

April 28, 2026

Mr. Angelus Papageorge  
Executive Director of Operations  
Fairfield Public Schools

**RE: Indoor Air Quality (IAQ)/Tools for Schools (TFS)  
2025 Compliance Program  
Fairfield Public Schools  
Timothy Dwight Elementary School**

Fairfield Public Schools (the “District”), in conjunction with TRC, performed the required 2025 annual inspection and evaluation of the indoor air quality (IAQ) utilizing the U.S. Environmental Protection Agency’s (EPA) IAQ Tools for Schools (TFS) Program at all District school buildings. The inspections and evaluations were performed in accordance with Connecticut General Statutes (CGS) § 10-220(d)(2) and assessed the following fourteen categories:

- A: Heating, Ventilation and Air Conditioning Systems
- B: Radon Levels in the Air
- C: Potential for Exposure to Microbiological Airborne Particles (including, but not limited to fungi, mold and bacteria)
- D: Chemical Compounds of concern to Indoor Air Quality (including, but not limited to, volatile organic compounds)
- E: Degree of Pest Infestation (including, but not limited to insects and rodents)
- F: Degree of Pesticide Usage
- G: Presence of and the Plans for Removal of any Extremely Hazardous Substances
- H: Ventilation Systems
- I: Plumbing (including water distribution systems, drainage systems and fixtures)
- J: Moisture Incursion
- K: Overall Cleanliness of the Facilities
- L: Building Structural Elements (including, but not limited to, roofing, basements or slabs)
- M: Use of Space (particularly areas that were designed to be unoccupied)
- N: Provision of Indoor Air Quality Maintenance Training for Building Staff

As part of the inspection/evaluation of each school building, six EPA TFS checklists (Building and Grounds Maintenance, Waste Management, Ventilation, Walkthrough Inspection, Integrated Pest Management and Food Service) were completed which helped inform the majority of the information provided for the above fourteen categories. In order to complete the six checklists and inspect/evaluate school conditions regarding all fourteen categories listed above, a review of applicable documents/plans and an on-site assessment of the school were performed.

Reports for all Districts will be posted to each school’s website and the District website in accordance with CGS § 10-220(d).

## Uniform Indoor Air Quality Inspection and Evaluation Report

Reporting Year: 2025

Report Date: April 28, 2026

District: Fairfield

School: Timothy Dwight Elementary School, 1600 Redding Road in Fairfield, CT

In accordance with Section 10-220(d) of the Connecticut General Statutes (referred to as “CGS § 10-220(d)” or the “IAQ Statute”), Fairfield Public Schools (FPS) conducted an Indoor Air Quality (IAQ) inspection and assessment of Timothy Dwight Elementary School (School) in February 2025 to satisfy the 2025 inspection/assessment requirements. This report summarizes the inspections and evaluations performed at the School based on the fourteen IAQ categories listed in the IAQ Statute. Where relevant, FPS utilized and adhered to the U.S. Environmental Protection Agency’s (EPA) IAQ Tools for Schools (TFS) guidance and checklists during the inspections and assessments. The completed TFS checklists for the 2025 assessment requirement of the School are provided in Appendix A.

| TIMOTHY DWIGHT ELEMENTARY SCHOOL                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Categories Evaluated                                                           | CGS § 10-220(d)(2) Category Summary/<br>General Assessment Scope                                                                                                                                                                                                                                                                                                                                                                                                             | Findings/Items of Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>A: Heating,<br/>Ventilation and Air<br/>Conditioning<br/>(HVAC) Systems</b> | Ensure that the School’s HVAC systems are:<br>(1) maintained and operated in accordance<br>with the prevailing maintenance standards at<br>the time of installation or renovation of such<br>system; and (2) operated continuously during<br>the hours in which students or School<br>personnel occupy School facilities, except (A)<br>during scheduled maintenance and emergency<br>repairs, and (B) during periods for which<br>School officials can demonstrate that the | <ul style="list-style-type: none"><li>• Ventilation at the School is predominantly supplied by radiators, individual window or split units and active exhaust systems.</li><li>• Representative interior CO<sub>2</sub> measurements identified levels were within ASHRAE guidelines which indicates adequate fresh air supply.</li><li>• Representative interior RH measurements identified levels were below ASHRAE guidelines. These results can be attributed to seasonal conditions.</li><li>• Custodial closets and some classrooms would benefit from improved ventilation.</li></ul> |

**TIMOTHY DWIGHT ELEMENTARY SCHOOL**

| <b>Categories Evaluated</b>                                                                                                        | <b>CGS § 10-220(d)(2) Category Summary/<br/>General Assessment Scope</b>                                                                                                                                                                                                                                                                                 | <b>Findings/Items of Note</b>                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                    | <p>quantity of outdoor air supplied provides sufficient air changes. CGS § 10-231e. Perform an evaluation of the entire ventilation system specifically looking at cleanliness, air intakes, system controls, air distribution, quantity of outdoor air and exhaust systems.</p> <p>Use Walkthrough Inspection and Ventilation Checklists.</p>           | <ul style="list-style-type: none"> <li>• Items were observed covering vents on radiators.</li> <li>• All converted closets areas should be equipped with a properly functioning HVAC system including a supply of fresh air.</li> </ul> <p>The above findings were corrected where possible.</p>                       |
| <b>B: Radon Levels in the Air</b>                                                                                                  | <p>Evaluate if the current radon testing program is in compliance the CTDPH radon program.</p>                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• The school district was evaluated for radon during the 2022 testing season to satisfy the five-year testing requirement and again in 2025 based on the updated regulations (CGS 10-220 (d)); school buildings shall be tested on a three-year cycle going forward.</li> </ul> |
| <b>C: Potential for Exposure to Microbiological Airborne Particles</b><br>(including, but not limited to fungi, mold and bacteria) | <p>Look for evidence of any mold growth (visual/odor) and potential sources of moisture intrusion/build-up (stains on building materials, poor drainage around the building, plumbing leaks, condensation, etc.) which often lead to mold growth.</p> <p>Use Walkthrough Inspection, Building &amp; Grounds Maintenance and Food Service Checklists.</p> | <ul style="list-style-type: none"> <li>• No visible mold growth was observed in any areas during walkthroughs.</li> <li>• No musty odors were observed in any areas during walkthroughs.</li> </ul> <p>Work orders were issued to repair or replace ceiling materials where required.</p>                              |

| TIMOTHY DWIGHT ELEMENTARY SCHOOL                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Categories Evaluated                                                                                                         | CGS § 10-220(d)(2) Category Summary/<br>General Assessment Scope                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Findings/Items of Note                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>D: Chemical Compounds of concern to Indoor Air Quality</b><br>(including, but not limited to, volatile organic compounds) | <p>Evaluate potential sources of chemical compounds within the school. Assess if chemical compounds (cleaners, gasoline, etc.) are properly used, stored and labeled. Ensure there is proper ventilation for combustion appliances (working flues and/or exhaust hoods). Evaluate potential sources of air contamination from outside the building (exhaust from neighboring buildings, excessive idling outside school, etc.).</p> <p>Use Walkthrough Inspection and Building &amp; Grounds Maintenance Checklists.</p> | <ul style="list-style-type: none"> <li>• Chemical storage areas would benefit from improved ventilation.</li> <li>• No fuel is stored on-site for exterior building and grounds maintenance equipment.</li> <li>• All kitchen exhaust fans are working and vented outside.</li> <li>• Signage that instructs vendors/delivery trucks to not idle in receiving areas was identified at the time of inspection.</li> </ul> |

**TIMOTHY DWIGHT ELEMENTARY SCHOOL**

| <b>Categories Evaluated</b>                                                                 | <b>CGS § 10-220(d)(2) Category Summary/<br/>General Assessment Scope</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Findings/Items of Note</b>                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E: Degree of Pest Infestation</b><br>(including, but not limited to insects and rodents) | <p>Evaluate if there is a pest infestation or if there are conditions in the building likely to contribute to a future issue. Determine if there are bird/rodent nests or any guano accumulations withing the building or near air intakes.</p> <p>Assess if regular cleaning is occurring and appears to be sufficient, if there are any points of infiltration into the building, if food is properly stored and if food waste is properly containerized.</p> <p>Use Walkthrough Inspection, Waste Management, Food Service, Building &amp; Grounds Maintenance and Integrated Pest Management Checklists.</p> | <ul style="list-style-type: none"> <li>• No signs of pest infestation were noted at the school.</li> <li>• Some potential pest entry points (around doorways) were noted around the building.</li> <li>• Contracts with third party extermination contractors exist.</li> </ul> <p>The assessment did not identify any material pest issues at the School.</p> |
| <b>F: Degree of Pesticide Usage</b>                                                         | <p>Evaluate use and storage of pesticides, by determining if pesticides are utilized, and if so; what type, where/how often they are applied and where/how they are stored. Evaluate the integrated pest management (IPM) plan and assess if it is in compliance with CGS § 10-231a-231d, is current and is being followed.</p> <p>Use Integrated Pest Management Checklist.</p>                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• Pesticides are not applied regularly at the school and are not stored on-site.</li> <li>• If needed, pesticides are utilized on a case-by-case basis and applied by a licensed pesticide contractor.</li> <li>• An IPM plan is currently in place by FPS.</li> </ul>                                                  |

**TIMOTHY DWIGHT ELEMENTARY SCHOOL**

| <b>Categories Evaluated</b>                                                                 | <b>CGS § 10-220(d)(2) Category Summary/<br/>General Assessment Scope</b>                                                                                                                                                                                                                                                                                                                                                     | <b>Findings/Items of Note</b>                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>G: Presence of and the Plans for Removal of any Hazardous Substances</b>                 | <p>Determine if any “Extremely Hazardous Substances” (EHSs), as defined in Section 302 of the federal Emergency Planning and Community Right-to-Know Act, 42 USC § 9601 et seq., are present at the School.</p> <p>The use of any EHSs, as defined in Section 302, would require an annual Tier II report be submitted to EPA.</p>                                                                                           | <ul style="list-style-type: none"> <li>• School representatives indicate no Tier II report has been submitted to EPA for the School.</li> <li>• Additionally, inspections did not indicate the presence of EHSs at the School.</li> </ul> |
| <b>H: Ventilation Systems</b>                                                               | Ventilation Systems is addressed in Category A.                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>• See notes for Category A.</li> </ul>                                                                                                                                                             |
| <b>I: Plumbing</b><br>(including water distribution systems, drainage systems and fixtures) | <p>Review water distribution and associated drainage systems. Ensure they are regularly maintained (i.e., drain trap maintenance, flushing toilets, running taps). Note any leaks (or evidence of previous leaks) in distribution or drainage lines (source of potential mold growth) or odors emanating from drains.</p> <p>Use Walkthrough Inspection, Food Service and Building &amp; Grounds Maintenance Checklists.</p> | <ul style="list-style-type: none"> <li>• A regular schedule for floor drain, sink and toilet maintenance was available at the time of inspection.</li> </ul>                                                                              |

**TIMOTHY DWIGHT ELEMENTARY SCHOOL**

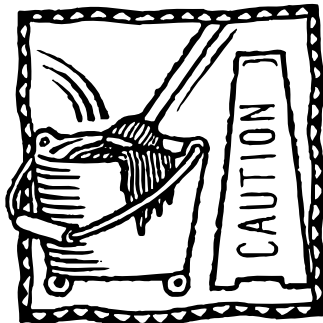
| <b>Categories Evaluated</b>                     | <b>CGS § 10-220(d)(2) Category Summary/<br/>General Assessment Scope</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Findings/Items of Note</b>                                                                                                                                                                  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>J: Moisture Incursion</b>                    | <p>Evaluate the building envelope and determine if there is any moisture/water entering the building. Assess roof to determine if water ponding is occurring due to blocked drains and ensure roof downspouts are draining away from building. Look for pooling of water near foundation, evidence of condensation on windows and exterior walls, any water/moisture sources near outdoor air intakes and evidence (staining or mold growth) of any water leaking into building.</p> <p>Use Walkthrough Inspection, Food Service and Building &amp; Grounds Maintenance Checklists.</p> | <ul style="list-style-type: none"> <li>• No staining on ceiling tiles or sheetrock ceilings was observed.</li> </ul>                                                                           |
| <b>K: Overall Cleanliness of the Facilities</b> | <p>Assess overall cleanliness of school by looking at cleaning schedules and procedures (dusting, mopping, sweeping, vacuuming). Evaluate sanitary conditions in food handling and storage areas. Look for any evidence of dirt/dust accumulation.</p> <p>Use Walkthrough Inspection, Food Service, Waste Management and Integrated Pest Management Checklists.</p>                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• A small amount of dust accumulation was observed in a few areas; however, the overall cleanliness of the School facility was satisfactory.</li> </ul> |

| TIMOTHY DWIGHT ELEMENTARY SCHOOL                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Categories Evaluated                                                                                   | CGS § 10-220(d)(2) Category Summary/<br>General Assessment Scope                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Findings/Items of Note                                                                                                      |
| <b>L: Building Structural Elements</b><br>(including, but not limited to, roofing, basements or slabs) | <p>Visually evaluate the roof and structural components of the building to ensure regular maintenance and repairs (when necessary) are occurring. Look for cracks in foundations, uneven or cracked slabs, excessive rust or deterioration on structural beams/columns, damaged staircases, etc.</p> <p>Use Walkthrough Inspection and Building &amp; Grounds Maintenance Checklists.</p>                                                                                                                                        | <ul style="list-style-type: none"> <li>No visual damage/areas of concern noted.</li> </ul>                                  |
| <b>M: Use of Space</b><br>(particularly areas that were designed to be unoccupied)                     | <p>Evaluate use of school space with a focus on spaces not originally designed for occupancy. The intent is to ensure these areas have proper ventilation, heating and cooling for its current use. A couple examples would be:</p> <ul style="list-style-type: none"> <li>A basement storage room converted to an office or classroom may not have any ventilation.</li> <li>A large classroom may be split into two classrooms leaving the ventilation supply in one room and the ventilation exhaust in the other.</li> </ul> | <ul style="list-style-type: none"> <li>A closet had been converted into an office without a supply of fresh air.</li> </ul> |

| TIMOTHY DWIGHT ELEMENTARY SCHOOL                                                  |                                                                   |                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Categories Evaluated                                                              | CGS § 10-220(d)(2) Category Summary/<br>General Assessment Scope  | Findings/Items of Note                                                                                                                                                                                                                                                                      |
| <b>N: Provision of Indoor Air Quality Maintenance Training for Building Staff</b> | Confirm School or District staff have necessary training records. | <ul style="list-style-type: none"> <li>• IAQ/Tools for Schools Training Documents provided to District/Maintenance/IAQ Coordinator.</li> <li>• District/Maintenance/IAQ Coordinator were involved in the inspection/assessment process under the supervision of TRC's inspector.</li> </ul> |

## **Appendix A**

### **2025 TFS Checklists for Timothy Dwight Elementary School**



# Building and Grounds Maintenance Checklist

Name: Cole Bova  
 School: Timothy Dwight Elementary School  
 Room or Area: \_\_\_\_\_ Date Completed: February 10, 2025  
 Signature: Cole Bova

## 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 .....                                                     | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Ensured that supplies are used and stored according to manufacturers' instructions .....                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Established and followed procedures to minimize exposure to fumes from supplies .....                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Reviewed and followed manufacturers' guidelines for maintenance .....                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Replaced portable gas cans with low-emission cans .....                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Stored chemical products and supplies in sealed, clearly-labeled containers .....                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. DUST CONTROL

|                                                               |                                     |                          |                          |
|---------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3a. Installed and maintained barrier mats for entrances ..... | <input 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 type="checkbox"/> | <input type="checkbox"/> |
| 3e. Cleaned air return grilles and air supply vents .....     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

#### 4. FLOOR CLEANING

- |                                                                              | Yes                                 | No                       | N/A                      |
|------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors ..... | <input 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 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

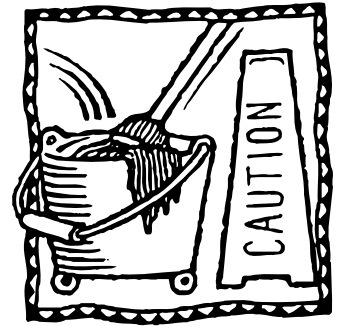
- |                                                                                                               |                                     |                                     |                          |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6f. Ensured the following areas are free from signs of leaks and water damage:                                |                                     |                                     |                          |
| Indoor areas near known roof or wall leaks .....                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Walls around leaky or broken windows .....                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Floors and ceilings under plumbing .....                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes .....                                 | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration .... | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Inspected flue components for corrosion and soot .....                        | <input 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"/> |
|---------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|



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#### NOTES



# Food Service Checklist

Name: Cole Bova /

School: Timothy Dwight Elementary School

Room or Area: \_\_\_\_\_ Date Completed: February 10, 2025

Signature: Cole Bova

## 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 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 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 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas .....  | <input 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"/> |



NOTES



# Integrated Pest Management Checklist

Name: Cole Bova

School: Timothy Dwight Elementary School

Room or Area: \_\_\_\_\_ Date Completed: February 10, 2025

Signature: Cole Bova

## 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 ..... | <input 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 type="checkbox"/> | <input type="checkbox"/> |
| 5c. Set action thresholds .....                                                                 | <input 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Loading docks .....                          | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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"/> |



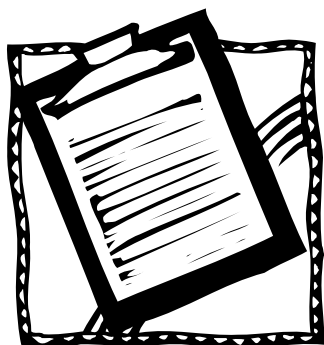
## 7. PESTICIDE USE AND STORAGE (cont.)

|                                                                                                                                                                           | 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 type="checkbox"/> | <input type="checkbox"/>            |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters .....                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....                                                                         | <input 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7o. Ensured that flammable liquids are stored away from ignition sources .....                                                                                            | <input 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....                                                                 | <input 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 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 type="checkbox"/> | <input type="checkbox"/> |
| 8c. Ensured that each log book contains the following items:                                                              |                          |                          |                          |
| • Copy of the pest management plan .....                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Service schedules for maintenance of buildings and grounds .....                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Current EPA-registered labels .....                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project .....                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pest surveillance data sheets .....                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Diagram noting the location of pest activity, traps, and bait stations .....                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## NOTES



# Walkthrough Inspection Checklist

Name: Cole Bova  
 School: Timothy Dwight Elementary School  
 Room or Area: \_\_\_\_\_ Date Completed: February 10, 2025  
 Signature: Cole Bova

## Instructions

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

## 1. GROUND LEVEL

|                                                                                                                                                | Yes                                 | No                       | N/A                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1a. Ensured that ventilation units operate properly .....                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured there are no obstructions blocking air intakes .....                                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Checked for nests and droppings near outdoor air intakes .....                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes .....                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured that vehicles avoid idling near outdoor air intakes .....                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Minimized pesticide application .....                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Ensured that there is proper drainage away from the building (including roof downspouts) .....                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Ensured that sprinklers spray away from the building and outdoor air intakes .....                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly .....                                        | <input 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Ensured that air intakes remain open, even at minimum setting .....                                 | <input checked="" 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 type="checkbox"/> |
| 3b. Checked for birds and animal nests .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 4. GENERAL CONSIDERATIONS

|                                                                                         |                                     |                          |                          |
|-----------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that temperature and humidity are maintained within acceptable ranges ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that no obstructions exist in supply and exhaust vents .....                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Checked for odors .....                                                             | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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 type="checkbox"/> |
| 6c. Ensured that portable fuel containers are properly closed .....                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

#### 7. COMBUSTION APPLIANCES

|                                                                            |                                     |                                     |                          |
|----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors .....                        | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

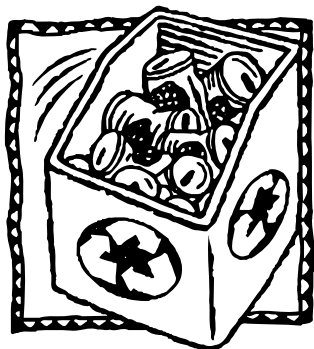
#### 8. OTHER

|                                                                                                                      |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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"/> |



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#### NOTES



# Waste Management Checklist

Name: Cole Bova

School: Timothy Dwight Elementary School

Room or Area: \_\_\_\_\_ Date Completed: February 10, 2025

Signature: Cole Bova

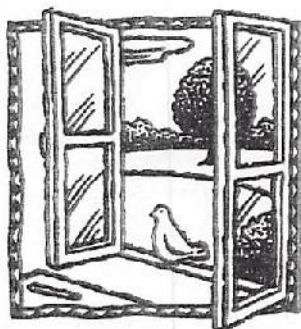
## Instructions

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. WASTE MANAGEMENT

|                                                                                                                                                | Yes                                 | No                       | N/A                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids) .....                          | <input 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 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 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 type="checkbox"/> |
| 1j. Ensured any exhaust fans in the room are operating properly .....                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 1k. Checked waste storage areas for odors, contaminants, or signs of vermin .....                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## NOTES



# Ventilation Checklist

Name: Angelus Papageorge  
 School: Dwight Elementary School  
 Unit Ventilator/AHU No: \_\_\_\_\_  
 Room or Area: A. Spence Date Completed: 4/1/2024  
 Signature: \_\_\_\_\_

## Instructions

1. Read the IAQ Backgrounder and the Background Information for this checklist.
2. Keep the Background Information and make a copy of 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

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

### ACTIVITY 1: OBSTRUCTIONS

- 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers ..... ☒ Yes ☐ No ☐ N/A
- 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... ☐ Yes ☒ No ☐ N/A

### ACTIVITY 2: POLLUTANT SOURCES

- 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) ..... ☒ Yes ☐ No ☐ N/A
- 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... ☒ Yes ☐ No ☐ N/A
- 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) ..... ☒ Yes ☐ No ☐ N/A

### ACTIVITY 3: AIRFLOW

- 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) .. ☒ Yes ☐ No ☐ N/A
- 1i. Confirmed that outdoor air is entering the intake appropriately ..... ☒ Yes ☐ No ☐ N/A

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- 2a. Replaced filters per maintenance schedule ..... ☒ Yes ☐ No ☐ N/A
- 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... ☒ Yes ☐ No ☐ N/A
- 2c. Vacuumed filter areas before installing new filters ..... ☒ Yes ☐ No ☐ N/A
- 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter ..... ☒ Yes ☐ No ☐ N/A
- 2e. Confirmed proper installation of filters (correct direction for airflow) ..... ☒ Yes ☐ No ☐ N/A

## 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean .....                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 8: MECHANICAL ROOMS

- |                                                                                                                    |                          |                                     |                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 2l. Checked mechanical room for unsanitary conditions, leaks, and spills .....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2m. Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies ..... | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> |
| 3e. Set time clocks appropriately .....                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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.





### 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 air 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) ..... ☐ ☒ ☐

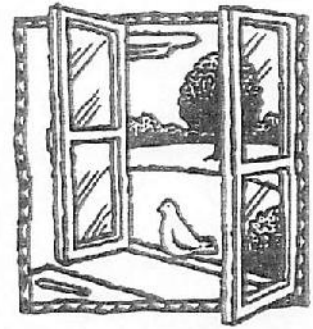
### 5. EXHAUST SYSTEMS

#### 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 ..... ☐ ☒ ☐

NOTES