

<b>Building:</b> Choose an item.	<b>Building Inspection Performed by:</b>		
<b>Date:</b> Click here to enter a date.	<b>Report Compiled by:</b>		
Check List	True	False	N/A
<b>1. Ground Level Indoor Inspection</b>			
<ul style="list-style-type: none"> <li>a. Univents are on and air discharge grills are free of obstructions. If false, send email to building principal and facilities director asking staff to be instructed to keep vents clear at all times. Record locations here:</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Ground Level Outdoor Inspection (weather permitting)</b>			
<ul style="list-style-type: none"> <li>a. Univent air intakes are free of obstructions. If false, record locations here:</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>b. <b>Filters</b> <ul style="list-style-type: none"> <li>i. High efficiency filters are installed in all univents. If false, list locations and create work orders to initiate corrective action.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>ii. High efficiency filters are installed in the air handling units. If false, list locations and create work orders to initiate correction action.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>iii. Filters are being changed every 3 months and the installed date is written on the outer filter casing. If filter is older than 3 months, list locations and create work orders to initiate corrective action.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>c. Insects, bird nests, or droppings are not evident near outdoor air intakes. If false, indicate locations here:</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>d. Trash dumpsters are located away from doors, windows, and outdoor air intakes.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>e. Potential sources of air contaminants do not exist near the building. (e.g. chimneys, stacks, industrial plants, exhaust from nearby buildings)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>f. Trucks and buses are not allowed to keep their engines idling near the building.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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g. No evidence of drainage problems exist. Water drains away from the building including roof downspouts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sprinklers do not spray directly toward the building or into outdoor air intakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Grass clippings from mowers are directed away from the building air intakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Clean walk-off mats are present at exterior entrances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Roof (Inspections conducted weather permitting)</b>			
a. Roofing consultant has not found any issues requiring immediate repair. Most recent roofing inspection date/company: 5-year roofing plan completed 5/25/2010 with C. E. Crowley & Associates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is no evidence of water ponding on the roof.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Intake ventilation units are operating properly and free of debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. All exhaust fans are operating properly and free of debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Air intake dampers are set to allow air flow even at minimum setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Insects, birds, animal nests or droppings are not evident near outdoor air intakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Plumbing stacks and exhaust vents are located away from air intakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Attic</b>			
a. There is no evidence of roof or plumbing leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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b. There is no evidence in attic of insects, birds, animals, or nests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. General Considerations</b>			
a. Classrooms, offices and/or common areas appear recently cleaned. If examples of poor housekeeping are found, record locations below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Only vacuums with HEPA filters are being used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All supply and exhaust ventilation units are working properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Occupied space temperatures and relative humidity levels are within the standards listed below. i. Temperature range: <ul style="list-style-type: none"> <li>• Winter temperatures 70-73 degrees.</li> <li>• Summer temperatures 74-80 in air-conditioned spaces and 74-85 in non-air-conditioned spaces.</li> </ul> Outdoor air temperature:           degrees. Highest temperature – Location:           ; Reading of           degrees. Lowest temperature – Location:           ; Reading of           degrees. ii. Relative humidity range is 30% to 60%. <ul style="list-style-type: none"> <li>• Non-air-conditioned spaces may be higher on rainy or humid summer humid days.</li> <li>• All spaces may be less than 30% when the out-door air temperature is less than 32 degrees.</li> </ul> Outdoor relative humidity:           % Highest relative humidity – Location:           ; Reading of           % Lowest relative humidity – Location:           ;Reading of           %  Readings not within acceptable standards will result in the creation of a work order, requesting maintenance to address. (Readings are noted on the attached test data sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>e. Occupied space readings of carbon monoxide (CO) levels are less than 9.0 PPM.</p> <p>Outdoor Air CO Reading:  Highest CO Location:            Reading:  Lowest CO Location:            Reading:</p> <p>If the CO level is greater than 9.0 PPM in any space as measured with a handheld device or “leave-in” monitor, the space must be cleared of all occupants and steps taken to correct the problem. The issue will be immediately addressed by maintenance and the Fire Department. (Readings are noted on the attached test data sheet)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. CO2 levels in any occupied space are below threshold limits.</p> <p>i. Perform CO2 check with Gray Wolf or other portable device. Measure four times yearly or more often if needed. Measure only in fully occupied rooms. Reading should be less than 700 PPM plus outside air CO2 PPM.</p> <p style="padding-left: 40px;">700 PPM +            PPM =            PPM</p> <p>Assume outside CO2 is 350 if temperature is below 41 degrees and air is not stagnant with no- wind. Record all occupied space CO2 levels on forms provided. Provide the outdoor CO2 level as well as the high and low CO2 extremes below:</p> <p style="padding-left: 40px;">Outdoor reading:            PPM  Highest CO2 reading – Location:            ; Reading of            PPM  Lowest CO2 reading – Location:            ; Reading of            PPM</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ii. If reading is above threshold, check univent and air handling dampers to ensure a value is set to provide at least 15 cfm of fresh air intake per student based on average space occupancies. If reading is consistently elevated, then use data logging to monitor CO2 concentrations over time and look for other sources of problems.</p>			

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iii. CO2 levels were checked three months ago.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. CO2 levels on "leave-in" devices, where present, where checked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Offensive odors are not apparent. If false, list problem areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Water damage is not evident. Check for roof leaks, pipe leaks, spills, stained ceiling tiles, etc, visually and with moisture meter. Look for the source of any water leaks and schedule repairs. Discard porous items such as ceiling tiles if wet for more than 24 hours. For carpeting, if less than 9 square feet of wet area, shampoo with germicide and fan dry. For areas greater than 9 square feet, replace carpet with tile in reasonable timeframe. If carpet is over ACM tile, replace during next unoccupied break time (winter break, spring break, summer). If false, record findings and locations here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Mold or mildew growth is not evident. If false, record findings and locations here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. All pest management issues are being handled by Integrated Pest Management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. No other unresolved concerns or complaints by building personnel are known. If false, list any pending issues not previously mentioned in this report here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. There are no incomplete HVAC preventative maintenance (PM) work requests. If false, list any incomplete HVAC work request here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Bathrooms and General Plumbing</b>			
a. All locker or restroom exhaust fans are working. Inoperable or malfunctioning fans are listed as follows: Location:            Problem:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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b. All of the following drain-trap maintenance procedures are being conducted according to the frequency indicated. If false, indicate all deviations and locations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Water is poured into floor drains once per week (approximately 1 quart of water) or water and a teaspoon of cooking oil poured into the drain once a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Water is poured into sinks at least once per week (about 2 cups of water).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Toilets are flushed at least once per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Lab Chemicals &amp; Maintenance Supplies</b>			
a. Lab chemicals are used with exhaust fans turned on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lab chemical storage areas have been inspected yearly by ROE and Fire Department. Record last inspection dates below: ROE: LZFD:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Flammables are not stored with igniters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. All chemicals that may react or produce toxic or explosive by-products are separated and maintained in approved containers stored in approved storage. (e.g. lockable, with appropriate ventilation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chemical disposal records for all lab chemicals are available for review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. All cleaning products used in building contain no/low VOC. List any exceptions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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g. Increased ventilation is considered when installing new carpets, cleaning upholstered furniture, shampooing carpets, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exhaust ventilation systems in chemical and trash storage areas are turned on and functioning properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Portable fuel containers are properly closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Power equipment, like snow blowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Oil based paints are stored in approved storage cabinets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Green Cleaning products and processes are used in this building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Combustion Appliances</b>			
a. Combustion analysis is performed at the start of the heating season on all boilers. Adjustments are made to the burners to correct any abnormalities and improve efficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In rooms that contain combustion appliances, there is no evidence of combustion gas or fuel odors. If false, record locations here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. No leaks, disconnections, and/or deterioration were found on exhaust hoods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flue components are clean and free of soot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All combustion appliances have flues or exhaust hoods and vent NO <sub>2</sub> . i. If false, inspect cooking hoods, chemical hoods. Assure that cooking stoves and appliances are correctly installed, used, and maintained according to manufacturers' specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ii. If not vented, ensure that "leave-in" CO monitors are placed in room. Record locations here:			
iii. CO levels in rooms with combustion appliances are measured and recorded with an IAQ monitor. CO readings outside of normal CO range will result in an immediate response by maintenance to reduce CO level or vacating the room/building, if necessary. Record locations here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Other</b>			
a. Paint No peeling and/or flaking paint found. If planned building renovation will damage paint or if peeling paint is discovered, lead testing may be necessary. If peeling paint is found, send email to the building Principal and the Facilities Director alerting them of the problem. Staff and teachers need to pick up any flakes of paint to prevent children from being exposed. The Facilities Director will advise the Facilities Coordinator (a Certified Lead Paint Renovator) to test the paint for lead. Lead paint was discontinued in 1978. Buildings built after 1978 are exempt from lead paint testing.  <u>If lead is present</u> , required repairs should be done immediately using lead-safe methods and, if necessary, a licensed lead contractor. Location(s) of known peeling paint in building:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The following preventive measures are being taken to reduce lead exposure.			
i. Play areas are cleaned nightly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Floors are mopped nightly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Dust at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Radon testing is recommended by IEMA every 5 years. Last testing date listed below: Date:       ; Reading of			<input type="checkbox"/>



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d. The IAQ testing equipment used for this inspection was calibrated and is in good working order. Equipment Used: _____ Last date of calibration: _____	True <input type="checkbox"/>	False <input type="checkbox"/>	N/A <input type="checkbox"/>