



# Teacher's Classroom Checklist

Name: \_\_\_\_\_

School: \_\_\_\_\_

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 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. GENERAL CLEANLINESS

	Yes	No	N/A
1a. Ensured rooms are dusted and vacuumed regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured rooms are free of clutter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that trash is removed daily.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Ensured that no food is stored in classroom overnight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ensured that animal food is stored in tightly sealed containers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured room is free of pests and vermin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Used unscented, school-approved cleaners and air fresheners, if any, in rooms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. DRAIN TRAPS IN THE CLASSROOM

2a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Ensured that water is run in sinks at least once per week (about 2 cups of water)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Ensured that toilets are flushed once each week, especially if not used regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. EXCESS MOISTURE IN CLASSROOMS

3a. Ensured that condensate is wiped from windows, windowsills, and window frames.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that cold water pipes are free of condensate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that indoor surfaces of exterior walls are free of condensate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Ensured areas around and under classroom sinks are free of leaks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e. Ensured classroom lavatories are free of leaks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3g. Ensured that spills are cleaned promptly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. THERMAL COMFORT

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 4a. Ensured moderate temperature (should generally be 72°F–76°F) .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 5. VENTILATION

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 5a. Located unit ventilator .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Located air supply and return vents .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured air is flowing from supply vent .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured the air supply pathway is not obstructed .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5f. Ensured there are no signs of mold or mildew (refer to <b>Appendix H</b> of the <i>IAQ Reference Guide</i> ) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5g. Determined operability of windows .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 6. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 6a. Reviewed supplies and their labels .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Ensured that Material Safety Data Sheets are accessible .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Developed and implemented spill clean-up procedures .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured that supplies are stored according to manufacturers' recommendations .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Understood and followed recommended procedures for disposal of used substances .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Ensured that compressed gas cylinders are stored securely .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6h. Separated storage areas from main classroom area and ensured they are ventilated separately .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6i. Used diluted substances rather than concentrates, wherever possible .....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 7. LOCAL EXHAUST FANS

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 7a. Identified major pollutant-generating activities, if any ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Located exhaust fan(s), if any .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Determined that fans operate .....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Ensured that adjacent rooms or halls are free of odor .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 8. LOCKER ROOM

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 8a. Ensured locker room and showers are cleaned regularly and properly .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Checked that soiled clothes are removed regularly .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8c. Ensured that wet towels are removed from locker room .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8d. Ensured that there is water in the drain trap .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8e. Verified that the local exhaust fan is functioning properly and used consistently ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





NOTES

**Submit**