

Building and Grounds Maintenance Checklist

Name: Village School IAQ Team
 School: Village School
 Room or Area: ALL Date Completed: 9-23-2024
 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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

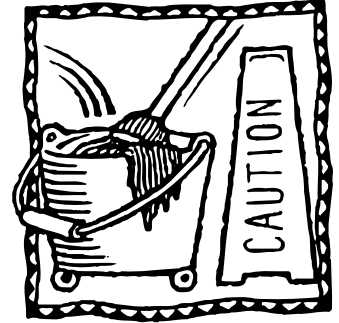
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (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"/> |
|---|-------------------------------------|--------------------------|--------------------------|



NOTES

Pool chemicals in a corrosion control locked container storage but not vented.

Just mats at Main entrance not at cafe

Air returns need cleaning and vents in gym and cafe need cleaning.

See Walkthrough Checklist for further documentation

Water Therapy room needs some ventilation as it is very humid