

Building and Grounds Maintenance 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. 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Researched and selected the safest products available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured that supplies are being used according to manufacturers’ instructions..... | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Substituted less- or non-hazardous materials (where possible) | <input 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 type="checkbox"/> |
| 1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Used high efficiency vacuum bags | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Used proper dusting techniques | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Flushed toilets once each week (if not used regularly) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. MOISTURE, LEAKS, AND SPILLS

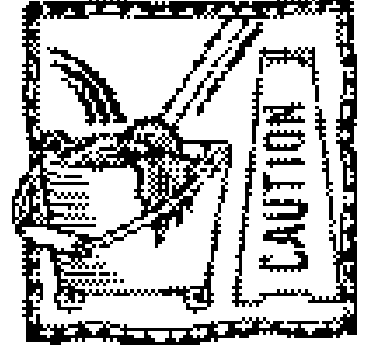
- | | | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Checked that windows, windowsills, and window frames are free of condensate | <input 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 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 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 type="checkbox"/> | <input type="checkbox"/> |

7. COMBUSTION APPLIANCES

- | | | | |
|-----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 7a. Checked for odors from combustion appliances..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Checked appliances for backdrafting (using chemical smoke)..... | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. PEST CONTROL

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



NOTES

