

Walkthrough Inspection Checklist

Name: _____
 School: _____
 Room or Area: _____ Date Completed: _____
 Signature: _____

Instructions

- Complete the Checklist.
 - Mark the "yes," "no," or "didn't check" box beside each item.
 - If a question does not apply, please cross it out.
 - Make comments in the "Notes" section as necessary.
- Return the checklist portion of this document to the IAQ Coordinator.

1. GROUND LEVEL

	Yes	No	Did not check
1a. Classrooms are dusted and vacuumed regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Offices are dusted and vacuumed regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. No clutter (including books and supplies) blocks classroom heating vents....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Ventilation units operate properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. No obstructions block the air intakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. No nests and/or droppings exist near outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. No tree branches overhang the roof of the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. No external walls have rodent-sized holes in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. No window screens have holes in them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Door sweeps are installed in every external door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1k. Dumpsters are located away from doors, windows, and/or outdoor air intakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1l. Potential sources of air contaminants are not near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1m. Vehicles do not idle near outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1n. "No idling" signs are posted by outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1o. Pesticide application is minimal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1p. Proper drainage away from the building exists (including roof downspouts).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1q. Ceiling tiles do not show water damage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1r. Sprinklers spray away from the building and outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1s. Walk-off mats are used at exterior entrances and 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).

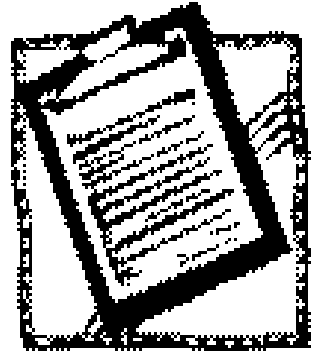
2a. The roof is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. There is no evidence of water ponding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Ventilation units operate properly (air flows in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Exhaust fans operate properly (air flows out).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Air intakes remain open, even at minimum setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. No nests and/or droppings exist near outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2g. 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. No evidence of roof and/or plumbing leaks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. No animal or bird nests presents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. GENERAL CONSIDERATIONS

- | | Yes | No | Did not
Check |
|--|--------------------------|--------------------------|--------------------------|
| 4a. Both temperature and humidity are maintained within acceptable ranges..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. No obstructions exist in supply and/or exhaust vents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. No obvious odors are detected..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. No signs of mold and mildew growth..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. No signs of water damage..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. No evidence of pests..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. No obvious pest food sources are present | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4h. Food is not eaten in the classrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4i. Teachers do not bring cleaning supplies from home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4j. All cleaning supplies are Green Seal, EcoLogo,
or EPA Design for Environment certified..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4k. All concerns from school occupants noted, reviewed, and addressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



5. BATHROOMS AND GENERAL PLUMBING

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5a. Bathrooms and restrooms have operating exhaust fans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Drain traps properly maintained:
Water is poured down floor drains
successfully once per week (approx. 1 quart of water)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water is poured into sinks successfully at
least once per week (about 2 cups of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilets are flushed successfully at least once per week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. MAINTENANCE SUPPLIES

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 6a. Chemicals are used only with adequate ventilation and when
building is unoccupied | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Vents in chemical and trash storage areas are operating
properly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Portable fuel containers are properly closed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. 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. No combustion gas and fuel odors are detected..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Combustion appliances have flues or exhaust hoods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. No leaks, disconnections, and/or deterioration detected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. No soot detected on inside or outside of flue components..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. OTHER

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 8a. No peeling and/or 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. Building tested for radon within the last three years..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES