



Walkthrough Inspection Checklist

Name: Scott Baker, Principal & Tim Schoenborn, Head Custodian

School: Henry James Memorial School

Room or Area: School Wide Date Completed: 11/6/24

Signature: _____

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured there are no obstructions blocking air intakes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1c. Checked for nests and droppings near outdoor air intakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1f. Ensured that vehicles avoid idling near outdoor air intakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Minimized pesticide application	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1h. Ensured that there is proper drainage away from the building (including roof downspouts)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured that sprinklers spray away from the building and outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ROOF

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

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

3. ATTIC

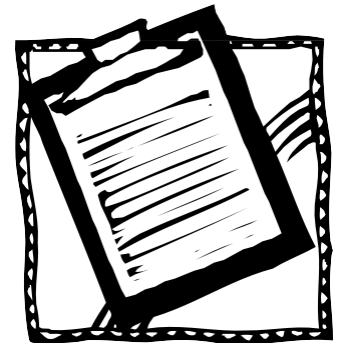
3a. Checked for evidence of roof and plumbing leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Checked for birds and animal nests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. GENERAL CONSIDERATIONS

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

4. GENERAL CONSIDERATIONS (continued)

- | | Yes | No | N/A |
|--|-----|--------------------------|--------------------------|
| 4e. Checked for signs of water damage | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Checked for evidence of pests and obvious food sources | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Noted and reviewed all concerns from school occupants | ✓ | <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"/> |
| 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"/> | |
| Water is poured into sinks at least once per week (about 2 cups of water) | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilets are flushed at least once per week | ✓ | <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"/> |
| 6b. Ensured that vents in chemical and trash storage areas are operating properly | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured that portable fuel containers are properly closed | ✓ | <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"/> |

7. COMBUSTION APPLIANCES

- | | | | |
|--|---|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that combustion appliances have flues or exhaust hoods | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Checked for leaks, disconnections, and deterioration | ✓ | <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"/> |

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"/> | ✓ |
| 8b. Determined date of last radon test | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES:

1b. Plants in some rooms need to be moved

2a. Roof are inspected once per year. Occasionally, there is minor leading that are addressed.

4a. Building does not have central air conditionion