

# Building and Grounds Maintenance Checklist

Name: Spencer Luthy  
 School: Thomaston Center School  
 Room or Area: \_\_\_\_\_ Date Completed: 1/10/24  
 Signature: [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

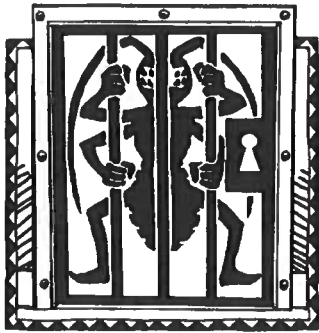
	Yes	No	N/A
1a. Developed appropriate procedures and stocked supplies for spill control .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Reviewed supply labels .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that air from chemical and trash storage areas vents to the outdoors .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Stored chemical products and supplies in sealed, clearly labeled containers .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Researched and selected the safest products available .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured that supplies are being used according to manufacturers' instructions .....	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Substituted less- or non-hazardous materials (where possible) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Scheduled work involving odorous or hazardous chemicals for periods when the school is unoccupied .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. GROUNDS MAINTENANCE SUPPLIES

2a. Stored grounds maintenance supplies in appropriate area(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Ensured that supplies are used and stored according to manufacturers' instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Established and followed procedures to minimize exposure to fumes from supplies .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Reviewed and followed manufacturers' guidelines for maintenance .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Replaced portable gas cans with low-emission cans .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Stored chemical products and supplies in sealed, clearly-labeled containers .....	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. DUST CONTROL

3a. Installed and maintained barrier mats for entrances .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Used high efficiency vacuum bags .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Used proper dusting techniques .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Wrapped feather dusters with a dust cloth .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e. Cleaned air return grilles and air supply vents .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Integrated Pest Management Checklist

Name: Spencer Lathy  
 School: Thomaston Center Schools  
 Room or Area: \_\_\_\_\_ Date Completed: 1/10/24  
 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.
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  - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

## 1. OFFICIAL POLICY STATEMENT

Yes No N/A

1a. Developed or located the school's official policy statement for integrated pest management (IPM) .....

## 2. DESIGNATING PEST MANAGEMENT ROLES

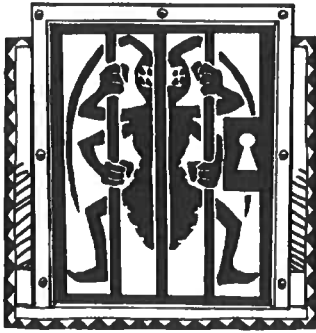
- 2a. Assigned and trained a qualified person to be the pest manager .....
- 2b. Involved decision makers in the IPM program .....
- 2c. Educated students and staff (the occupants of the building) about IPM and asked them to keep their areas clean and free of clutter .....
- 2d. Encouraged parents to learn about IPM practices and implement them at home .....
- 2e. Developed a program to educate and train all IPM participants .....
- 2f. Included language about IPM into contracts with pest management professionals .....

## 3. SETTING PEST MANAGEMENT OBJECTIVES

- 3a. Set appropriate pest management objectives for school buildings (such as preventing pests from interfering with students' learning environment and preserving the integrity of the building structure) .....
- 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) .....

## 4. INSPECTING, IDENTIFYING, AND MONITORING

- 4a. Inspected all buildings and grounds for pest evidence, entry points, food, water, and harborage sites .....
- 4b. Identified potential pest habitats in buildings and grounds .....
- 4c. Pinpointed the source of any current pest problems .....
- 4d. Monitored to determine the extent of pest problems and to estimate pest populations .....
- 4e. Developed plans to modify habitat (for example, exclusion, repair, and sanitation efforts) to prevent or resolve any pest problems .....
- 4f. Established a monitoring program that consists of routine inspections to estimate pest population levels and identify evidence of pests and potential habitat .....



## 7. PESTICIDE USE AND STORAGE (cont.)

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7i. Applied pesticides when occupants were not present or in areas where they would not be exposed to the chemicals .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7j. Ensured that school occupants (students and staff) are notified of upcoming pesticide applications through posted notices and/or letters .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7n. Ensured that storage areas are adequately ventilated and are located away from areas prone to flooding or where spills or leaks may contaminate the environment ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7o. Ensured that flammable liquids are stored away from ignition sources .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7p. Ensured that pesticides are stored in their original containers and all lids are securely fastened .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## 8. EVALUATING RESULTS AND RECORD KEEPING

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 8a. Ensured that accurate, up-to-date records of IPM practices and a pest management log for each property are kept ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8c. Ensured that each log book contains the following items:  |                                     |                          |                                     |
| • Copy of the pest management plan .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Service schedules for maintenance of buildings and grounds .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Current EPA-registered labels .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Pest surveillance data sheets .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Diagram noting the location of pest activity, traps, and bait stations .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## NOTES



# Waste Management Checklist

Name: Spencer Luthy  
 School: Thomaston Center School  
 Room or Area: \_\_\_\_\_ Date Completed: 2/10/24  
 Signature: [Signature]

**Instructions**

- Read the *IAQ Background* and the Background Information for this checklist.
- Keep the Background Information and make a copy of the checklist for future reference.
- 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.
- Return the checklist portion of this document to the IAQ Coordinator.

## 1. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured that waste containers are lined .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Labeled recycling bins clearly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ensured number of bins and dumpsters is adequate .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured waste containers are emptied regularly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured appropriate waste removal schedule .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured waste is stored in a well-ventilated room .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j. Ensured any exhaust fans in the room are operating properly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1k. Checked waste storage areas for odors, contaminants, or signs of vermin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## NOTES



# Ventilation Checklist

Name: Spencer Lathy  
 School: Thomaston Center School  
 Unit Ventilator/AHU No: 111  
 Room or Area: \_\_\_\_\_ Date Completed: 2/10/24  
 Signature: [Signature]

## Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of this checklist for each ventilation unit in your school, as well as a copy 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. OUTDOOR AIR INTAKES

- |   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1a. Marked locations of all outdoor air intakes on a small floor plan (for example, a fire escape floor plan) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

### ACTIVITY 1: OBSTRUCTIONS

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 2: POLLUTANT SOURCES

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

### ACTIVITY 3: AIRFLOW

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) .. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Replaced filters per maintenance schedule .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2c. Vacuumed filter areas before installing new filters .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2e. Confirmed proper installation of filters (correct direction for airflow) .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |



### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3n. Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3o. Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3p. If in heating mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 85°F .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3q. If in cooling mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 60°F and mixed air thermostat is set to 45°F ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3r. If the outdoor air damper does not move, confirmed the following items:   |                                     |                          |                                     |
| • The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Moving parts are free of impediments (e.g., rust, corrosion) .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Electrical wire or pneumatic tubing connects to the damper actuator .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly) .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*Proceed to Activities 13–16 if the damper seems to be operating properly.*

#### ACTIVITY 13: FREEZE STATS

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 3s. Disconnected power to controls (for automatic reset only) to test continuity across terminals .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OR   |                                     |                          |                                     |
| 3t. Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3u. Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

*NOTE: HVAC systems with water coils need protection from the cold. The freeze-stat may close the outdoor air damper and disconnect the supply air when tripped. The typical trip range is 35°F to 42°F.*

#### ACTIVITY 14: MIXED AIR THERMOSTATS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3v. Ensured that the mixed air stat for heating mode is set no higher than 65°F .....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3w. Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### ACTIVITY 15: ECONOMIZERS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3x. Confirmed proper economizer settings based on design specifications or local practices ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

*NOTE: The dry-bulb is typically set at 65°F or lower.*

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 3y. Checked that sensor on the economizer is shielded from direct sunlight .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3z. Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

*NOTE: Economizers use varying amounts of cool outdoor air to assist with the cooling load of the room or rooms. There are two types of economizers, dry-bulb and enthalpy. Dry-bulb economizers vary the amount of outdoor air based on outdoor temperature, and enthalpy economizers vary the amount of outdoor air based on outdoor temperature and humidity level.*



## 5. EXHAUST SYSTEMS (continued)

### ACTIVITY 20: EXHAUST AIRFLOW

*NOTE: Prevent migration of indoor contaminants from areas such as bathrooms, kitchens, and labs by keeping them under negative pressure (as compared to surrounding spaces).*

- 5b. Checked (using chemical smoke) that air is drawn into the room from adjacent spaces ..... **Yes**  **No**  **N/A**

*Stand outside the room with the door slightly open while checking airflow high and low in the door opening (see "How to Measure Airflow").*

- 5c. Ensured that air is flowing toward the exhaust intake .....

### ACTIVITY 21: EXHAUST DUCTWORK

- 5d. Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition .....

## 6. QUANTITY OF OUTDOOR AIR

### ACTIVITY 22: OUTDOOR AIR MEASUREMENTS AND CALCULATIONS

*NOTE: Refer to "How to Measure Airflow" for techniques.*

- 6a. Measured the quantity of outdoor air supplied (22a) to each ventilation unit .....
- 6b. Calculated the number of occupants served (22b) by the ventilation unit under consideration .....
- 6c. Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c) .....

### ACTIVITY 23: ACCEPTABLE LEVELS OF OUTDOOR AIR QUANTITIES

- 6d. Compared the existing outdoor air per person (22c) to the recommended levels in Table 1 .....
- 6e. Corrected problems with ventilation units that supplied inadequate quantities of outdoor air to ensure that outdoor air quantities (22c) meet the recommended levels in Table 1 .....

## NOTES



# Walkthrough Inspection Checklist

Name: Spencer Luthy  
 School: Thomaston Center School  
 Room or Area: \_\_\_\_\_ Date Completed: 1/20/24  
 Signature: [Signature]

## Instructions

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2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
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## 1. GROUND LEVEL

	Yes	No	N/A
1a. Ensured that ventilation units operate properly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured there are no obstructions blocking air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Checked for nests and droppings near outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes .....	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured that vehicles avoid idling near outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Minimized pesticide application .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured that there is proper drainage away from the building (including roof downspouts) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured that sprinklers spray away from the building and outdoor air intakes .....	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Checked for evidence of water ponding .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Checked that ventilation units operate properly (air flows in) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Ensured that exhaust fans operate properly (air flows out) .....	<input checked="" 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 checked="" type="checkbox"/>
2f. Checked for nests and droppings near outdoor air intakes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>

## 3. ATTIC

3a. Checked for evidence of roof and plumbing leaks .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Checked for birds and animal nests .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4. GENERAL CONSIDERATIONS

4a. Ensured that temperature and humidity are maintained within acceptable ranges .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that no obstructions exist in supply and exhaust vents .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Checked for odors .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Checked for signs of mold and mildew growth .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# Food Service Checklist

Name: Spencer Luthy  
 School: Thomaston Center School  
 Room or Area: Kitchen Date Completed: 1/10/24  
 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.
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  - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

## 1. COOKING AREA

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1b. Checked for odors near cooking, preparation, and eating areas .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Determined that gas appliances function properly .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1e. Verified that gas appliances are vented outdoors .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used .....                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1g. Ensured that kitchen is clean after use .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 2. FOOD HANDLING AND STORAGE

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary ..  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Disposed of food scraps properly and removed crumbs .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Swept and wet mopped floors .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. WASTE MANAGEMENT

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Selected and placed waste in appropriate containers .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3b. Ensured that containers' lids are securely closed .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3d. Stored waste containers in a well-ventilated area .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |