

# Building and Grounds Maintenance Checklist

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

School: \_\_\_\_\_

Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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 type="checkbox"/> |
| 1b. Reviewed supply labels .....  | <input 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 type="checkbox"/> |
| 1d. Stored chemical products and supplies in sealed, clearly labeled containers .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Researched and selected the safest products available .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured that supplies are being used according to manufacturers' instructions .....   | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Substituted less- or non-hazardous materials (where possible) .....   | <input 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 type="checkbox"/> |
| 1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> |
| 3b. Used high efficiency vacuum bags .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Used proper dusting techniques .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3d. Wrapped feather dusters with a dust cloth .....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Cleaned air return grilles and air supply vents .....     | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary) .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) .....                   | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Flushed toilets once each week (if not used regularly) .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. MOISTURE, LEAKS, AND SPILLS**

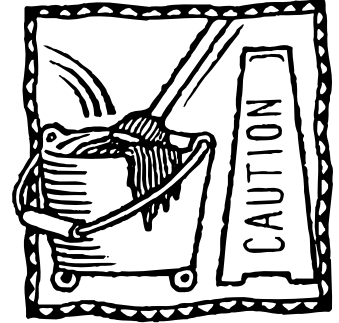
- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms) .....    | <input 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 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 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 type="checkbox"/> |
| Walls around leaky or broken windows .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors and ceilings under plumbing .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. COMBUSTION APPLIANCES**

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

**8. PEST CONTROL**

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



**NOTES**