

Building and Grounds Maintenance Checklist

Name: Mill Road School IAQ Team
 School: 295 Mill Road, North Haven, CT 06473
 Room or Area: ALL Date Completed: 11-25-2024
 Signature: Todd A. Solli

Instructions

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

1. BUILDING MAINTENANCE SUPPLIES

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

2. GROUNDS MAINTENANCE SUPPLIES

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

3. DUST CONTROL

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

4. FLOOR CLEANING

- | | Yes | No | N/A |
|------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. DRAIN TRAPS

- | | | | |
|---------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 5a. Poured water down floor drains once per week (about 1 quart of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Flushed toilets once each week (if not used regularly) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. MOISTURE, LEAKS, AND SPILLS

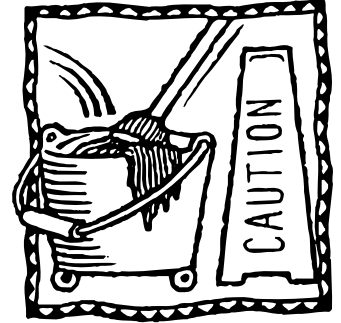
- | | | | |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Checked that windows, windowsills, and window frames are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Ensured the following areas are free from signs of leaks and water damage: | | | |
| Indoor areas near known roof or wall leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls around leaky or broken windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors and ceilings under plumbing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. COMBUSTION APPLIANCES

- | | | | |
|-----------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for odors from combustion appliances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Checked appliances for backdrafting (using chemical smoke) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Inspected flue components for corrosion and soot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. PEST CONTROL

- | | | | |
|---------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 8a. Completed the <i>Integrated Pest Management Checklist</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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NOTES

[See Walkthrough Checklist for further details.](#)