

# Walkthrough Inspection Checklist

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## Instructions

1. Read the *IAQ Background* 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. GROUND LEVEL

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1a. Ensured that ventilation units operate properly .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured there are no obstructions blocking air intakes .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Checked for nests and droppings near outdoor air intakes .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured that vehicles avoid idling near outdoor air intakes .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Minimized pesticide application .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Ensured that there is proper drainage away from the building (including roof downspouts) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Ensured that sprinklers spray away from the building and outdoor air intakes .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. ROOF

*While on the roof, consider inspecting the HVAC units (use the Ventilation Checklist).*

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 2a. Ensured that the roof is in good condition .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Checked for evidence of water ponding .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Checked that ventilation units operate properly (air flows in) .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Ensured that exhaust fans operate properly (air flows out) .....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Ensured that air intakes remain open, even at minimum setting .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Checked for nests and droppings near outdoor air intakes .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Ensured that air from plumbing stacks and exhaust outlets flows away from outdoor air intakes ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. ATTIC

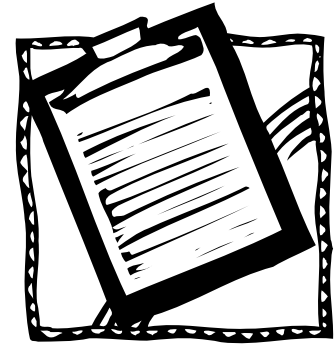
- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 3a. Checked for evidence of roof and plumbing leaks ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Checked for birds and animal nests .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 4. GENERAL CONSIDERATIONS

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 4a. Ensured that temperature and humidity are maintained within acceptable ranges ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that no obstructions exist in supply and exhaust vents .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Checked for odors .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Checked for signs of mold and mildew growth .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**4. GENERAL CONSIDERATIONS (continued)**

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 4e. Checked for signs of water damage.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Checked for evidence of pests and obvious food sources ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Noted and reviewed all concerns from school occupants .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**5. BATHROOMS AND GENERAL PLUMBING**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 5a. Ensured that bathrooms and restrooms have operating exhaust fans .....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured proper drain trap maintenance:                                       |                          |                          |                          |
| Water is poured down floor drains once per week (approx. 1 quart of water) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water is poured into sinks at least once per week (about 2 cups of water) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilets are flushed at least once per week .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. MAINTENANCE SUPPLIES**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 6a. Ensured that chemicals are used only with adequate ventilation and when building is unoccupied .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Ensured that vents in chemical and trash storage areas are operating properly .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured that portable fuel containers are properly closed .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. COMBUSTION APPLIANCES**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors .....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that combustion appliances have flues or exhaust hoods .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Checked for leaks, disconnections, and deterioration .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Ensured there is no soot on inside or outside of flue components ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**8. OTHER**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 8a. Checked for peeling and flaking paint (if the building was built before 1980, this could be a lead hazard) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Determined date of last radon test .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**NOTES**