

## Instructions

Read this section before completing the Walkthrough Inspection Checklist.

# Background Information for Walkthrough Inspection Checklist

A school walkthrough by the Indoor Air Quality (IAQ) Team is an integral part of IAQ management. It is an eye-opening educational experience for anyone interested in the environmental health of the building. The walkthrough should not be an intensive, detailed, or costly inspection. Instead, it is a quick overview of the conditions that can affect the school's IAQ. While some schools wait until the initial parts of the *IAQ TJS* Program have been completed, others have had success “jump-starting” their program by beginning with a quick walkthrough. Request the participation of someone who is familiar with the operation of the building, such as a facility operator or custodian.

During the walkthrough, use your senses:

**Look** at the general level of cleanliness in classrooms and mechanical rooms. Watch for potential pollutant sources including mold, improperly stored chemicals, or excessively dirty air filters and ducts. Look for signs of water damage, which may point to an underlying problem. Water damage increases the chance of biological contamination. Look for books or papers on top of unit ventilators or plywood covering outdoor air intakes.

**Smell** for unique or objectionable odors—including mold, mildew, and “chemical” smells—as you move from room to room. Note any potential sources of these odors.

**Feel** for uncomfortable air temperatures, drafts, and high or low humidity. Check for air flowing into and out of grilles and air vents.

**Listen** to the concerns of school occupants regarding IAQ. Do they experience any IAQ-related symptoms in classrooms? Do they store and use their own sprays to control pests? Do they turn off the unit ventilator during class because it is too noisy? Listen for unusual equipment noises that may indicate potential problems.

A complete walkthrough inspection incorporates the entire school, including specialty areas such as cafeterias, art rooms, and industrial arts areas.

## EXTERIOR INSPECTION

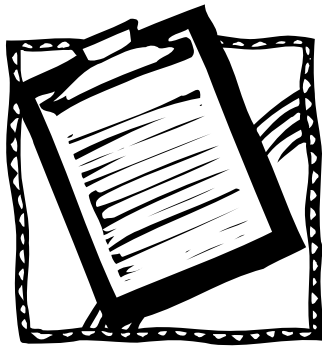
Begin the walkthrough inspection outside. Look for anything that might impact the air indoors. Considerations include ventilation inlets, outdoor sources of pollution (e.g., dumpsters, vehicle exhaust, pesticides), site drainage, holes in the building shell, the condition of the roof, and evidence of pests. Use the checklist as a guide and note any relevant observations on it or on a plan of the school.

### Vehicles on School Grounds

Vehicles on school grounds can expose students and staff to exhaust emissions. Identify areas where vehicles (buses, delivery trucks) may idle and ensure that they are far away from school air intakes. Determine the transportation needs and usage at your school—how students and staff get to school, the number of cars, buses, walkers, and bicycles, etc. Assess if buses and/or cars tend to idle in areas where students congregate (near playgrounds or in front of the school building). Many problems can be eliminated simply by not allowing vehicles to idle and by relocating delivery and pick-up areas.

## INTERIOR INSPECTION

Continue the walkthrough inspection inside. Look for noticeable temperature and humidity concerns; indications that the ventilation system is functioning; general cleanliness; evidence of pollutant sources, including mold and mildew; and anything else that might impact the air indoors. Use the checklist as a guide and note any relevant observations on it or on a floor plan of the school.



# Walkthrough Inspection Checklist

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

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

Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

## Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
  - Check the “yes,” “no,” or “not applicable” box beside each item. (A “no” response requires further attention.)
  - Make comments in the “Notes” section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

## 1. GROUND LEVEL

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1a. Ensured that ventilation units operate properly .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured there are no obstructions blocking air intakes .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Checked for nests and droppings near outdoor air intakes .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured that vehicles avoid idling near outdoor air intakes .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Minimized pesticide application .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Ensured that there is proper drainage away from the building (including roof downspouts) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Ensured that sprinklers spray away from the building and outdoor air intakes .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. ROOF

*While on the roof, consider inspecting the HVAC units (use the Ventilation Checklist).*

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 2a. Ensured that the roof is in good condition .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Checked for evidence of water ponding .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Checked that ventilation units operate properly (air flows in) .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Ensured that exhaust fans operate properly (air flows out) .....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Ensured that air intakes remain open, even at minimum setting .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Checked for nests and droppings near outdoor air intakes .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Ensured that air from plumbing stacks and exhaust outlets flows away from outdoor air intakes ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. ATTIC

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

## 4. GENERAL CONSIDERATIONS

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

**4. GENERAL CONSIDERATIONS (continued)**

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 4e. Checked for signs of water damage.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Checked for evidence of pests and obvious food sources ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Noted and reviewed all concerns from school occupants .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**5. BATHROOMS AND GENERAL PLUMBING**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 5a. Ensured that bathrooms and restrooms have operating exhaust fans .....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured proper drain trap maintenance:                                       |                          |                          |                          |
| Water is poured down floor drains once per week (approx. 1 quart of water) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water is poured into sinks at least once per week (about 2 cups of water) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilets are flushed at least once per week .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. MAINTENANCE SUPPLIES**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 6a. Ensured that chemicals are used only with adequate ventilation and when building is unoccupied .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Ensured that vents in chemical and trash storage areas are operating properly .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured that portable fuel containers are properly closed .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. COMBUSTION APPLIANCES**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors .....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that combustion appliances have flues or exhaust hoods .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Checked for leaks, disconnections, and deterioration .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Ensured there is no soot on inside or outside of flue components ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**8. OTHER**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 8a. Checked for peeling and flaking paint (if the building was built before 1980, this could be a lead hazard) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Determined date of last radon test .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**NOTES**