



# Waste Management Checklist

Name: Greenwich Public Schools

School: North Mianus School

Room or Area: Entire Building Date Completed: 7/26/2024

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

## Instructions

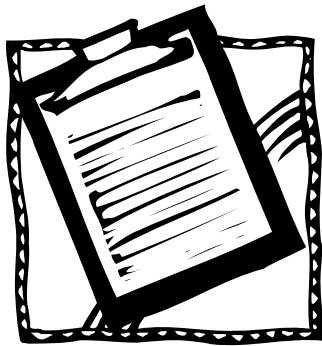
1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
  - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further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

## 1. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured that waste containers are lined .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Labeled recycling bins clearly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ensured number of bins and dumpsters is adequate .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured waste containers are emptied regularly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured appropriate waste removal schedule .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured waste is stored in a well-ventilated room .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j. Ensured any exhaust fans in the room are operating properly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1k. Checked waste storage areas for odors, contaminants, or signs of vermin .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## NOTES

- 1a. Outdoor food waste containers are lidded. Indoor food waste containers are not lidded and liners are replaced periodically throughout day as they become full.
- 1c. No specialty waste at this school.
- 1g. Indoor waste is removed periodically through out day to outdoor waste containers.
- 1h. Outdoor containers are picked up on following schedule:  
Waste: Tues.- Sat. Recycling: Tues. & Sat.
- 1i. No indoor storage of waste; all liners are tied off and brought out to lidded waste containers



# Walkthrough Inspection Checklist

Name: Greenwich Public Schools

School: North Mianus School

Room or Area: Entire Building Date Completed: 7/26/2024

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

## Instructions

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## 1. GROUND LEVEL

	Yes	No	N/A
1a. Ensured that ventilation units operate properly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1b. Ensured there are no obstructions blocking air intakes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1c. Checked for nests and droppings near outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes .....	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
1g. Minimized pesticide application .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1h. Ensured that there is proper drainage away from the building (including roof downspouts) .....	<input checked="" 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 checked="" type="checkbox"/>
1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly .....	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Checked for evidence of water ponding .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Checked that ventilation units operate properly (air flows in) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Ensured that exhaust fans operate properly (air flows out) .....	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. ATTIC

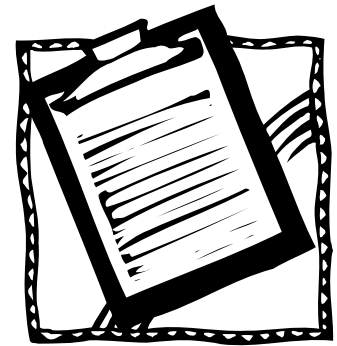
3a. Checked for evidence of roof and plumbing leaks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b. Checked for birds and animal nests .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## 4. GENERAL CONSIDERATIONS

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

**4. GENERAL CONSIDERATIONS (continued)**

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



**5. BATHROOMS AND GENERAL PLUMBING**

5a. Ensured that bathrooms and restrooms have operating exhaust fans .....	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water is poured into sinks at least once per week (about 2 cups of water) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets are flushed at least once per week .....	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
6c. Ensured that portable fuel containers are properly closed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>

**7. COMBUSTION APPLIANCES**

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

**8. OTHER**

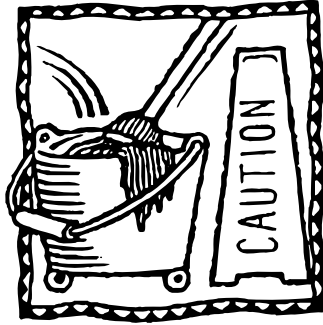
8a. Checked for peeling and flaking paint (if the building was built before 1980, this could be a lead hazard) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. Determined date of last radon test .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>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

**NOTES**

2a. Roof is inspected when issues are suspected and addressed on as-needed basis. Roof last replaced in 2017 (Review for repair/ replacement in 2042).

7a. Kitchen gas fired appliances

8b. Date of last radon test: 12/20/2019  
 Measurement Company: Hygenix  
 Total # of Rooms Where  
 Average Results were at  
 or above 4.0pCi/L : 0



# Building and Grounds Maintenance Checklist

Name: Greenwich Public Schools

School: North Mianus School

Room or Area: Entire Building Date Completed: 7/26/2024

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

## Instructions

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3. Complete the Checklist.
  - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. GROUNDS MAINTENANCE SUPPLIES

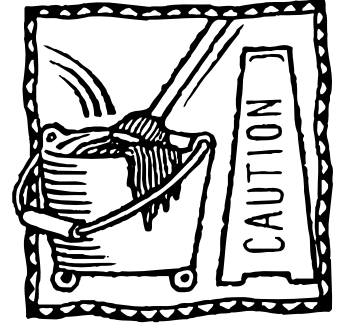
2a. Stored grounds maintenance supplies in appropriate area(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Ensured that supplies are used and stored according to manufacturers' instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>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

## 3. DUST CONTROL

3a. Installed and maintained barrier mats for entrances .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Walls around leaky or broken windows .....                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Floors and ceilings under plumbing .....                                                                      | <input type="checkbox"/>            | <input checked="" 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7d. Inspected flue components for corrosion and soot .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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**

- 1e. In compliance with Public Act No. 09-81 AN ACT CONCERNING GREEN CLEANING PRODUCTS IN SCHOOLS, All cleaning products are Green Seal approved products.
2. Grounds are maintained by Town of Greenwich Parks & Recreation Department(Parks &Trees Division). No supplies or equipment is kept on school grounds aside from rechargeable battery powered leaf blower.
7. Kitchen gas fired appliances, Boilers



# Integrated Pest Management Checklist

Name: Greenwich Public Schools

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

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

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

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## 1. OFFICIAL POLICY STATEMENT

- |                                                                                                            | Yes                                 | No                       | N/A                      |
|------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1a. Developed or located the school's official policy statement for integrated pest management (IPM) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. DESIGNATING PEST MANAGEMENT ROLES

- |                                                                                                                                              |                                     |                                     |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 2a. Assigned and trained a qualified person to be the pest manager .....                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2b. Involved decision makers in the IPM program .....                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2c. Educated students and staff (the occupants of the building) about IPM and asked them to keep their areas clean and free of clutter ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2d. Encouraged parents to learn about IPM practices and implement them at home .....                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2e. Developed a program to educate and train all IPM participants .....                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2f. Included language about IPM into contracts with pest management professionals .....                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

## 3. SETTING PEST MANAGEMENT OBJECTIVES

- |                                                                                                                                                                                                                  |                                     |                          |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Set appropriate pest management objectives for school buildings (such as preventing pests from interfering with students' learning environment and preserving the integrity of the building structure) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) .....                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## \* 4. INSPECTING, IDENTIFYING, AND MONITORING

- |                                                                                                                                                                         |                                     |                          |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 4a. Inspected all buildings and grounds for pest evidence, entry points, food, water, and harborage sites .....                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4b. Identified potential pest habitats in buildings and grounds .....                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4c. Pinpointed the source of any current pest problems .....                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4d. Monitored to determine the extent of pest problems and to estimate pest populations .....                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4e. Developed plans to modify habitat (for example, exclusion, repair, and sanitation efforts) to prevent or resolve any pest problems .....                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4f. Established a monitoring program that consists of routine inspections to estimate pest population levels and identify evidence of pests and potential habitat ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 5. SETTING ACTION THRESHOLDS

- |                                                                                                 | Yes                                 | No                                  | N/A                      |
|-------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 5a. Evaluated all available data obtained through inspecting, identifying, and monitoring ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5b. Determined how many pests the school buildings, grounds, and occupants can tolerate .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5c. Set action thresholds .....                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



## 6. PREVENTIVE STRATEGIES

### INDOOR SITES

6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |                                            |                                     |                          |                          |
|--------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| • Entryways .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Classrooms .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Gymnasiums .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Locker rooms .....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Offices .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff lounges .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bathrooms .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Food preparation and serving areas ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Rooms with extensive plumbing .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintenance areas .....                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### OUTDOOR SITES

\* 6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |                                                |                                     |                          |                                     |
|------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| • Playgrounds .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Parking lots .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Lawns and athletic fields .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Teaching gardens or greenhouses .....        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Loading docks .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Dumpsters .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Areas with ornamental shrubs and trees ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Other .....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## \* 7. PESTICIDE USE AND STORAGE

- |                                                                                                                                                                                    |                                     |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 7a. Explored alternative pest management methods before concluding that pesticides were necessary .....                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods .....                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Identified the least toxic, target-specific chemical (or pesticide formulation) that is the most effective to address the pest problem, preferably as baits and granules ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Reviewed and followed all label instructions on pesticides and learned how to properly apply and handle these chemicals .....                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Used spot-treatment (or bait, crack, and crevice applications) to apply pesticides whenever possible and only treated the obviously infested plants in the area .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Used protective clothing or equipment when applying pesticides .....                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Placed all pesticides in tamper-resistant bait boxes or locations that are inaccessible to children and non-target species .....                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**7. PESTICIDE USE AND STORAGE (cont.)**

- |                                                                                                                                                                           | Yes                                 | No                                  | N/A                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box .....                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7i. Applied pesticides when occupants were not present or in areas where they would not be exposed to the chemicals .....                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7j. Ensured that school occupants (students and staff) are notified of upcoming pesticide applications through posted notices and/or letters .....                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters .....                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel .....                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7n. Ensured that storage areas are adequately ventilated and are located away from areas prone to flooding or where spills or leaks may contaminate the environment ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7o. Ensured that flammable liquids are stored away from ignition sources .....                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7p. Ensured that pesticides are stored in their original containers and all lids are securely fastened .....                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**8. EVALUATING RESULTS AND RECORD KEEPING**

- |                                                                                                                           |                                     |                                     |                          |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 8a. Ensured that accurate, up-to-date records of IPM practices and a pest management log for each property are kept ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8c. Ensured that each log book contains the following items:                                                              |                                     |                                     |                          |
| • Copy of the pest management plan .....                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Service schedules for maintenance of buildings and grounds .....                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Current EPA-registered labels .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project .....                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Pest surveillance data sheets .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Diagram noting the location of pest activity, traps, and bait stations .....                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**NOTES**

6b. The Town's Parks & Trees Division is responsible for preventative strategies when maintaining grounds at outdoor locations.

7. Connecticut Pest Elimination, LLC is contracted to employ integrated pest management practices whenever possible and to employ safe practices when pesticide application is required. A copy of the School district's Integrated Pest Management Plan is attached.

\*General Note: Currently, records of service visits by Connecticut Pest Elimination, LLC are maintained by the Facilities Department. Sections 4 & 7 were completed by Connecticut Pest Elimination, LLC .



**Board Of Education**  
Department of Facilities

**Revised**  
Dan Watson  
**DATE:**  
March 16, 2021

**Daniel Watson**  
**Director of Facilities**  
**Greenwich Public Schools BOE**

Date

*Dear Parents, Guardians and Staff:*

Connecticut implemented State Legislation to reduce, to the greatest extent possible, the number of pesticides and herbicides used in and around public schools in July of 2000. The Greenwich Board of Education has a current policy regarding the implementation and administration of a district-wide integrated pest management program (IPM program). Legislation was later passed that restricts the use of herbicides on school grounds in grades K through 8.

A summary of the legislation follows:

- At the beginning of each school year parents or guardians of children in any school and school staff may register for prior notice of pesticide application at their school. Each school shall maintain a registry of persons requesting such notice. Prior to providing for any application of pesticide within and building or on the grounds of any school, the local or regional board of education shall provide for the transmittal of notice, by electronic mail notice must be received no later than 24 hours prior to such application.

**OUR IPM POLICY SUMMARY:**

- Monthly, proactive Pest Control services at all Greenwich Public Schools.
- Subsequent service calls will be performed as needed depending upon pest pressure.
- Pesticides in schools and on school grounds will only be applied by a State certified Pest Control applicator.
- Monthly services are for target pests such as: roaches, rodents, pavement ants and general crawling insects such as various ants, millipedes, centipedes, silverfish, earwigs, pill bugs, sow bugs, crickets and spiders.
- Service call/monitoring inspections will be limited to the interior of the school facilities including locker rooms, janitorial closets, kitchens, boiler rooms, mechanical rooms, electrical rooms, basements (plus classrooms, gymnasiums and common areas as needed) and the perimeter of the building unless pest activity or sightings in other areas have been reported in the pest sighting log.
- Pesticides are to be utilized on an as needed basis only, rather than the traditional periodic treatment approach. Monitoring boards are utilized to monitor pest activity in key locations. The monitoring boards are checked monthly by the contracted pest control applicator and if no pest infestation is noted no pesticides are applied.
- Service will be in compliance with the 'Guidance for Pesticide Applications at Schools and Day Care Centers' listed on the CT DEEP website. All product that may be used is listed on our IPM Plan.
- There is mandatory long-term record keeping requirements for all pesticide applications.

**IF YOU WOULD LIKE TO BE NOTIFIED IN ADVANCE OF YOUR SCHOOL'S PESTICIDE APPLICATIONS,** PLEASE SEND A LETTER TO YOUR APPLICABLE SCHOOL PRINCIPAL REQUESTING THE NOTIFICATION. INCLUDE IN THE LETTER YOUR ELECTRONIC MAIL ADDRESS. YOU WILL SUBSEQUENTLY BE NOTIFIED BY ELECTRONIC MAIL AT LEAST TWENTY-FOUR (24) HOURS IN ADVANCE OF THE APPLICATION.

If you register, you will be notified on:

1. The name of the active ingredient of the pesticide being applied.
2. The location of the application on the school property.
3. The date of the application, and
4. The name of the school administrator, or a designee, who may be contacted for further information.

**Please Note:** This notification registry is not for baits; it is only for pesticides. Pesticides will *not* be used regularly. During the regularly scheduled, monthly service, *baits* will be used to proactively treat for the target pests listed in this letter. This is per the CT DEEP standards. No *pesticides* applications can be done while school is in session or during school activities (except in an emergency situation).

**EMERGENCY APPLICATION PROCEDURE:**

- Emergency applications of pesticides may be allowed to eliminate a threat to human health as determined by; local health director, commissioner of public health, commissioner of environmental protection, or, for public schools, the school superintendent.
- In the event of an immediate threat to human health, the Superintendent may direct that an emergency application of a pesticide be made, during regular school hours or during planned activities at school, without prior notice to parents/guardians of children, and/or staff members in the school. Such application may only be made if (1) it is necessary to make the application during such period, and (2) such emergency application does not involve a restricted use pesticide.
- In the event of such emergency application, no child may enter the area of such application until it is safe to do so according to the provisions on the pesticide label.
- In the event of such emergency application, if the Superintendent determines that it is impractical to obtain the services in a timely manner by a certified Pest Control applicator, the services may be provided by a non-certified person as long as the application does not involve a restricted use pesticide.

**Useful Links:**

<https://portal.ct.gov/-/media/DEEP/pesticides/IPM/PesticideApplicationsSchoolsDayCareCenterspdf.pdf>

<https://portal.ct.gov/-/media/DEEP/pesticides/IPM/EmergencyPesticideGuidanceSchoolspdf.pdf>

**\*LINK THE IPM LISTED ON YOUR WEBSITE\*** (communications will link to page)

If you have any questions regarding the Board of Education's Integrated Pest Management Program, please do not hesitate to contact me:

Daniel Watson  
Director of Facilities  
(203) 625-7437  
daniel\_watson@greenwich.k12.ct.us

Or

Kelley Lipsett Tessitore  
**Connecticut Pest Elimination**  
(203) 931-7378  
(203)494-5885  
[Kelley.lipsett@ctpest.com](mailto:Kelley.lipsett@ctpest.com)  
[office@ctpest.com](mailto:office@ctpest.com)  
[www.CtPest.com](http://www.CtPest.com)

Sincerely,

Daniel Watson

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**School information**

# Integrated Pest Management Plan

## Ornamental and Turf

### Greenwich Public Schools K-8

290 Greenwich Avenue

Greenwich CT, 06830

School name, will be inspected by an employee of Town of Greenwich Parks Department, Park Foreman, (PF), and or a CT Certified Supervisor license holder for the purpose of identifying areas of pest infestation (weed, insect and disease) on the grounds of, school name, making recommendations for corrective measures that should be implemented and developing a comprehensive integrated pest management plan, (IPM) plan. The IPM plan will utilize all cultural methods of pest control which may include modifying cultural practices, monitoring for pest populations, mechanical and biological control and judicious use of pesticides in the case of possible harm to human health. Pesticides will not be used on a routine basis. Whenever practicable biological controls such as predatory insects, beneficial nematodes or microbial pesticides will be used to maintain pest populations at or below acceptable levels to maintain plant health and aesthetic quality. Proper implementation of this program will reduce the negative impact of standard pesticide applications thereby reducing negative environmental impacts and the risk of potential exposure of building occupants and visitors to the grounds who may be sensitive to their use.

The Parks Department Foreman, (PF), and or a CT Certified Supervisor license holder will meet with the Town of Greenwich Board of Education representative, Buildings Operations Manager, (BOM), to discuss various areas that have been problematic or sensitive. (e.g.: wet, shady and or high traffic areas or areas that have a history of high pest pressure.)

Once these areas have been identified, the PF and the BOM will discuss various pest control options and determine the cultural actions necessary as well as the threshold/action levels based on pest population, species, current and future plant health and aesthetic considerations.

The PF will submit recommendations for corrective measures in writing to BOM specifying action that should be taken by the school and or Parks Department, (PD), (e.g.; correct drainage/runoff problems) to alleviate any possible pest problems. The PF is responsible for scheduling and coordinating maintenance activities at the school and will act on the recommendations as soon as reasonably possible. All corrective measures shall implement best management practices and IPM protocols.

The IPM program will begin in the first week of April with six weekly visits in order to start the program. Subsequent visits will be performed twice a month or as needed depending on pest pressure. Site visits will be scheduled Monday through Friday and involve a visual inspection of potential problem areas, with the assistance of monitoring devices if deemed necessary. If action thresholds are exceeded, then appropriate IPM protocols will be implemented. Records will be completed at the conclusion of the site visit and will include written recommendations of corrective measures that need to be made by the Parks Department, (PD), personnel.

The PF will monitor/scout the grounds of the school at least once monthly April through September. Additional monitoring may be required during peak periods (June – August) to monitor for insects, weeds and diseases. Off-season (October – March) monitoring may also be scheduled on an as needed basis.

All pest problem areas and written recommendations for structural, sanitary or procedural modifications will be recorded on **“Ornamental and Turf Pesticide Record/Monitoring Report”** forms or substantially similar substitute. These forms will be kept in a file that will be maintained in the BOM office. Additional records that will be maintained in this file will include a copy of this plan, copies of all soil sample analysis reports, a diagram indicating the placement of all pest monitoring devices and copies of the pesticide product labels. The BOM will act as a liaison between the Parks Department and the, name of school, and Board of Education employees to notify of corrective actions to be taken (e.g.; correct drainage/and or runoff problems).

Pest sighting report logs recorded by the PF will be maintained in the BOM office and will serve as a tool to facilitate communication between all Board of Education, (BOE), employees and The Parks Department. All pest sightings should be reported in the logs and should include specific information as to the location and type of pest, if known. If needed a sample will be provided to the PF for identification purposes.

## **TURF**

Best IPM management practices will be followed at all times. The following list will act as a guide:

- Mow turf at 3” to 3.5” weekly or as needed.
- Mow Athletic Turf 2.5” to 3” weekly or as needed.
- Mow turf when dry if possible.
- Mower blades to be sharp to reduce shredding of grass plant.
- Leave grass clippings, not clumped or matted.
- Mow turf in opposite directions on rotating basis.
- Athletic Fields, fertilize with organic based fertilizer at 2.5 lbs. – 3 lbs. per year, when turf is actively growing.
- Fertilize no earlier than April 15 and no later than October 15.
- Take soil samples every 2-3 years. Adjust inputs as needed.
- Irrigate Athletic Turf deeply and infrequently and monitor soil moisture.

- Over seed as aggressively as possible, best in late summer /early fall/fall.
- Over seed with proper species and high quality seed.
- Seed bare areas regularly, early spring – fall.
- Dormant seed if needed.
- Monitor for insects to determine action thresholds and possible cultural treatment.
- Try to mitigate excessive wear in high traffic areas.
- Core aerate Athletic Turf in fall if possible.
- Monitor for diseases.
- Monitor for weeds and physically remove if possible.
- Groom clay infields on regular basis to keep weed infestation in check.

## **FLOWER BEDS and LANDSCAPE PLANTINGS**

Best IPM management practices will be followed at all times. The following list will act as a guide:

- Plant insect, disease and drought tolerant varieties.
- Plant Native species.
- Plant flowers, shrubs and trees at proper depth.
- Hand weed planting beds early in spring before mulching.
- Mulch planting beds with 2-3" of high quality mulch or as needed.
- Mechanically weed planting beds during growing season.
- Take soil sample and fertilize if needed with organic fertilizer.
- Amend soil with high quality compost if needed to improve soil structure.
- Prune landscape plantings at least 12" away from buildings or structures.
- Monitor for harmful insects and monitor for action threshold, treat infestation culturally or with bio-insecticides, insecticidal soaps or horticultural oil if warranted.
- Inspect for diseases and monitor for action threshold, treat culturally.

An appraisal of the IPM program will be conducted before the start of the school year, mid - August by the BOM and the PF. A determination will be made as to the effectiveness of the program and revisions will be made if necessary to correct any potential problems.

## **PESTICIDE PLAN**

Pesticides will not be applied on school Grounds, Landscape Plantings or Landscape Beds unless an immediate threat to human health is present, (Emergency Application Procedure to eliminate immediate threat to human health). Whenever determined that an action threshold is reached on Landscape plantings the first mode of action will be cultural then if necessary treated with a bio-pesticide, insecticidal soap or horticultural oil and lastly with conventional pesticides if deemed appropriate.

## **EMERGENCY APPLICATION TO ELIMINATE IMMEDIATE THREAT TO HUMAN HEALTH**

The following insects would be considered a threat to human health and would be treated on an Emergency basis only. The corresponding Insecticide for treatment is listed. Priority is given to those pesticides with lowest toxicity.

GROUND BEES / WASPS	First choice	Drione Dust
	Second Choice	Tempo Dust
		Temprid FX
BLACK LEGGED (DEER) TICKS	First Choice	SuspendPolyzone
		Temprid FX

**Please refer to the Board of Education Emergency Application Procedure under The Registration Letter for prior notice of pesticide application.**



# Ventilation Checklist

See JC

Name: GREENWICH PUBLIC SCHOOLS  
 School: NORTH MIANUS  
 Unit Ventilator/AHU No: \_\_\_\_\_  
 Room or Area: \_\_\_\_\_ Date Completed: 4.21.2025  
 Signature: D. M. W. K.

## Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of this checklist for **each** ventilation unit in your school, as well as a copy 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. OUTDOOR AIR INTAKES

- |                                                                                                                     | Yes                                 | No                       | N/A                      |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1a. Marked locations of all outdoor air intakes on a small floor plan (for example, a fire escape floor plan) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 1: OBSTRUCTIONS

- |                                                                                                                |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 2: POLLUTANT SOURCES

- |                                                                                                                                                                               |                                     |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) .....                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

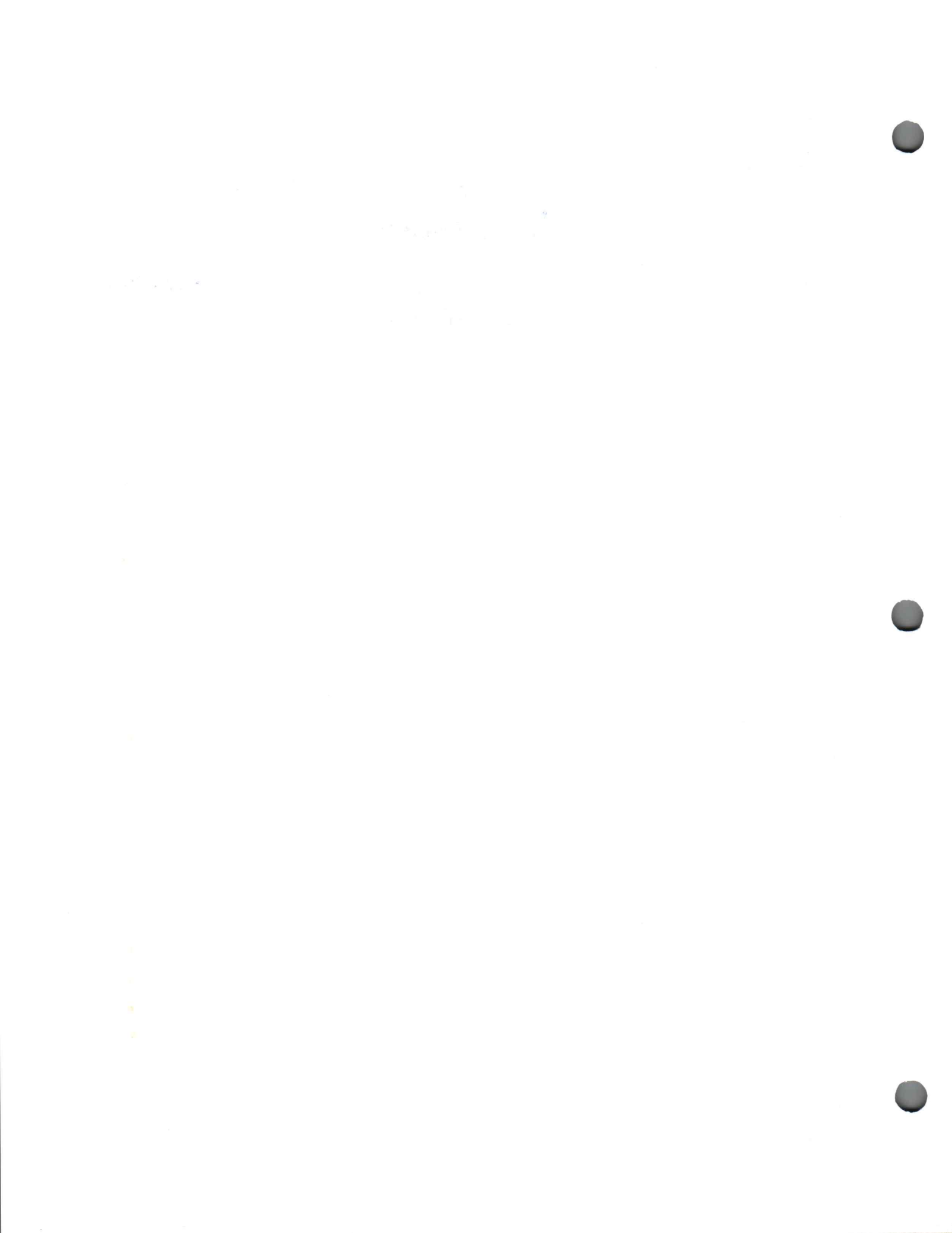
### ACTIVITY 3: AIRFLOW

- |                                                                                    |                                     |                          |                          |
|------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) .. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- |                                                                                                            |                                     |                          |                          |
|------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2a. Replaced filters per maintenance schedule .....                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Vacuumed filter areas before installing new filters .....                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Confirmed proper installation of filters (correct direction for airflow) .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## 2. SYSTEM CLEANLINESS (continued)

### ACTIVITY 5: DRAIN PANS

- |                                                                                               | Yes                                 | No                       | N/A                      |
|-----------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2f. Ensured that drain pans slant toward the drain (to prevent water from accumulating) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Cleaned drain pans .....                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2h. Checked drain pans for mold and mildew .....                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 6: COILS

- |                                                            |                                     |                          |                          |
|------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2i. Ensured that heating and cooling coils are clean ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|

### ACTIVITY 7: AIR-HANDLING UNITS, UNIT VENTILATORS

- |                                                                                                                             |                                     |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2j. Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean .....                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 8: MECHANICAL ROOMS

- |                                                                                                                    |                                     |                          |                          |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2l. Checked mechanical room for unsanitary conditions, leaks, and spills .....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2m. Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. CONTROLS FOR OUTDOOR AIR SUPPLY

- |                                                                                     |                                     |                          |                          |
|-------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3a. Ensured that air dampers are at least partially open (minimum position) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that minimum position provides adequate outdoor air for occupants ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 9: CONTROLS INFORMATION

- |                                                                                                                                                                                                                   |                                     |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3c. Obtained and reviewed all design inside/outside temperature and humidity requirements, controls specifications, as-built mechanical drawings, and controls operations manuals (often uniquely designed) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|

### ACTIVITY 10: CLOCKS, TIMERS, SWITCHES

- |                                                                                                       |                                     |                          |                                     |
|-------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 3d. Turned summer-winter switches to the correct position .....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3e. Set time clocks appropriately .....                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

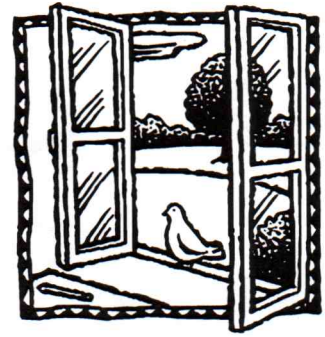
### ACTIVITY 11: CONTROL COMPONENTS

- |                                                                                                                                                                    |                          |                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 3g. Ensured appropriate system pressure by testing line pressure at both the occupied (day) setting and the unoccupied (night) setting .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3h. Checked that the line dryer prevents moisture buildup .....                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3i. Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3j. Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions) .....                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 12: OUTDOOR AIR DAMPERS

- |                                                                                                                                     |                                     |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3k. Ensured that the outdoor air damper is visible for inspection .....                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3l. Ensured that the recirculating relief and/or exhaust dampers are visible for inspection .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3m. Ensured that air temperature in the indoor area(s) served by each outdoor air damper is within the normal operating range ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: It is necessary to ensure that the damper is operating properly and within the normal range to continue.



No  
PNEUMATICS





### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

	Yes	No	N/A
3n. Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3o. Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3p. If in heating mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 85°F .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3q. If in cooling mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 60°F and mixed air thermostat is set to 45°F .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3r. If the outdoor air damper does not move, confirmed the following items:			
• The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Moving parts are free of impediments (e.g., rust, corrosion) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical wire or pneumatic tubing connects to the damper actuator .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Proceed to Activities 13–16 if the damper seems to be operating properly.*

#### ACTIVITY 13: FREEZE STATS

3s. Disconnected power to controls (for automatic reset only) to test continuity across terminals .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR			
3t. Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3u. Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: HVAC systems with water coils need protection from the cold. The freeze-stat may close the outdoor air damper and disconnect the supply air when tripped. The typical trip range is 35°F to 42°F.*

#### ACTIVITY 14: MIXED AIR THERMOSTATS

3v. Ensured that the mixed air stat for heating mode is set no higher than 65°F .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3w. Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

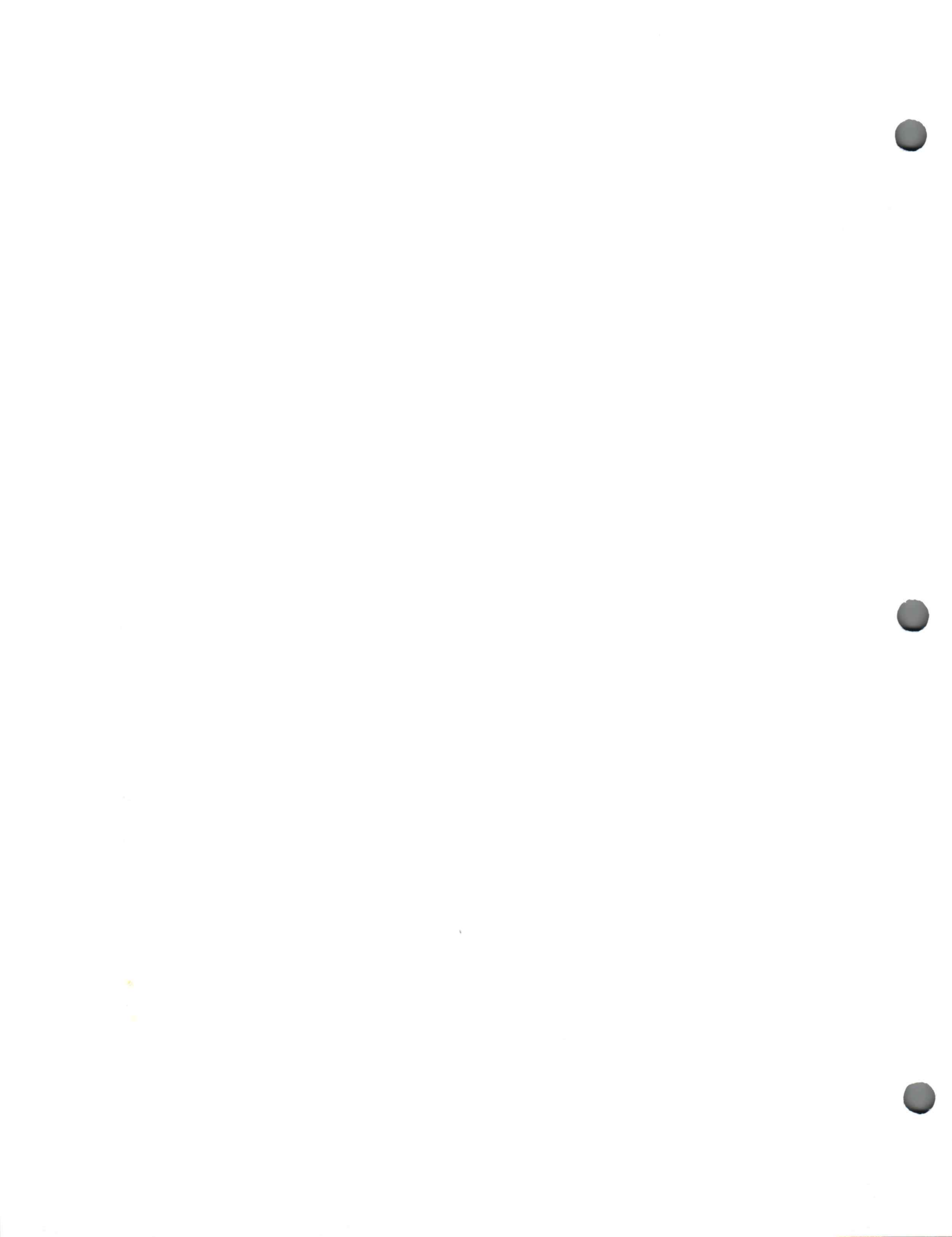
#### ACTIVITY 15: ECONOMIZERS

3x. Confirmed proper economizer settings based on design specifications or local practices .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------------------------------------------------------------------	-------------------------------------	--------------------------	--------------------------

*NOTE: The dry-bulb is typically set at 65°F or lower.*

3y. Checked that sensor on the economizer is shielded from direct sunlight .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3z. Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: Economizers use varying amounts of cool outdoor air to assist with the cooling load of the room or rooms. There are two types of economizers, dry-bulb and enthalpy. Dry-bulb economizers vary the amount of outdoor air based on outdoor temperature, and enthalpy economizers vary the amount of outdoor air based on outdoor temperature and humidity level.*

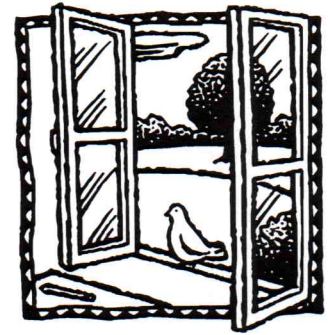


### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

#### ACTIVITY 16: FANS

- 3aa. Ensured that all fans (supply fans and associated return or relief fans) that move outside air indoors continuously operate during occupied hours (even when room thermostat is satisfied) .....  Yes  No  N/A

*NOTE: If fan shuts off when the thermostat is satisfied, adjust control cycle as necessary to ensure sufficient outdoor air supply.*



### 4. AIR DISTRIBUTION

#### ACTIVITY 17: AIR DISTRIBUTION

- 4a. Ensured that supply and return air pathways in the existing ventilation system perform as required .....
- 4b. Ensured that passive gravity relief ventilation systems and transfer grilles between rooms and corridors are functioning .....

*NOTE: If ventilation system is closed or blocked to meet current fire codes, consult with a professional engineer for remedies.*

- 4c. Made sure every occupied space has supply of outdoor air (mechanical system or operable windows) .....
- 4d. Ensured that supply and return vents are open and unblocked .....

*NOTE: If outlets have been blocked intentionally to correct drafts or discomfort, investigate and correct the cause of the discomfort and reopen the vents.*

- 4e. Modified the HVAC system to supply outside air to areas without an outdoor air supply .....
- 4f. Modified existing HVAC systems to incorporate any room or zone layout and population changes .....
- 4g. Moved all barriers (for example, room dividers, large free-standing blackboards or displays, bookshelves) that could block movement of air in the room, especially those blocking air vents .....
- 4h. Ensured that unit ventilators are quiet enough to accommodate classroom activities .....
- 4i. Ensured that classrooms are free of uncomfortable drafts produced by air from supply terminals .....

#### ACTIVITY 18: PRESSURIZATION IN BUILDINGS

*NOTE: To prevent infiltration of outdoor pollutants, the ventilation system is designed to maintain positive pressurization in the building. Therefore, ensure that the system, including any exhaust fans, is operating on the "occupied" cycle when doing this activity.*

- 4j. Ensured that air flows out of the building (using chemical smoke) through windows, doors, or other cracks and holes in exterior wall (for example, floor joints, pipe openings) .....

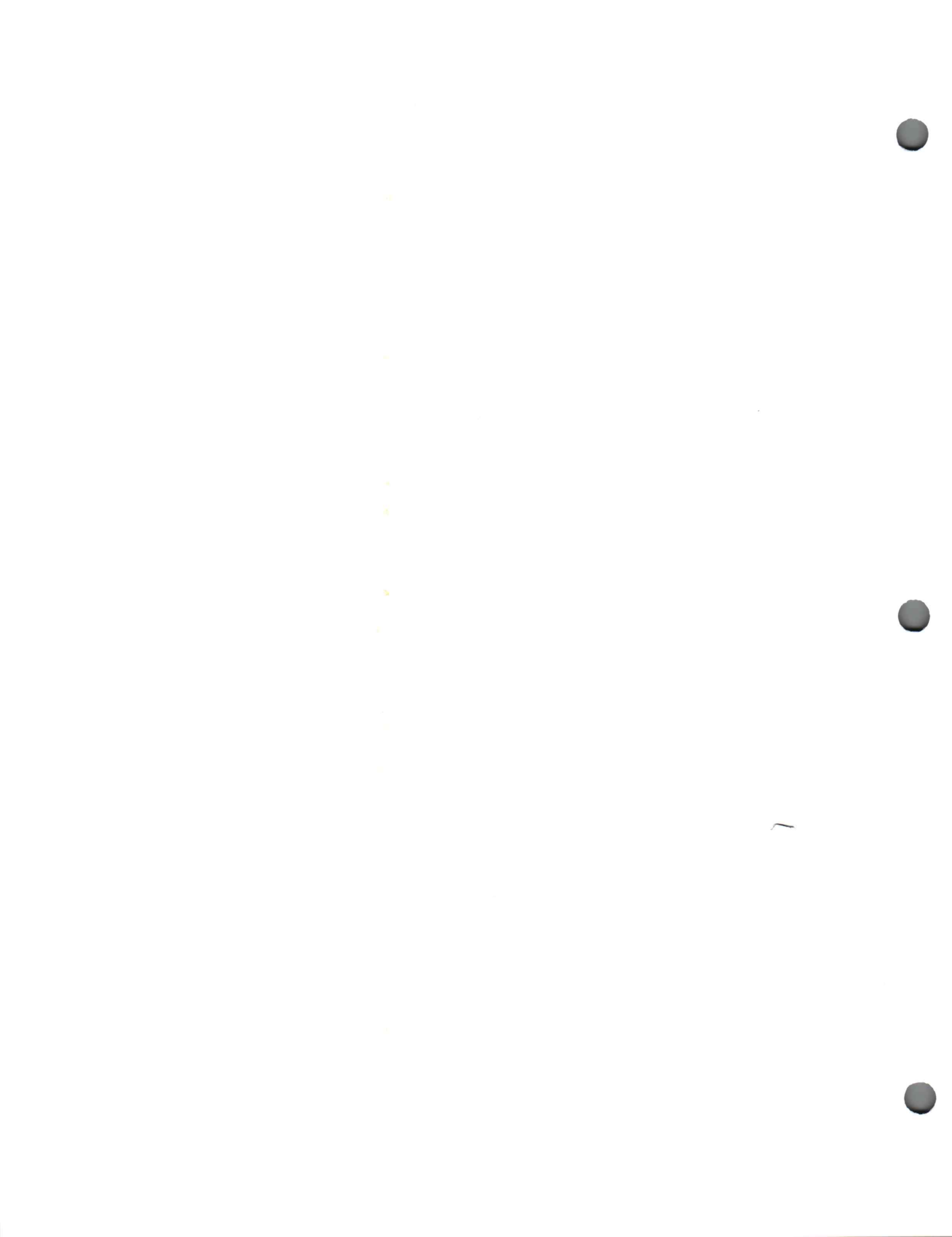
### 5. EXHAUST SYSTEMS

#### ACTIVITY 19: EXHAUST FAN OPERATION

- 5a. Checked (using chemical smoke) that air flows into exhaust fan grille(s) .....

*If fans are running but air is not flowing toward the exhaust intake, check for the following:*

- Inoperable dampers
- Obstructed, leaky, or disconnected ductwork
- Undersized or improperly installed fan
- Broken fan belt





## 5. EXHAUST SYSTEMS (continued)

### ACTIVITY 20: EXHAUST AIRFLOW

*NOTE: Prevent migration of indoor contaminants from areas such as bathrooms, kitchens, and labs by keeping them under negative pressure (as compared to surrounding spaces).*

- 5b. Checked (using chemical smoke) that air is drawn into the room from adjacent spaces ..... **Yes**  **No**  **N/A**

*Stand outside the room with the door slightly open while checking airflow high and low in the door opening (see "How to Measure Airflow").*

- 5c. Ensured that air is flowing toward the exhaust intake .....

### ACTIVITY 21: EXHAUST DUCTWORK

- 5d. Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition .....

## 6. QUANTITY OF OUTDOOR AIR

### ACTIVITY 22: OUTDOOR AIR MEASUREMENTS AND CALCULATIONS

*NOTE: Refer to "How to Measure Airflow" for techniques.*

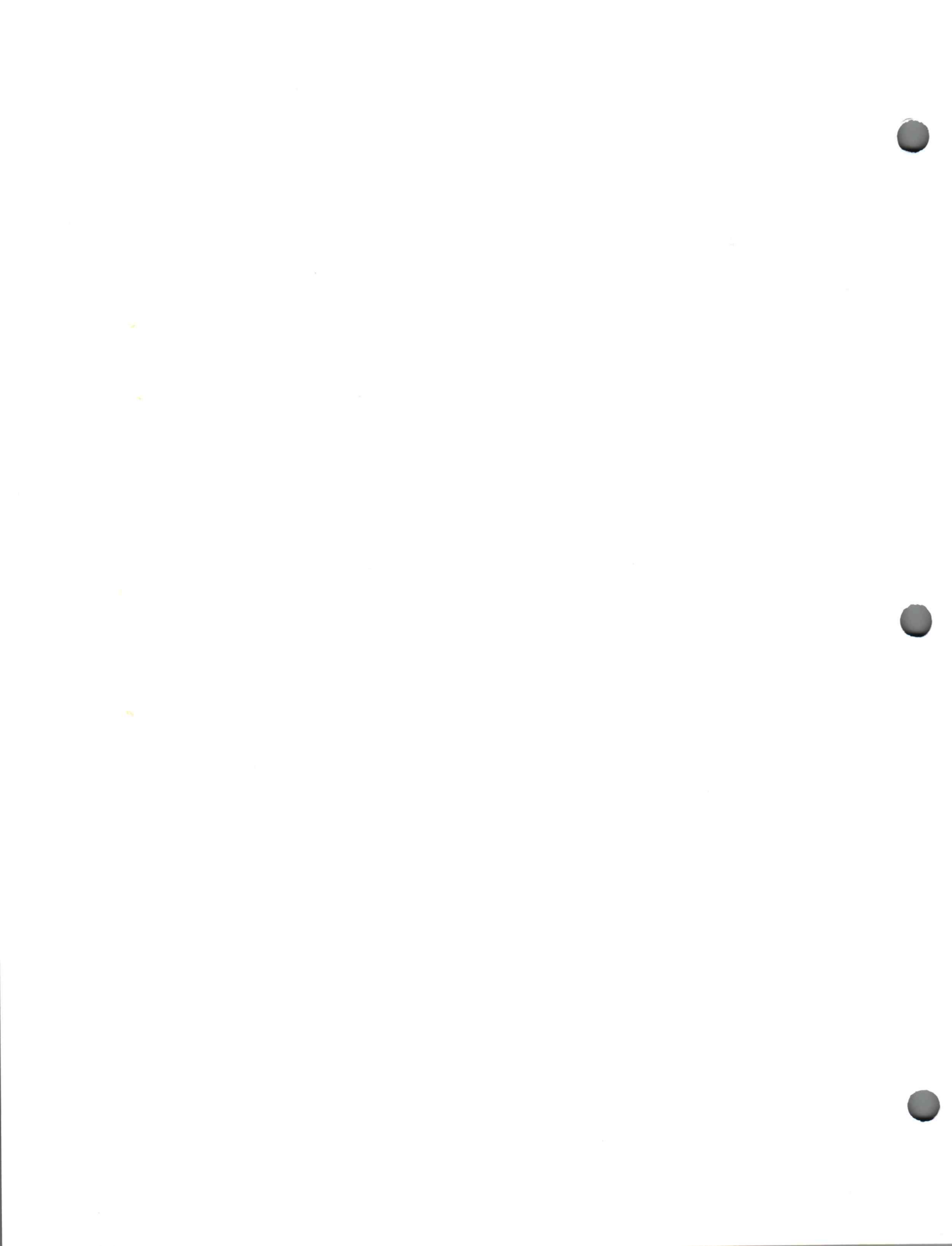
- 6a. Measured the quantity of outdoor air supplied (22a) to each ventilation unit .....
- 6b. Calculated the number of occupants served (22b) by the ventilation unit under consideration .....
- 6c. Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c) .....

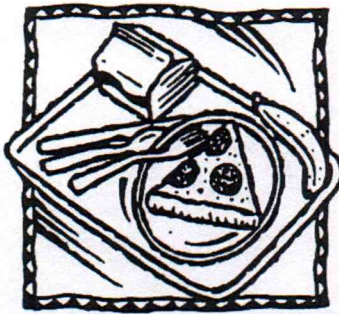
### ACTIVITY 23: ACCEPTABLE LEVELS OF OUTDOOR AIR QUANTITIES

- 6d. Compared the existing outdoor air per person (22c) to the recommended levels in Table 1 .....
- 6e. Corrected problems with ventilation units that supplied inadequate quantities of outdoor air to ensure that outdoor air quantities (22c) meet the recommended levels in Table 1 .....

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## NOTES





# Food Service Checklist

Name: Loveita Salbu  
 School: North Mianus School  
 Room or Area: \_\_\_\_\_ Date Completed: 12/18/2025  
 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. COOKING AREA

- |                                                                                                                                                               | Yes                                 | No                       | N/A                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Checked for odors near cooking, preparation, and eating areas .....                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that gas appliances function properly .....                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Verified that gas appliances are vented outdoors .....                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Ensured that kitchen is clean after use .....                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. FOOD HANDLING AND STORAGE

- |                                                                                                                                |                                     |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary .....                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Disposed of food scraps properly and removed crumbs .....                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Swept and wet mopped floors .....                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. WASTE MANAGEMENT

- |                                                                                                                                                              |                                     |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3a. Selected and placed waste in appropriate containers .....                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that containers' lids are securely closed .....                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible .....                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3d. Stored waste containers in a well-ventilated area .....                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 4. DELIVERIES

- |                                                                                            | Yes                                 | No                       | N/A                      |
|--------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4a. Instructed vendors to avoid idling their engines during deliveries .....               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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#### NOTES