Building and Grounds Maintenance Checklist

Name:	Network Services IAQ Team
School:	370 State Street, North Haven, CT 06473
Room or Area:	ALL Date Completed: 10-16-2024
Signature:	Todd A. Solli

1. BUILDING MAINTENANCE SUPPLIES

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

2. GROUNDS MAINTENANCE SUPPLIES

	Yes	No	N/A
2a. Stored grounds maintenance supplies in appropriate area(s)	☒	❑	❑
2b. Ensured that supplies are used and stored according to manufacturers' instructions	☒	❑	❑
2c. Established and followed procedures to minimize exposure to fumes from supplies	☒	❑	❑
2d. Reviewed and followed manufacturers' guidelines for maintenance	☒	❑	❑
2e. Replaced portable gas cans with low-emission cans	☒	❑	❑
2f. Stored chemical products and supplies in sealed, clearly-labeled containers	☒	❑	❑
2g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions	❑	❑	☒

3. DUST CONTROL

	Yes	No	N/A
3a. Installed and maintained barrier mats for entrances	❑	☒	❑
3b. Used high efficiency vacuum bags	☒	❑	❑
3c. Used proper dusting techniques	☒	❑	❑
3d. Wrapped feather dusters with a dust cloth	☒	❑	❑
3e. Cleaned air return grilles and air supply vents	❑	☒	❑

4. FLOOR CLEANING

		Yes	No	N/A
4a.	Established and followed schedule for vacuuming and mopping floors	☒	❏	❏
4b.	Cleaned spills on floors promptly (as necessary)	☒	❏	❏
4c.	Performed restorative maintenance (as necessary)	☒	❏	❏

5. DRAIN TRAPS

		Yes	No	N/A
5a.	Poured water down floor drains once per week (about 1 quart of water)	☒	❏	❏
5b.	Ran water in sinks at least once per week (about 2 cups of water)	☒	❏	❏
5c.	Flushed toilets once each week (if not used regularly)	☒	❏	❏

6. MOISTURE, LEAKS, AND SPILLS

		Yes	No	N/A
6a.	Checked for moldy odors	☒	❏	❏
6b.	Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks)	☒	❏	❏
6c.	Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms)	☒	❏	❏
6d.	Checked that windows, windowsills, and window frames are free of condensate	☒	❏	❏
6e.	Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate	☒	❏	❏
6f.	Ensured the following areas are free from signs of leaks and water damage:			
	Indoor areas near known roof or wall leaks	☒	❏	❏
	Walls around leaky or broken windows	☒	❏	❏
	Floors and ceilings under plumbing	☒	❏	❏
	Duct interiors near humidifiers, cooling coils, and outdoor air intakes	☒	❏	❏

7. COMBUSTION APPLIANCES

		Yes	No	N/A
7a.	Checked for odors from combustion appliances	☒	❏	❏
7b.	Checked appliances for backdrafting (using chemical smoke)	☒	❏	❏
7c.	Inspected exhaust components for leaks, disconnections, or deterioration	☒	❏	❏
7d.	Inspected flue components for corrosion and soot	❏	❏	☒

8. PEST CONTROL

		Yes	No	N/A
8a.	Completed the *Integrated Pest Management Checklist*	☒	❏	❏
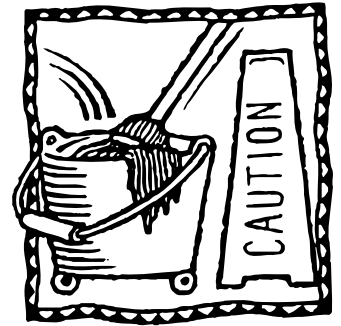
NOTES

Air returns need cleaning in back office areas.

See Walkthrough Checklist for further documentation