



Building and Grounds Maintenance Checklist

Name: CR LUND
 School: SALEM SCHOOL
 Room or Area: — Date Completed: 20 MARCH 2026
 Signature: C R Lund

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. BUILDING MAINTENANCE SUPPLIES

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

2. GROUNDS MAINTENANCE SUPPLIES

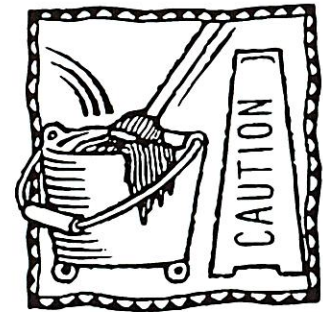
2a. Stored grounds maintenance supplies in appropriate area(s).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Ensured that supplies are used and stored according to manufacturers’ instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Established and followed procedures to minimize exposure to fumes from supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Reviewed and followed manufacturers’ guidelines for maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Replaced portable gas cans with low-emission cans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Stored chemical products and supplies in sealed, clearly-labeled containers	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
3e. Cleaned air return grilles and air supply vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. FLOOR CLEANING

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



5. DRAIN TRAPS

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 5a. Poured water down floor drains once per week (about 1 quart of water) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls around leaky or broken windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors and ceilings under plumbing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. COMBUSTION APPLIANCES

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 7a. Checked for odors from combustion appliances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Checked appliances for backdrafting (using chemical smoke) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Inspected flue components for corrosion and soot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. PEST CONTROL

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 8a. Completed the <i>Integrated Pest Management Checklist</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

NOTES

3b. USED HEPA BAGS IN EQUIPMENT THAT ACCOMMODATES THEM

5a. MONTHLY OR MORE OFTEN IF NEEDED.

7b. BOILERS ARE ONLY COMBUSTION DEVICES. CHECKED DAILY WHEN IN USE FOR PROPER OPERATION.



Food Service Checklist

Name: C R LUND
 School: SALEM SCHOOL
 Room or Area: KITCHEN IMPR Date Completed: 20 MARCH 2026
 Signature: C. R. Lund

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.
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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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1e. Verified that gas appliances are vented outdoors | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. FOOD HANDLING AND STORAGE

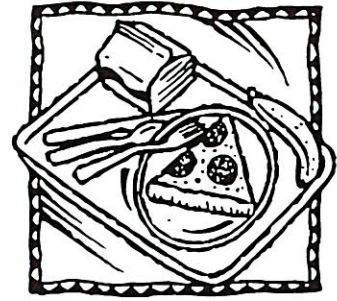
- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input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

3. WASTE MANAGEMENT

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

4. DELIVERIES

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



NOTES

4b. ORDERED SIGN - WILL INSTALL UPON RECEIPT.



Integrated Pest Management Checklist

Name: CR LUND
 School: SALEM SCHOOL
 Room or Area: — Date Completed: 20 MARCH 2026
 Signature: CR Lund

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1. OFFICIAL POLICY STATEMENT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 1a. Developed or located the school's official policy statement for integrated pest management (IPM)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Policy 3524.1 REV. 11/2007*

2. DESIGNATING PEST MANAGEMENT ROLES

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

3. SETTING PEST MANAGEMENT OBJECTIVES

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

4. INSPECTING, IDENTIFYING, AND MONITORING

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

5. SETTING ACTION THRESHOLDS

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



6. PREVENTIVE STRATEGIES

INDOOR SITES

- 6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:
- Entryways
 - Classrooms
 - Gymnasiums
 - Locker rooms
 - Offices
 - Staff lounges
 - Bathrooms
 - Food preparation and serving areas
 - Rooms with extensive plumbing
 - Maintenance areas
 - Other

OUTDOOR SITES

- 6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:
- Playgrounds
 - Parking lots
 - Lawns and athletic fields
 - Teaching gardens or greenhouses
 - Loading docks
 - Dumpsters
 - Areas with ornamental shrubs and trees
 - Other

7. PESTICIDE USE AND STORAGE

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



7. PESTICIDE USE AND STORAGE (cont.)

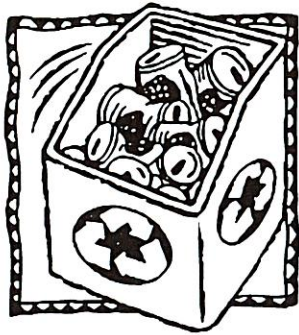
- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>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

8. EVALUATING RESULTS AND RECORD KEEPING

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

NOTES

- PEST CONTROL IS BY GRIGGS & BROWNE
A LICENSED CONTRACTOR
- SCHOOL COMPLIES WITH CT LAWS & REGULATIONS
FOR PEST MANAGEMENT.



Waste Management Checklist

Name: C R LUND
 School: SALEM SCHOOL
 Room or Area: Date Completed: 20 MARCH 2026
 Signature: C R Lund

Instructions

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1. WASTE MANAGEMENT

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

NOTES

1c. NO WASTES THAT REQUIRE SPECIAL HANDLING

1i, 1j OUTSIDE DUMPSTERS



Walkthrough Inspection Checklist

Name: C R LUND
 School: SALEM SCHOOL
 Room or Area: — Date Completed: 20 MARCH 2026
 Signature: C R Lund

Instructions

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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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured that vehicles avoid idling near outdoor air intakes | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Ensured that sprinklers spray away from the building and outdoor air intakes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. ROOF

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

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2a. Ensured that the roof is in good condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Checked for evidence of water ponding | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Checked that ventilation units operate properly (air flows in) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Ensured that exhaust fans operate properly (air flows out) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Ensured that air intakes remain open, even at minimum setting | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Checked for birds and animal nests | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. GENERAL CONSIDERATIONS

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



4. GENERAL CONSIDERATIONS (continued)

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 4e. Checked for signs of water damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Checked for evidence of pests and obvious food sources | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Noted and reviewed all concerns from school occupants | <input 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 checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured that portable fuel containers are properly closed | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. OTHER

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

RADON TEST COMPLETE NOVEMBER 19, 2025 BY MYSTIC AIR

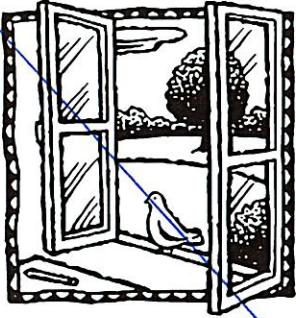
NOTES

5b. AT LEAST MONTHLY, MORE OFTEN IF NEEDED. GENERALLY A GALLON AT A TIME.

NOTE: IAW CT STATE LAW SCHOOL HVAC & INDOOR AIR QUALITY WILL BE INSPECTED AND THIS SHEET COMPLETED SUMMER 2026.

Ventilation Checklist

2026.



Name: _____
 School: _____
 Unit Ventilator/AHU No: _____
 Room or Area: _____ Date Completed: _____
 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

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

ACTIVITY 1: OBSTRUCTIONS

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

ACTIVITY 2: POLLUTANT SOURCES

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

ACTIVITY 3: AIRFLOW

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

2. SYSTEM CLEANLINESS

ACTIVITY 4: AIR FILTERS

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

X WILL BE POSTED UPON COMPLETION OF INSPECTION

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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Cleaned drain pans | <input 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 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 type="checkbox"/> | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACTIVITY 8: MECHANICAL ROOMS

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

3. CONTROLS FOR OUTDOOR AIR SUPPLY

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

ACTIVITY 10: CLOCKS, TIMERS, SWITCHES

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3d. Turned summer-winter switches to the correct position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Set time clocks appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) | <input 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 type="checkbox"/> |
| 3h. Checked that the line dryer prevents moisture buildup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3i. Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3j. Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACTIVITY 12: OUTDOOR AIR DAMPERS

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3k. Ensured that the outdoor air damper is visible for inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3l. Ensured that the recirculating relief and/or exhaust dampers are visible for inspection | <input 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 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.

