



Administrative Staff Checklist

Name: _____

School: _____

Room or Area: _____ Date 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. GENERAL CLEANLINESS

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

2. EXCESS MOISTURE IN OFFICES

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 2a. Ensured that condensate is wiped from windows, windowsills, and window frames..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Ensured that cold water pipes are free of condensate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Checked that indoor surfaces of exterior walls are free of condensate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Checked that areas around and under sinks are free of leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Ensured that lavatories are free of leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Checked ceiling tiles and walls for leaks (discoloration may indicate periodic leaks)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Ensured that spills are cleaned promptly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. THERMAL COMFORT

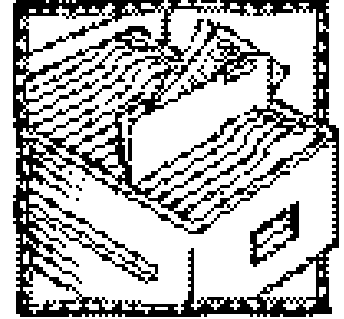
- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3a. Ensured moderate temperature (should generally be 72°F–76°F) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensure that there are no signs of draftiness..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Maintained humidity at acceptable levels (between 30 and 60 percent)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. VENTILATION

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 4a. Located unit ventilator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Located air supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that air is flowing from supply vent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured that the air supply pathway is not obstructed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured that there are no vehicle exhaust, kitchen/food, and chemical odors..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured that there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Determined operability of windows..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. LOCAL EXHAUST FANS

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 5a. Located major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that adjacent rooms are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



6. PRINTING/DUPLICATING EQUIPMENT

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 6a. Checked for odors from equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Ensured that equipment is maintained regularly (date of most recent servicing is usually documented on the machine)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked that equipment functions properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured that duplicating equipment, printers, and copiers are located in a well-ventilated area, preferably in a separate room with an exhaust fan vented to the outside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes

Submit