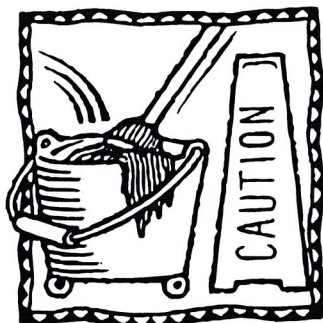




Building and Grounds Maintenance Checklist

Name: Rick Miller
 School: Lone Grove Elementary
 Room or Area: Complex Date Completed: 1/30/25
 Signature: [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. BUILDING MAINTENANCE SUPPLIES

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

2. GROUNDS MAINTENANCE SUPPLIES

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

3. DUST CONTROL

3a. Installed and maintained barrier mats for entrances	☒	☐	☐
3b. Used high efficiency vacuum bags	☒	☐	☐
3c. Used proper dusting techniques	☒	☐	☐
3d. Wrapped feather dusters with a dust cloth	☐	☐	☒
3e. Cleaned air return grilles and air supply vents	☒	☐	☐

4. FLOOR CLEANING

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors | ☒ | ☐ | ☐ |
| 4b. Cleaned spills on floors promptly (as necessary) | ☒ | ☐ | ☐ |
| 4c. Performed restorative maintenance (as necessary) | ☒ | ☐ | ☐ |

5. DRAIN TRAPS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Poured water down floor drains once per week (about 1 quart of water) | ☒ | ☐ | ☐ |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) | ☒ | ☐ | ☐ |
| 5c. Flushed toilets once each week (if not used regularly) | ☒ | ☐ | ☐ |

6. MOISTURE, LEAKS, AND SPILLS

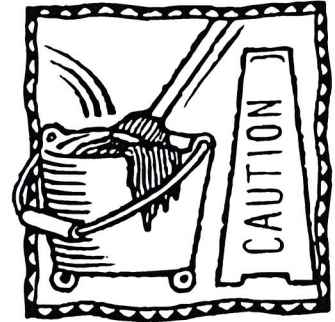
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors | ☒ | ☐ | ☐ |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks) | ☒ | ☐ | ☐ |
| 6c. Checked areas where moisture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

7. COMBUSTION APPLIANCES

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Checked for odors from combustion appliances | ☒ | ☐ | ☐ |
| 7b. Checked appliances for backdrafting (using chemical smoke) | ☒ | ☐ | ☐ |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration | ☒ | ☐ | ☐ |
| 7d. Inspected flue components for corrosion and soot | ☐ | ☐ | ☒ |

8. PEST CONTROL

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 8a. Completed the <i>Integrated Pest Management Checklist</i> | ☒ | ☐ | ☐ |
|---|-------------------------------------|--------------------------|--------------------------|



NOTES