



# Building and Grounds Maintenance Checklist

Name: Kevin LeRoux - Director of custodial operations  
 School: Connecticut River Academy  
 Room or Area: \_\_\_\_\_ Date Completed: 12/20/24  
 Signature: [Signature]

## Instructions

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

## 1. BUILDING MAINTENANCE SUPPLIES

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

## 2. GROUNDS MAINTENANCE SUPPLIES

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

## 3. DUST CONTROL

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

#### 4. FLOOR CLEANING

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

#### 5. DRAIN TRAPS

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

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

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

#### 7. COMBUSTION APPLIANCES

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

#### 8. PEST CONTROL

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



#### NOTES