



Instructions

- Read the *IAQ Backgrounder* 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.

Teacher's Classroom Checklist

Name: Kelli Shaughnessy
 School: George L. Catrambone
 Room or Area: 140 Kindergarten Date Completed: 4/8/21
 Signature: Kelli Shaughnessy

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Identified potential allergies of students | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 7a. Reviewed supplies and their labels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Verified that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |





NOTES

(ceiling)
Leak in hallway near K
hallway, outside Cafeteria.



Teacher's Classroom Checklist

Name: KW
 School: GLC
 Room or Area: 141 Date Completed: 5/17/21
 Signature: Supriya

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured rooms are free of clutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that trash is removed daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Ensured that no food is stored in classroom overnight	<input checked="" 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 checked="" type="checkbox"/>
1f. Ensured room is free of pests and vermin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1g. Used unscented, school-approved cleaners and air fresheners, if any, in rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Ensured that animals are kept in cages (as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Ensured that cages are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Placed animal cages away from supply and return vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Identified potential allergies of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2g. Moved sensitive students away from animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that toilets are flushed once each week, especially if not used regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that cold water pipes are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Ensured that indoor surfaces of exterior walls are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Ensured areas around and under classroom sinks are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Ensured classroom lavatories are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Ensured that spills are cleaned promptly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. THERMAL COMFORT

	Yes	No	N/A
5a. Ensured moderate temperature (should generally be 72°F–76°F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured there are no signs of draftiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Ensured that students are not seated in direct sunlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. VENTILATION

6a. Located unit ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured air is flowing from supply vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured the air supply pathway is not obstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

7a. Reviewed supplies and their labels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. Ensured that Material Safety Data Sheets are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7c. Developed and implemented spill clean-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7e. Ensured that supplies are stored according to manufacturers' recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7g. Ensured that compressed gas cylinders are stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Located exhaust fan(s), if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Determined that fans operate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8d. Ensured that adjacent rooms or halls are free of odor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b. Checked that soiled clothes are removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c. Ensured that wet towels are removed from locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9d. Ensured that there is water in the drain trap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





Teacher's Classroom Checklist

Name: Cavanaugh
 School: GLC
 Room or Area: 145 Date Completed: 5/17/21
 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. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Ensured that animals are kept in cages (as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Ensured that cages are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Placed animal cages away from supply and return vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Identified potential allergies of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2g. Moved sensitive students away from animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that toilets are flushed once each week, especially if not used regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that cold water pipes are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Ensured that indoor surfaces of exterior walls are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Ensured areas around and under classroom sinks are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Ensured classroom lavatories are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Ensured that spills are cleaned promptly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. THERMAL COMFORT

	Yes	No	N/A
5a. Ensured moderate temperature (should generally be 72°F–76°F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured there are no signs of draftiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Ensured that students are not seated in direct sunlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. VENTILATION

6a. Located unit ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured air is flowing from supply vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured the air supply pathway is not obstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

7a. Reviewed supplies and their labels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. Ensured that Material Safety Data Sheets are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7c. Developed and implemented spill clean-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7e. Ensured that supplies are stored according to manufacturers' recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7g. Ensured that compressed gas cylinders are stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Located exhaust fan(s), if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Determined that fans operate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8d. Ensured that adjacent rooms or halls are free of odor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b. Checked that soiled clothes are removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c. Ensured that wet towels are removed from locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9d. Ensured that there is water in the drain trap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





Teacher's Classroom Checklist

Name: Garcia
 School: GLC
 Room or Area: 129 Date Completed: 5/11/21
 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. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Ensured that animals are kept in cages (as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Ensured that cages are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Placed animal cages away from supply and return vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Identified potential allergies of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2g. Moved sensitive students away from animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that toilets are flushed once each week, especially if not used regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that cold water pipes are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Ensured that indoor surfaces of exterior walls are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Ensured areas around and under classroom sinks are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Ensured classroom lavatories are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Ensured that spills are cleaned promptly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. THERMAL COMFORT

	Yes	No	N/A
5a. Ensured moderate temperature (should generally be 72°F–76°F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured there are no signs of draftiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Ensured that students are not seated in direct sunlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. VENTILATION

6a. Located unit ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured air is flowing from supply vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured the air supply pathway is not obstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

7a. Reviewed supplies and their labels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. Ensured that Material Safety Data Sheets are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7c. Developed and implemented spill clean-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7e. Ensured that supplies are stored according to manufacturers' recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7g. Ensured that compressed gas cylinders are stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Located exhaust fan(s), if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Determined that fans operate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8d. Ensured that adjacent rooms or halls are free of odor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b. Checked that soiled clothes are removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c. Ensured that wet towels are removed from locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9d. Ensured that there is water in the drain trap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





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.

Teacher's Classroom Checklist

Name: Staff Room

School: GLC

Room or Area: 126 Date Completed: 5/19/21

Signature: [Signature]

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Ensured that animals are kept in cages (as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Ensured that cages are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Placed animal cages away from supply and return vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Identified potential allergies of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2g. Moved sensitive students away from animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that toilets are flushed once each week, especially if not used regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that cold water pipes are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Ensured that indoor surfaces of exterior walls are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Ensured areas around and under classroom sinks are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Ensured classroom lavatories are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Ensured that spills are cleaned promptly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. THERMAL COMFORT

	Yes	No	N/A
5a. Ensured moderate temperature (should generally be 72°F–76°F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured there are no signs of draftiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Ensured that students are not seated in direct sunlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. VENTILATION

6a. Located unit ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured air is flowing from supply vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured the air supply pathway is not obstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the IAQ Reference Guide)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

7a. Reviewed supplies and their labels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. Ensured that Material Safety Data Sheets are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7c. Developed and implemented spill clean-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7e. Ensured that supplies are stored according to manufacturers' recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7g. Ensured that compressed gas cylinders are stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Located exhaust fan(s), if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Determined that fans operate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8d. Ensured that adjacent rooms or halls are free of odor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b. Checked that soiled clothes are removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c. Ensured that wet towels are removed from locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9d. Ensured that there is water in the drain trap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





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.

Teacher's Classroom Checklist

Name: Peduto
 School: GLC
 Room or Area: 207 Date Completed: 5/19/12
 Signature: [Signature]

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Ensured that animals are kept in cages (as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Ensured that cages are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Placed animal cages away from supply and return vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Identified potential allergies of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2g. Moved sensitive students away from animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that toilets are flushed once each week, especially if not used regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that cold water pipes are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Ensured that indoor surfaces of exterior walls are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Ensured areas around and under classroom sinks are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Ensured classroom lavatories are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Ensured that spills are cleaned promptly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. THERMAL COMFORT

	Yes	No	N/A
5a. Ensured moderate temperature (should generally be 72°F–76°F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured there are no signs of draftiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Ensured that students are not seated in direct sunlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. VENTILATION

6a. Located unit ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured air is flowing from supply vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured the air supply pathway is not obstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the IAQ Reference Guide)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

7a. Reviewed supplies and their labels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. Ensured that Material Safety Data Sheets are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7c. Developed and implemented spill clean-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7e. Ensured that supplies are stored according to manufacturers' recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7g. Ensured that compressed gas cylinders are stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Located exhaust fan(s), if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Determined that fans operate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8d. Ensured that adjacent rooms or halls are free of odor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b. Checked that soiled clothes are removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c. Ensured that wet towels are removed from locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9d. Ensured that there is water in the drain trap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





Instructions

- Read the *IAQ Backgrounder* 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.

Teacher's Classroom Checklist

Name: Morrison
 School: GLC
 Room or Area: 210 Date Completed: 5/19/21
 Signature: [Signature]

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 7a. Reviewed supplies and their labels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |





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.

Teacher's Classroom Checklist

Name: Kim Corso
 School: George L. Catrambone
 Room or Area: 132 Date Completed: 5/18/21
 Signature: Kim Corso

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of drafts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 7a. Reviewed supplies and their labels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |





NOTES

There is a small leak in the hallway, which is down the hall from ~~my~~ my classroom. They are working on it



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.

Teacher's Classroom Checklist

Name: Kelli Shaughnessy
 School: George L. Catrambone
 Room or Area: 134 Date Completed: 5/12/21
 Signature: Kelli Shaughnessy

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

Yes No N/A

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the IAQ Reference Guide) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|---|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> (in office) |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> 3 bottles |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |





NOTES Leak in ceiling at end of 1st
grade hallway.



Teacher's Classroom Checklist

Name: Jennifer Gonzalez
 School: George L. Catrambone
 Room or Area: 143 Date Completed: 1/28/08
 Signature: [Signature]

Instructions

- Read the *IAQ Backgrounder* 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. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2a. Minimized exposure to animal allergens | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Identified potential allergies of students | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

Yes No N/A

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F-76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftsiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8c. Determined that fans operate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





NOTES

Water pressure of sink
is very low. Water trickles as
drops.



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.

Teacher's Classroom Checklist

Name: Kelli Shaughnessy
 School: George L. Cabrambone
 Room or Area: 119 2nd grade Date Completed: 12/9/20
 Signature: Kelly

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Identified potential allergies of students | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |





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.

Teacher's Classroom Checklist

Name: Kelli Shaughnessy
 School: George L. Catrambone
 Room or Area: Room 124 Grade 2 Date Completed: 5/3/21
 Signature: _____

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Identified potential allergies of students | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to <i>Appendix H of the IAQ Reference Guide</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |





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.

Teacher's Classroom Checklist

Name: Jennifer Gonzalez
 School: George I. Catramone
 Room or Area: 203 Date Completed: _____
 Signature: Jennifer Gonzalez

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Ensured that animals are kept in cages (as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Ensured that cages are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Placed animal cages away from supply and return vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Identified potential allergies of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2g. Moved sensitive students away from animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that toilets are flushed once each week, especially if not used regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that cold water pipes are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Ensured that indoor surfaces of exterior walls are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Ensured areas around and under classroom sinks are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Ensured classroom lavatories are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Ensured that spills are cleaned promptly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. THERMAL COMFORT

	Yes	No	N/A
5a. Ensured moderate temperature (should generally be 72°F–76°F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured there are no signs of draftiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Ensured that students are not seated in direct sunlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. VENTILATION

6a. Located unit ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured air is flowing from supply vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured the air supply pathway is not obstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6f. Ensured there are no signs of mold or mildew (refer to Appendix II of the IAQ Reference Guide)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

7a. Reviewed supplies and their labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Ensured that Material Safety Data Sheets are accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Developed and implemented spill clean-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7e. Ensured that supplies are stored according to manufacturers' recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7g. Ensured that compressed gas cylinders are stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

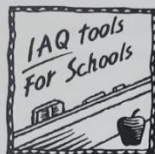
8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Located exhaust fan(s), if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Determined that fans operate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8d. Ensured that adjacent rooms or halls are free of odor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b. Checked that soiled clothes are removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c. Ensured that wet towels are removed from locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9d. Ensured that there is water in the drain trap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





Teacher's Classroom Checklist

Name: Jennifer Gonzalez
 School: George L. Catrambone
 Room or Area: 210 Date Completed: _____
 Signature: Jennifer Gonzalez

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. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Ensured that animals are kept in cages (as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Ensured that cages are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Placed animal cages away from supply and return vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Identified potential allergies of students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2g. Moved sensitive students away from animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that toilets are flushed once each week, especially if not used regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that cold water pipes are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Ensured that indoor surfaces of exterior walls are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Ensured areas around and under classroom sinks are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Ensured classroom lavatories are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Ensured that spills are cleaned promptly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No N/A

5. THERMAL COMFORT

5a. Ensured moderate temperature (should generally be 72°F–76°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured there are no signs of draftiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Ensured that students are not seated in direct sunlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. VENTILATION

6a. Located unit ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured air is flowing from supply vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured the air supply pathway is not obstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

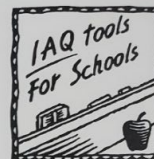
7a. Reviewed supplies and their labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Ensured that Material Safety Data Sheets are accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Developed and implemented spill clean-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e. Ensured that supplies are stored according to manufacturers' recommendations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g. Ensured that compressed gas cylinders are stored securely	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Located exhaust fan(s), if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Determined that fans operate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8d. Ensured that adjacent rooms or halls are free of odor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b. Checked that soiled clothes are removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c. Ensured that wet towels are removed from locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9d. Ensured that there is water in the drain trap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





Teacher's Classroom Checklist

Name: Jennifer Gonzalez
 School: George L. Catrambone
 Room or Area: 207 Date Completed: _____
 Signature: Jennifer Gonzalez

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. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the IAQ Reference Guide) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8c. Determined that fans operate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





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.

Teacher's Classroom Checklist

Name: Kelli Shaughnessy
 School: George L. Catrambone
 Room or Area: 214 5th Grade Date Completed: 5/18/21
 Signature: K. Shaughnessy

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Identified potential allergies of students | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to <i>Appendix H of the IAQ Reference Guide</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |





Teacher's Classroom Checklist

Name: Kelli Shaughnessy
 School: George L. Catrambone
 Room or Area: Room 217 5th Grade Date Completed: 3/1/21
 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. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Ensured that animals are kept in cages (as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Ensured that cages are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Placed animal cages away from supply and return vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Identified potential allergies of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2g. Moved sensitive students away from animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. DRAIN TRAPS IN THE CLASSROOM

3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b. Ensured that water is run in sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that toilets are flushed once each week, especially if not used regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. EXCESS MOISTURE IN CLASSROOMS

4a. Ensured that condensate is wiped from windows, windowsills, and window frames	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that cold water pipes are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Ensured that indoor surfaces of exterior walls are free of condensate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Ensured areas around and under classroom sinks are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Ensured classroom lavatories are free of leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Ensured that spills are cleaned promptly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. THERMAL COMFORT

	Yes	No	N/A
5a. Ensured moderate temperature (should generally be 72°F–76°F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured there are no signs of draftiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Ensured that students are not seated in direct sunlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. VENTILATION

6a. Located unit ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured air is flowing from supply vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured the air supply pathway is not obstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the <i>IAQ Reference Guide</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

7a. Reviewed supplies and their labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Ensured that Material Safety Data Sheets are accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Developed and implemented spill clean-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e. Ensured that supplies are stored according to manufacturers' recommendations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g. Ensured that compressed gas cylinders are stored securely	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

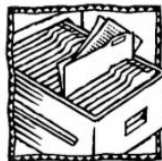
8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Located exhaust fan(s), if any	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Determined that fans operate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8d. Ensured that adjacent rooms or halls are free of odor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. LOCKER ROOM

9a. Ensured locker room and showers are cleaned regularly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b. Checked that soiled clothes are removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c. Ensured that wet towels are removed from locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9d. Ensured that there is water in the drain trap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





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*.

Administrative Staff Checklist

Name: Nikolas Greenwood

School: GLC

Room or Area: Main Office Date Completed: 5/18/21

Signature: [Signature]

1. GENERAL CLEANLINESS

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 1a. Ensured that offices are dusted and vacuumed regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that trash is removed daily | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that no food is stored in the office overnight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Ensured that the room is free of pests and vermin | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Used unscented, school-approved cleaners and air fresheners, if any, in rooms | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Ensured that areas around and under sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Ensured that lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Checked ceiling tiles and walls for signs of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. THERMAL COMFORT

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

4. VENTILATION

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured that the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured that there are no vehicle exhaust, kitchen/food, and chemical odors | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

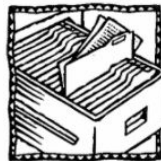
5. LOCAL EXHAUST FANS

- | | Yes | No | N/A |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 5a. Located major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. PRINTING/DUPLICATING EQUIPMENT

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 6a. Checked for odors from equipment | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked that equipment functions properly | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |

NOTES





Health Officer/School Nurse Checklist

Name: _____
 School: GLC
 Room or Area: Nurses office Date Completed: 5/18/21
 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. MAINTAINING STUDENT HEALTH

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1a. Completed health records for each student | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Updated health records, as appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Obtained necessary information about student allergies and other health factors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Developed a system to log health complaints (note symptoms, location and time of symptom onset, and exposure to pollutant sources) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Monitored trends in health complaints (especially in timing or location of complaints) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Investigated potential causes of health complaints (for example, school was renovated or refurbished recently; individual recently started working with new or different materials or equipment; new practices or products, such as cleaners or pesticides, were introduced into the school) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1g. Ensured that the school prohibits smoking | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1h. Noted any new warm-blooded animals introduced into classrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1i. Reviewed and understood indicators of IAQ-related problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. HEALTH, IAQ, AND HYGIENE EDUCATION

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 2a. Educated students and staff about the importance of good hygiene | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Arranged individual instruction/counseling where necessary | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Developed information and education programs for parents and staff | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2d. Established an information and counseling program for smokers | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2e. Provided literature on smoking and secondhand smoke | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2f. Educated school staff, students, and parents on the link between IAQ and health | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3. HEALTH OFFICER'S OFFICE

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 3a. Ensured the ventilation system operates properly and supplies adequate quantities of outdoor air (i.e., at least 25 cubic feet per minute of outdoor air per occupant) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that air filters are clean and properly installed | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3c. Ensured that air supply pathways are clear of any obstructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3d. Determined that air removed from the health office is separated from the ventilation system to avoid affecting other occupied areas of the school | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



Teacher's Classroom Checklist

Name: Linda Manzo
 School: GLC
 Room or Area: 133 Date Completed: 5-20-21
 Signature: Linda Manzo

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured rooms are free of clutter | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that trash is removed daily | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Ensured that no food is stored in classrooms overnight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Ensured that animal food is stored in tightly sealed containers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured room is free of pests and vermin | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Used unscented, school-approved cleansers and air fresheners, if any, in rooms | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drain once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No N/A

5. THERMAL COMFORT

- | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of drafts | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the IAQ Reference Guide) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 7a. Reviewed supplies and their labels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8c. Determined that fans operate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |





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.

Teacher's Classroom Checklist

Name: Elizabeth Gannon
 School: George L. Cabanzone
 Room or Area: 103 Date Completed: 5/4/2021
 Signature: Elizabeth Gannon

1. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, window sills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No N/A

5. THERMAL COMFORT

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of drafts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix II of the IAQ Reference Guide) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |





Teacher's Classroom Checklist

Name: Elizabeth Cannon
 School: George L. Cabanberg
 Room or Area: 104 Date Completed: 4/6/2021
 Signature: Elizabeth Cannon

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

Yes No N/A

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F-76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftsiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix H of the IAQ Reference Guide) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





Teacher's Classroom Checklist

Name: Elizabeth Cannon
 School: George L. Cabanzone
 Room or Area: 101 Date Completed: 3/15/2021
 Signature: Elizabeth Cannon

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. GENERAL CLEANLINESS

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

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. THERMAL COMFORT

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured moderate temperature (should generally be 72°F–76°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured there are no signs of draftsiness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Ensured that students are not seated in direct sunlight | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 6a. Located unit ventilator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Located air supply and return vents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured air is flowing from supply vent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured the air supply pathway is not obstructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6f. Ensured there are no signs of mold or mildew (refer to Appendix II of the IAQ Reference Guide) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Determined operability of windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Reviewed supplies and their labels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that Material Safety Data Sheets are accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Developed and implemented spill clean-up procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Ensured that supplies are stored according to manufacturers' recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Understood and followed recommended procedures for disposal of used substances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Ensured that compressed gas cylinders are stored securely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7h. Separated storage areas from main classroom area and ensured they are ventilated separately | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Used diluted substances rather than concentrates, wherever possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 8a. Identified major pollutant-generating activities, if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Located exhaust fan(s), if any | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Determined that fans operate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8d. Ensured that adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9a. Ensured locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9b. Checked that soiled clothes are removed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9c. Ensured that wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9d. Ensured that there is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9e. Verified that the local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

