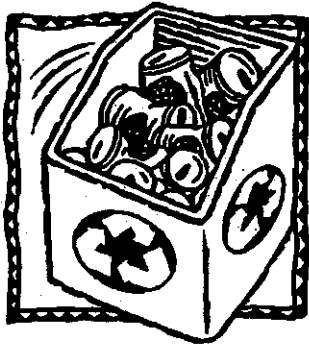




Waste Management Checklist

Name: Allen J. Sansalone

School: HK Middle / Intermediate

Room or Area: _____ Date Completed: _____

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. WASTE MANAGEMENT

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

NOTES



Building and Grounds Maintenance Checklist

Name: Allen J. Sansalone
 School: HK - Middle / Intermediate
 Room or Area: _____ Date Completed: _____
 Signature: Allen J. Sansalone

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

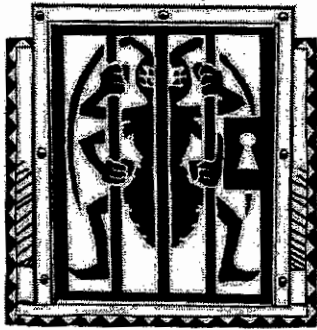
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for odors from combustion appliances | ☒ | ☐ | ☐ |
| 7b. Checked appliances for backdrafting (using chemical smoke) | ☐ | ☐ | ☐ |
| 7c. Inspected exhaust components for leaks, disconnections,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

8. PEST CONTROL

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



NOTES



Integrated Pest Management Checklist

Name: Allen J. Sansalone

School: HK Middle / Intermediate

Room or Area: _____ Date Completed: _____

Signature: Allen J. Sansalone

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. OFFICIAL POLICY STATEMENT

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1a. Developed or located the school's official policy statement for integrated pest management (IPM) | ☒ | ☐ | ☐ |

2. DESIGNATING PEST MANAGEMENT ROLES

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

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) | ☒ | ☐ | ☐ |
| 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) | ☒ | ☐ | ☐ |

4. INSPECTING, IDENTIFYING, AND MONITORING

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

5. SETTING ACTION THRESHOLDS

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Evaluated all available data obtained through inspecting, identifying, and monitoring | ☒ | ☐ | ☐ |
| 5b. Determined how many pests the school buildings, grounds, and occupants can tolerate | ☐ | ☐ | ☐ |
| 5c. Set action thresholds | ☐ | ☐ | ☐ |

6. PREVENTIVE STRATEGIES

INDOOR SITES

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

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Entryways | ☒ | ☐ | ☐ |
| • Classrooms | ☒ | ☐ | ☐ |
| • Gymnasiums | ☒ | ☐ | ☐ |
| • Locker rooms | ☒ | ☐ | ☐ |
| • Offices | ☒ | ☐ | ☐ |
| • Staff lounges | ☒ | ☐ | ☐ |
| • Bathrooms | ☒ | ☐ | ☐ |
| • Food preparation and serving areas | ☒ | ☐ | ☐ |
| • Rooms with extensive plumbing | ☒ | ☐ | ☐ |
| • Maintenance areas | ☒ | ☐ | ☐ |
| • Other | ☒ | ☐ | ☐ |

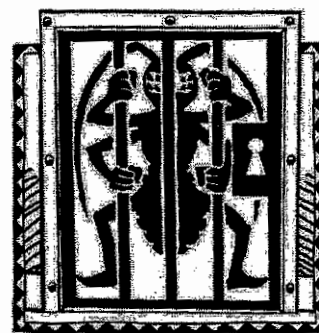
OUTDOOR SITES

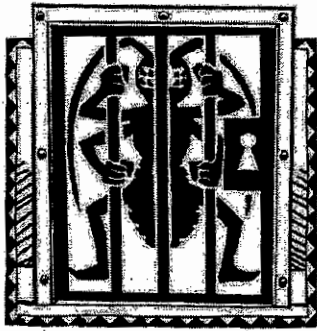
6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Playgrounds | ☒ | ☐ | ☐ |
| • Parking lots | ☒ | ☐ | ☐ |
| • Lawns and athletic fields | ☒ | ☐ | ☐ |
| • Teaching gardens or greenhouses | ☒ | ☐ | ☐ |
| • Loading docks | ☒ | ☐ | ☐ |
| • Dumpsters | ☒ | ☐ | ☐ |
| • Areas with ornamental shrubs and trees | ☒ | ☐ | ☐ |
| • Other | ☒ | ☐ | ☐ |

7. PESTICIDE USE AND STORAGE

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Explored alternative pest management methods before concluding that pesticides were necessary | ☒ | ☐ | ☐ |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods | ☒ | ☐ | ☐ |
| 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 | ☐ | ☐ | ☐ |
| 7d. Reviewed and followed all label instructions on pesticides and learned how to properly apply and handle these chemicals | ☐ | ☐ | ☒ |
| 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 | ☐ | ☐ | ☒ |
| 7f. Used protective clothing or equipment when applying pesticides | ☐ | ☐ | ☒ |
| 7g. Placed all pesticides in tamper-resistant bait boxes or locations that are inaccessible to children and non-target species | ☒ | ☐ | ☐ |





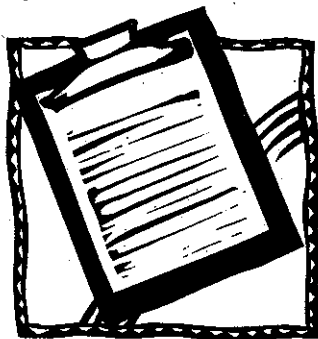
7. PESTICIDE USE AND STORAGE (cont.)

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

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	☒	☐	☐
8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained	☐	☐	☐
8c. Ensured that each log book contains the following items:			
• Copy of the pest management plan	☐	☐	☐
• Service schedules for maintenance of buildings and grounds.....	☐	☐	☐
• Current EPA-registered labels	☐	☐	☐
• Current Material Safety Data Sheets (MSDS) for each pesticide project	☐	☐	☐
• Pest surveillance data sheets	☐	☐	☐
• Diagram noting the location of pest activity, traps, and bait stations	☐	☐	☐

NOTES



Walkthrough Inspection Checklist

Name: Allen J. Sansalone
 School: HK-Middle/Intermediate
 Room or Area: _____ Date Completed: _____
 Signature: Allen J. Sansalone

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. GROUND LEVEL

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

2. ROOF

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

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

3. ATTIC

3a. Checked for evidence of roof and plumbing leaks	☐	☐	☒
3b. Checked for birds and animal nests	☐	☐	☒

4. GENERAL CONSIDERATIONS

4a. Ensured that temperature and humidity are maintained within acceptable ranges	☒	☐	☐
4b. Ensured that no obstructions exist in supply and exhaust vents	☒	☐	☐
4c. Checked for odors	☒	☐	☐
4d. Checked for signs of mold and mildew growth	☒	☐	☐

4. GENERAL CONSIDERATIONS (continued)

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 4e. Checked for signs of water damage | ☒ | ☐ | ☐ |
| 4f. Checked for evidence of pests and obvious food sources | ☒ | ☐ | ☐ |
| 4g. Noted and reviewed all concerns from school occupants | ☒ | ☐ | ☐ |

5. BATHROOMS AND GENERAL PLUMBING

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

6. MAINTENANCE SUPPLIES

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

7. COMBUSTION APPLIANCES

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors | ☒ | ☐ | ☐ |
| 7b. Ensured that combustion appliances have flues or exhaust hoods | ☒ | ☐ | ☐ |
| 7c. Checked for leaks, disconnections, and deterioration | ☒ | ☐ | ☐ |
| 7d. Ensured there is no soot on inside or outside of flue components | ☒ | ☐ | ☐ |

8. OTHER

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Checked for peeling and flaking paint (if the building was built before 1980, this could be a lead hazard) | ☐ | ☐ | ☒ |
| 8b. Determined date of last radon test | ☐ | ☐ | ☐ |

NOTES

