



Walkthrough Inspection Checklist

Name: Meg Evans, Principal & Rodney Craft, Head Custodian

School: Squadron Line Elementary School

Room or Area: School Wide Date Completed: 10/30/24

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 type="checkbox"/>	<input type="checkbox"/>
1b. Ensured there are no obstructions blocking air intakes	✓	<input type="checkbox"/>	<input type="checkbox"/>
1c. Checked for nests and droppings near outdoor air intakes	✓	<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"/>
1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings)	✓	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured that vehicles avoid idling near outdoor air intakes	✓	<input type="checkbox"/>	<input type="checkbox"/>
1g. Minimized pesticide application	<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"/>
1i. Ensured that sprinklers spray away from the building and outdoor air intakes	✓	<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"/>

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

3. ATTIC

3a. Checked for evidence of roof and plumbing leaks	✓	<input type="checkbox"/>	<input type="checkbox"/>
3b. Checked for birds and animal nests	✓	<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"/>
4b. Ensured that no obstructions exist in supply and exhaust vents	✓	<input type="checkbox"/>	<input type="checkbox"/>
4c. Checked for odors	✓	<input type="checkbox"/>	<input type="checkbox"/>
4d. Checked for signs of mold and mildew growth	✓	<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: