

School Indoor Air Quality Walkthrough Inspection Checklist

Name: _____	
School: _____	
Room or Area: _____	Date(s) Completed: _____
Signature: _____	

Instructions

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



1. GROUND LEVEL

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1a. Ensured that offices are dusted and vacuumed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1a. Ensured that ventilation units operate properly | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured that vehicles avoid idling near outdoor air intakes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Minimized pesticide application..... | <input 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 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Checked that ventilation units operate properly (air flows in)..... | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Checked for nests and droppings near outdoor air intakes..... | <input 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 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"/> |

4. GENERAL CONSIDERATIONS (continued)

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



5. BATHROOMS AND GENERAL PLUMBING

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 5a. Ensured that bathrooms and restrooms have operating exhaust fans..... | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilets are flushed at least once per week..... | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that combustion appliances have flues or exhaust hoods..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Checked for leaks, disconnections, and deterioration..... | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Determined date of last radon test..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES

