                   | Food service area is clean.  |               |                                       |                   |

| Area/Topic                      |  |               |                                       | Room/    |
|---------------------------------|--|---------------|---------------------------------------|----------|
| Subtopic                        | Assessment Standard  |               | Problem Description/Corrective Action | Location |
| Cafeterias and Student Dining A | ireas  |               |                                       |          |
| Cooking Area                    | Exhaust fans on during cooking, dishwashing, and                         | Yes / No / NA |                                       |          |
|                                 | cleaning.<br>Gas appliances vented to outdoors and working properly.     | Yes / No / NA |                                       |          |
| Waste Management                |  | -             |                                       |          |
| in a cice in an a germent       | Waste stored in appropriate containers.                                  | Yes / No / NA |                                       |          |
| Receiving                       |  |               |                                       |          |
| -                               | Idling vehicles not present in receiving area.                           | Yes / No / NA |                                       |          |
|                                 | Doors to receiving area kept closed.                                     |               |                                       |          |
| Library / Media Center          |  |               |                                       |          |
| General                         |  |               |                                       |          |
|                                 | Free of visible mold or dust accumulations on books or shelves.          | Yes / No / NA |                                       | ,        |
|                                 | Free of excessive accumulation of dust on library shelves.               | Yes / No / NA |                                       |          |
| Energy Star                     |  |               |                                       |          |
|                                 | Power management software on computer networks is installed.             | Yes / No / NA |                                       | ,        |
| Indoor Athletic Facilities      |  |               |                                       |          |
| Gymnasiums                      |  |               |                                       |          |
|                                 | Gym equipment safe and in proper working order.                          | Yes / No / NA |                                       |          |
|                                 | Exercise mats in good condition.   |               |                                       |          |
|                                 | Cleaning supplies provided for mat cleaning.                             | Yes / No / NA |                                       |          |
|                                 | Appropriate protective matting behind basketball hoops.                  |               |                                       |          |
| Locker Rooms                    |  |               |                                       |          |
|                                 | Hot & cold running water supplied to all showers and faucets.            | Yes / No / NA |                                       |          |
|                                 | Free of visible mold or mildew on any surfaces.                          | Yes / No / NA |                                       |          |
|                                 | Drain traps servicing floors, sinks, and toilets fully wet at all times. | Yes / No / NA |                                       |          |
|                                 | Shower and toilet areas equipped with operable exhaust fan(s).           | Yes / No / NA |                                       |          |
|                                 | Operational showers not used for storage.                                | Yes / No / NA |                                       |          |
| Attics / Mezzanines             |  |               |                                       |          |
| General                         |  |               |                                       |          |
|                                 | Free of evidence of roof or plumbing leaks.                              | Yes / No / NA |                                       |          |
|                                 |  |               |                                       |          |

| Area/Topic<br>Subtopic                 | Assessment Standard  |               | Problem Description/Corrective Action | Room/<br>Location |
|--|--|---------------|---------------------------------------|-------------------|
| Attics / Mezzanines                    |  |               |                                       |                   |
| General                                |  |               |                                       |                   |
|  | Free of animal or insect nests, waste, or debris.                                  | Yes / No / NA |                                       |                   |
| Mechanical Rooms                       |  |               |                                       |                   |
| General                                |  |               |                                       |                   |
|  | Access restricted to authorized individuals at all times.                          | Yes / No / NA |                                       |                   |
|  | Door(s) equipped with operable lock(s).  | Yes / No / NA |                                       |                   |
|  | Door kept locked and inaccessible to students.                                     | Yes / No / NA |                                       |                   |
|  | Boiler certificate on file.  | Yes / No / NA |                                       |                   |
|  | Floors free from slips, trips and fall hazards.                                    | Vee / Ne / NA |                                       |                   |
|  | Free of storage of items that inhibit or restrict routine maintenance or cleaning. | Yes / No / NA |                                       |                   |
| Clinics / Health Officer / School Nurs | e  |               |                                       |                   |
| Facilities                             |  |               |                                       |                   |
|  | Handicapped accessible toilet.   | Yes / No / NA |                                       |                   |
|  | Cot and mattress with waterproof cover.  | Yes / No / NA |                                       |                   |
|  | Telephone  | M / NI. / NIA |                                       |                   |
|  | Locked storage for medications and syringes.                                       | Yes / No / NA |                                       |                   |
| Sinks                                  |  |               |                                       |                   |
|  | Hot and cold water available at all lavatories                                     | Yes / No / NA |                                       |                   |
|  | Hot water temperature does not exceed 120 degrees (F).                             | Yes / No / NA |                                       |                   |
|  | Sinks clean.   | Vaa / Na / NA |                                       |                   |
|  | Drains unclogged.  |               |                                       |                   |
|  | Soap and disposable hand towels or air dryer present.                              |               |                                       |                   |
| Equipment and Durable Supplies         |  |               |                                       |                   |
|  | Current National American Red Cross First Aid Manual<br>or equivalent.             | Yes / No / NA |                                       |                   |
|  | First aid kit stocked and accessible.  | Yes / No / NA |                                       |                   |
|  | Sharps container.  | Yes / No / NA |                                       |                   |
|  | Non-mercury thermometer/ sphygmomanometers.  | Yes / No / NA |                                       |                   |
| Ventilation                            |  |               |                                       |                   |
|  | Ventilation system is properly operating.  | Yes / No / NA |                                       |                   |
| dministrative Areas                    |  |               |                                       |                   |
| Copy Rooms                             |  |               |                                       |                   |
|  | Room equipped with functioning exhaust fan.  | Yes / No / NA |                                       |                   |

| Area/Topic<br>Subtopic   | Appaparent Standard   |               | Broklom Description/Corrective Action | Room/<br>Location |
|--|---|---------------|---------------------------------------|-------------------|
| Administrative Areas   | Assessment Standard   |               | Problem Description/Corrective Action | Location          |
| Copy Rooms   |   |               |                                       |                   |
| Copy Rooms   | Exhaust fan on during work periods where airborne contaminants are generated.           | Yes / No / NA |                                       |                   |
| Break Rooms  |   |               |                                       |                   |
|  | All food stored in refrigerator or in sealed containers.                                | Yes / No / NA |                                       |                   |
| <b>Dutside Entrances and Exits</b>   |   |               |                                       |                   |
| Walk-off Mats  |   |               |                                       |                   |
|  | 5-step walk-off mats at every building entrance.  | Yes / No / NA |                                       |                   |
|  | Clean and dry.  | Yes / No / NA |                                       |                   |
|  | Flat on floor with no slippage.   |               |                                       |                   |
| Floors Carpet  |   |               |                                       |                   |
|  | Not installed in areas likely to get wet.   | Yes / No / NA |                                       |                   |
| Building Exterior  |   |               |                                       |                   |
| Adjacent Grounds   |   |               |                                       |                   |
|  | Free of evidence of water ponding within 10' of building foundation.                    | Yes / No / NA |                                       |                   |
|  | Visible slope to grade within 10' of building foundation.                               | Yes / No / NA |                                       |                   |
|  | Irrigation water spray lines not on building or within 3' of foundation.                |               |                                       |                   |
|  | Grass clippings or other organic debris not accumulating<br>adjacent to foundation.     | Yes / No / NA |                                       |                   |
|  | Vegetation not in contact with building.  | Yes / No / NA |                                       |                   |
|  | 18" non-vegetation border around building perimeter.                                    |               |                                       |                   |
| Adjacent Grounds No air<br>contaminants within 25' of<br>building envelope |   |               |                                       |                   |
|  | Idling vehicles not present.  | Yes / No / NA |                                       |                   |
|  | Free of bird, animal, or insect nests.  |               |                                       |                   |
|  | Paint, roofing materials, or other sealants/coatings applied during unoccupied periods. |               |                                       |                   |
| Outside Air Intakes  |   |               |                                       |                   |
|  | Air contaminant sources not within 25' of outside air intake.                           | Yes / No / NA |                                       |                   |
|  | Intake screens intact & unobstructed (boards, leaves, vegetation, snow, etc.).          | Yes / No / NA |                                       |                   |
|  | Areas in an around air intakes free of bird or animal<br>nests or droppings.            | Yes / No / NA |                                       |                   |

| Area/Topic<br>Subtopic                            | Assessment Standard  |   | Problem Description/Corrective Action | Room/<br>Location |
|---|--|---|---------------------------------------|-------------------|
| uilding Exterior                                  | Assessment Standard  |   | Problem Description/Corrective Action | Location          |
| -   |  |   |                                       |                   |
| Gutters, Downspouts, Scuppers<br>and Storm Drains |  |   |                                       |                   |
|   | Intact and properly connected.   | Yes / No / NA   |                                       |                   |
|   | Downspouts drain to storm sewer or visibly sloped grade.                       |   |                                       |                   |
|   | Free of evidence of storm water overflow or obstruction.                       | Vec / No / NA   |                                       |                   |
|   | Free of excessive debris or standing water in gutters.                         |   |                                       |                   |
| Walls   |  |   |                                       |                   |
|   | Free of visible bowing or structural cracks.                                   | Yes / No / NA   |                                       |                   |
|   | Bricks and mortar joints intact.   |   |                                       |                   |
|   | Wood siding & trim intact.   | $\mathbf{X}_{\mathbf{z}} = \mathbf{X}_{\mathbf{z}} + \mathbf{X}_{\mathbf{z}} + \mathbf{X}_{\mathbf{z}}$ |                                       |                   |
|   | Edge joints properly caulked & sealed.   |   |                                       |                   |
|   | Walls free of peeling, cracked, or blistering paint.                           |   |                                       |                   |
|   | Walls free of visible mold.  |   |                                       |                   |
| Windows   |  |   |                                       | ·                 |
|   | Panes & frames intact.   | Yes / No / NA   |                                       |                   |
|   | Glazed/caulked joints intact.  | Yes / No / NA   |                                       |                   |
|   | Weather stripping intact.  | Yes / No / NA   |                                       |                   |
|   | Window surfaces free of visible mold.  |   |                                       |                   |
|   | Properly caulked and sealed.   | Yes / No / NA   |                                       |                   |
| Roof General                                      |  |   |                                       |                   |
|   | Roof coatings not applied during occupied periods.                             | Yes / No / NA   |                                       |                   |
| Roof Exhaust Stacks / Vents /<br>Chimney Flues    |  |   |                                       |                   |
|   | Located away from outside air intakes, windows, and doors.                     | Yes / No / NA   |                                       |                   |
|   | Stack heights to extend above outdoor air intakes located within 25' of stack. | Yes / No / NA   |                                       |                   |
| Roof Roof Deck                                    |  |   |                                       |                   |
|   | Free of excessive water ponding.   | Yes / No / NA   |                                       |                   |
|   | Free of accumulations of organic material or visible mold growth.              | Yes / No / NA   |                                       |                   |
|   | Deck material intact and in good condition with no cracks, gaps, or openings.  | Yes / No / NA   |                                       |                   |
|   | Flashings intact.  | Yes / No / NA   |                                       |                   |
|   | Patches and seals intact.  |   |                                       |                   |

| rea/Topic<br>Subtopic                         | Assessment Standard   |               | Problem Description/Corrective Action | Room/<br>Locatior |
|---|---|---------------|---------------------------------------|-------------------|
| rounds  | Assessment otandard   |               |                                       | Looution          |
| General                                       |   |               |                                       |                   |
|   | Free of excessively cracked or uneven pavement.   | Yes / No / NA |                                       |                   |
|   | Free of excessive litter or trash on school grounds.  |               |                                       |                   |
|   | All school grounds clean, orderly, and in a sanitary condition.   |               |                                       |                   |
|   | All areas of the school have sufficient lighting.   | Yes / No / NA |                                       |                   |
| Parking Areas and Driveways                   |   |               |                                       |                   |
|   | Vehicles not idling on school grounds.  | Yes / No / NA |                                       |                   |
|   | PARKING and NO PARKING areas clearly marked.  | Yes / No / NA |                                       |                   |
| Bus Loading and Unloading<br>Areas            |   |               |                                       |                   |
|   | Buses not idling on school grounds.   | Yes / No / NA |                                       |                   |
|   | Away from building outside air intakes.   | Yes / No / NA |                                       |                   |
|   | Loading/unloading zones clearly marked.   |               |                                       |                   |
| Sidewalks, Walkways and Stairs                |   |               |                                       |                   |
|   | Intact with no significant cracks, uneven pavement or other tripping hazards.                           | Yes / No / NA |                                       |                   |
|   | Pedestrian walkways across roads, driveways and other areas open to vehicular traffic clearly marked.   | Yes / No / NA |                                       | ,                 |
| Lawn Areas, Plant Beds and<br>Athletic Fields |   |               |                                       |                   |
|   | Grass mowed frequently enough so that only one third the height of the grass is removed at each mowing. | Yes / No / NA |                                       |                   |
| Solid Waste Disposal Areas                    |   |               |                                       |                   |
|   | Trash dumpsters located at least 25 ft. away from building exterior.                                    | Yes / No / NA |                                       |                   |
|   | Refuse containers equipped with tight-fitting lids.   | Yes / No / NA |                                       |                   |
|   | Refuse container lids kept closed.  | Vee / Ne / NA |                                       |                   |
|   | Recycling containers clearly and properly labeled and<br>conveniently located.                          |               |                                       |                   |
| aygrounds                                     |   |               |                                       |                   |
| General Safety                                |   |               |                                       |                   |
|   | Students supervised by staff.   | Yes / No / NA |                                       |                   |
|   | Equipment structurally sound and in good overall<br>condition.  | Yes / No / NA |                                       | ,                 |

| ea/Topic<br>Subtopic                                       | Assessment Standard   |               | Problem Description/Corrective Action | Room/<br>Locatior |
|--|---|---------------|---------------------------------------|-------------------|
| aygrounds  | Assessment Standard   |               | Problem Description/Corrective Action | Location          |
| Playground Materials<br>Chromated Copper Arsenate<br>(CCA) |   |               |                                       |                   |
|  | Wooden decks or playground equipment treated with<br>Chromated Copper Arsenate have been identified.              | Yes / No / NA |                                       | ,                 |
|  | CCA-treated decks and playground structures have been sealed within the past 12 months.                           | Yes / No / NA |                                       |                   |
| Playground Materials and<br>Coatings                       |   |               |                                       |                   |
| -  | Materials of construction to be non-toxic.  | Yes / No / NA |                                       |                   |
|  | Lead based paints not used.   |               |                                       |                   |
| Protective Surfacing                                       |   |               |                                       |                   |
|  | Depth of shock absorbing material appropriate for height of equipment and material used to absorb shock.          | Yes / No / NA |                                       |                   |
| Fall Zones   |   |               |                                       |                   |
|  | Stationary equipment includes appropriate use zones.  | Yes / No / NA |                                       |                   |
|  | Appropriate fall zones for single and double axis swings.   | Yes / No / NA |                                       |                   |
|  | Appropriate platform heights on all slides.   | Yes / No / NA |                                       |                   |
| Swing Safety   |   |               |                                       |                   |
|  | Free of protruding mounting bracket bolts or other<br>components on the suspended members of swing<br>assemblies. | Yes / No / NA |                                       |                   |
|  | "S" hooks closed.   | Yes / No / NA |                                       |                   |
|  | Swing types conform to CPSC recommendations.  |               |                                       |                   |
| Head Entrapment  |   |               |                                       |                   |
|  | No openings between 3.5" and 9"   | Yes / No / NA |                                       |                   |
| Protrusion Hazards   |   |               |                                       |                   |
|  | All equipment free of protrusion hazards.   | Yes / No / NA |                                       |                   |
|  | All equipment free of pinch, crush or shearing points.  |               |                                       |                   |
| Tripping Hazards   |   |               |                                       |                   |
|  | Playground free of tripping hazards.  | Yes / No / NA |                                       |                   |
| Sharp Points and Edges                                     |   |               |                                       |                   |
|  | All equipment free of sharp points, edges and splinters.  | Yes / No / NA |                                       |                   |
| Guardrails   |   |               |                                       |                   |
|  | Guardrails on platforms and ramps.  | Yes / No / NA |                                       | ,                 |

| Area/Topic                             |   |               |                                       | Room/    |
|--|---|---------------|---------------------------------------|----------|
| Subtopic                               | Assessment Standard   |               | Problem Description/Corrective Action | Location |
| Outdoor Athletic Facilities            |   |               |                                       |          |
| Stadiums, Bleachers and<br>Grandstands |   |               |                                       |          |
|  | Bleacher and guardrail components structurally sound and operational.   | Yes / No / NA |                                       |          |
|  | Guardrails present on the backs and the open ends of<br>bleachers where the footboard, seatboard, or aisle is 30<br>inches or more above the floor or ground level.   | Yes / No / NA |                                       |          |
|  | Top rail of the guardrail located at least 42" above the leading edge of the footboard, seatboard, or aisle, whichever is adjacent.   | Yes / No / NA |                                       |          |
|  | Any openings between, under or around guardrail<br>components should prevent the passage of a 4"<br>diameter sphere.  | Yes / No / NA |                                       |          |
|  | Any opening between seating components should prevent the passage of a 4" diameter sphere.  | Yes / No / NA |                                       |          |
| Relocatable/Portable Classrooms        |   |               |                                       |          |
| Specifications                         |   |               |                                       |          |
|  | Purchasing specifications include provisions to ensure adequate ventilation and minimize pollutant sources.   | Yes / No / NA |                                       |          |
| Commissioning                          |   |               |                                       |          |
|  | New portable/relocatable classrooms are occupied only<br>after a commissioning period, during which HVAC and<br>systems are tested and contaminants introduced during<br>the manufacturing process are flushed out.                     | Yes / No / NA |                                       |          |
| Operations and Maintenance             |   |               |                                       |          |
|  | School has on file a plan for testing, inspecting, and<br>performing specific maintenance tasks for all<br>relocatable/portable classrooms located on school<br>grounds.  | Yes / No / NA |                                       |          |
|  | Teachers and staff have received instruction on proper<br>use and settings of thermostat and ventilation controls<br>and each relocatable/portable classroom contains<br>hardcopy (plastic-covered) instruction sheets.                 | Yes / No / NA |                                       |          |
| Construction and Renovation            |   |               |                                       |          |
| Siting                                 |   |               |                                       |          |
| -                                      | The site selection process or decision to renovate/<br>expand existing building has taken into account<br>community goals and needs. Smart Growth principles<br>have been considered and integrated into the site<br>selection process. | Yes / No / NA |                                       |          |
|  | ASTM Phase I site assessment completed before site<br>acquisition.  | Yes / No / NA |                                       |          |

| rea/Topic                       |   |               |                                       | Room/   |
|---------------------------------|---|---------------|---------------------------------------|---------|
| Subtopic                        | Assessment Standard   |               | Problem Description/Corrective Action | Locatio |
| onstruction and Renovation      |   |               |                                       |         |
| Stormwater                      |   |               |                                       |         |
|                                 | Pre-construction self-audit storm water environmental<br>checklist has been completed.  | Yes / No / NA |                                       |         |
| Dredge and Fill/Wetlands        |   |               |                                       |         |
|                                 | Pre-construction self-audit dredge and fill/wetlands<br>environmental checklist has been completed.   | Yes / No / NA |                                       |         |
| Hazardous Waste                 |   |               |                                       |         |
|                                 | Pre-construction self-audit hazardous waste checklist<br>has been completed.  | Yes / No / NA |                                       |         |
| Oil Spill Prevention            |   |               |                                       |         |
|                                 | Pre-construction self-audit oil spill prevention checklist<br>has been completed.   | Yes / No / NA |                                       |         |
| Hazardous Substances            |   |               |                                       |         |
|                                 | Pre-construction self-audit hazardous substance (Superfund liability) checklist has been completed.   | Yes / No / NA |                                       |         |
| Polychlorinated Biphenyls (PCBs | s)  |               |                                       |         |
|                                 | Pre-construction self-audit polychlorinated biphenyls (PCBs) checklist has been completed.  | Yes / No / NA |                                       |         |
| Asbestos                        |   |               |                                       |         |
|                                 | Pre-construction self-audit asbestos checklist has been completed.  | Yes / No / NA |                                       |         |
| Lead Paint                      |   |               |                                       |         |
|                                 | If built prior to 1978, school has taken measures to<br>ensure that applicable lead regulations as well as non-<br>regulatory recommendations will be complied with prior                                 | Yes / No / NA |                                       |         |
|                                 | to any renovation activity that may disturb paint.  |               |                                       |         |
| Indoor Air Quality              |   |               |                                       |         |
|                                 | Recommendations in EPA's Indoor Air Quality Design  | Yes / No / NA |                                       |         |
|                                 | Tools for Schools have been considered and integrated<br>into the school renovation or construction design<br>process.  |               |                                       |         |
|                                 | High performance goals (including superior indoor air<br>quality) are included in new school construction   | Yes / No / NA |                                       |         |
|                                 | specifications.   |               |                                       |         |
|                                 | Requirements for limiting all potential indoor air pollution<br>sources are included in all pre-design, design and<br>construction documents.   | Yes / No / NA |                                       |         |
|                                 | HVAC system design provides for use of natural<br>ventilation and/or energy recovery equipment, where<br>appropriate, and ensures appropriate amounts of<br>outside air are delivered to occupied spaces. | Yes / No / NA |                                       |         |

|   |  |  | Room/  |
|---|--|--|--|
| Assessment Standard   |  | Problem Description/Corrective Action  | Location   |
|   |  |  |  |
|   |  |  |  |
| Requirements for controlling moisture from precipitation,<br>condensation, building materials, humidity, and building<br>envelope migration are included in all pre-design, design<br>and construction documents. | Yes / No / NA  |  |  |
| Requirements for 5-step walk-off mats at every building<br>entrance included in design documents.   | Yes / No / NA  |  |  |
| Indoor air quality construction management plan in place.   | Yes / No / NA  |  |  |
| Occupied classrooms and school facilities are isolated from construction areas.   | Yes / No / NA  |  |  |
|   |  |  |  |
| If renovation or construction is taking place in an area<br>with a high potential for radon, radon resistant features<br>have been incorporated into the building design.   | Yes / No / NA  |  |  |
|   |  |  |  |
| Key building systems (e.g., HVAC, building envelope, electrical, life safety) have been commissioned.   | Yes / No / NA  |  |  |
|   |  |  |  |
| Target Finder has been used to estimate energy<br>performance and set goals during the design process.  | Yes / No / NA  |  |  |
|   | Requirements for controlling moisture from precipitation,<br>condensation, building materials, humidity, and building<br>envelope migration are included in all pre-design, design<br>and construction documents.<br>Requirements for 5-step walk-off mats at every building<br>entrance included in design documents.<br>Indoor air quality construction management plan in place.<br>Occupied classrooms and school facilities are isolated<br>from construction areas.<br>If renovation or construction is taking place in an area<br>with a high potential for radon, radon resistant features<br>have been incorporated into the building design.<br>Key building systems (e.g., HVAC, building envelope,<br>electrical, life safety) have been commissioned.<br>Target Finder has been used to estimate energy | Requirements for controlling moisture from precipitation, condensation, building materials, humidity, and building envelope migration are included in all pre-design, design and construction documents.   Yes / No / NA     Requirements for 5-step walk-off mats at every building entrance included in design documents.   Yes / No / NA     Indoor air quality construction management plan in place.   Yes / No / NA     Occupied classrooms and school facilities are isolated from construction areas.   Yes / No / NA     If renovation or construction is taking place in an area with a high potential for radon, radon resistant features have been incorporated into the building design.   Yes / No / NA     Key building systems (e.g., HVAC, building envelope, electrical, life safety) have been commissioned.   Yes / No / NA     Target Finder has been used to estimate energy   Yes / No / NA | Requirements for controlling moisture from precipitation, condensation, building materials, humidity, and building envelope migration are included in all pre-design, design and construction documents.   Yes / No / NA     Requirements for 5-step walk-off mats at every building entrance included in design documents.   Yes / No / NA     Indoor air quality construction management plan in place.   Yes / No / NA     Occupied classrooms and school facilities are isolated from construction areas.   Yes / No / NA     If renovation or construction is taking place in an area with a high potential for radon, radon resistant features have been incorporated into the building design.   Yes / No / NA     Key building systems (e.g., HVAC, building envelope, electrical, life safety) have been commissioned.   Yes / No / NA     Target Finder has been used to estimate energy   Yes / No / NA |

Assessor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_