



Walkthrough Inspection Checklist

Name: CASDD/SAIIS IAQ Team

School: 26 Old Post Road, Northford, CT 06472

Room or Area: ALL Date Completed: 9-30-2024

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

3. ATTIC

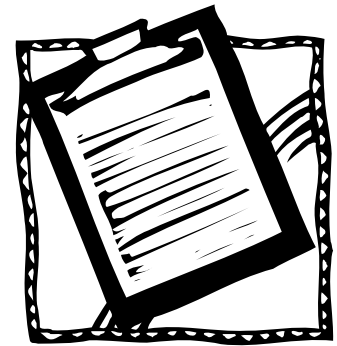
3a. Checked for evidence of roof and plumbing leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b. Checked for birds and animal nests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. GENERAL CONSIDERATIONS

4a. Ensured that temperature and humidity are maintained within acceptable ranges	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Checked for evidence of pests and obvious food sources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Noted and reviewed all concerns from school occupants	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
5b. Ensured proper drain trap maintenance:			
Water is poured down floor drains once per week (approx. 1 quart of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water is poured into sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets are flushed at least once per week	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
6c. Ensured that portable fuel containers are properly closed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. COMBUSTION APPLIANCES

7a. Checked for combustion gas and fuel odors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Ensured that combustion appliances have flues or exhaust hoods.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Checked for leaks, disconnections, and deterioration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. Ensured there is no soot on inside or outside of flue components.....	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. Determined date of last radon test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES Last radon was in April 25, 2018
 Put NO IDLING sign in front entrance
 Did not inspect roof area-Mechanical Engineer will do this when they assess the HVAC
 Temperature inconsistent in following rooms:
 103
 107
 211
 210
 208
 Lens covers in lights need cleaning
 Remove empty boxes from areas
 Remove not used equipment and items from areas
 Outside storage room is leaking from the inside. (Clean HVAC filters are being stored here)
 Inside vents should be vacuumed monthly
 Behind stairwells should be vacuumed weekly
 Outside brick is showing signs of water damage
 Performance Cleaning:
 Window screens and vents around the outside of the building
 Wet mop the kitchen area nightly
 Pour drainage outside due to broken downspouts mostly near gym area
 Odor in Main Entrance area but cannot identify the smell
 Ceiling tiles in throughout the building needs to be assess for mold. old leaks and replaced
 Room 204 needs items cleared from the electrical out panels