

**Facilities Sub-Committee Meeting  
Griswold Board of Education  
Griswold Middle School  
Library Media Center—2<sup>nd</sup> Floor  
211 Slater Avenue  
Griswold, Connecticut 06351**

**THURSDAY,  
January 25<sup>th</sup>, 2024  
5:15 PM**

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## **AGENDA**

1. Call to Order
2. Call for Nominations for the Chair of the Facilities Subcommittee
3. Approval of Facilities Subcommittee Minutes—November 30<sup>th</sup>, 2023
4. Update on Preventative Maintenance for School Year, 2023-2024—Tom Verville, Director of Facilities
5. Review and Discussion on Maintenance Checklists
6. Review, Discussion, and Possible Action on (Re)naming of Alternative School Program
7. Review and Discussion on Scorer's Table at Indoor Athletic Events
8. Other Business that May Properly Come Before the Committee
9. Adjourn

**FACILITIES SUB-COMMITTEE MEETING  
GRISWOLD BOARD OF EDUCATION**

**THURSDAY,  
November 30<sup>th</sup>, 2023**

**DRAFT**

1. A regular meeting of the Facilities subcommittee took place on Thursday, November 30<sup>th</sup>, 2023, at Griswold Middle School in the Library Media Center, located on the second floor, 211 Slater Avenue, Griswold, Connecticut. The meeting was called to order at 4:57 PM by Martin Osga, Chair of the Facilities Subcommittee.

**PRESENT** Martin Osga, Facilities Subcommittee Chair; Stuart Norman, Jr., Facilities Subcommittee Member; and Mary Beth Malin, Griswold BOE Chair.

**ALSO PRESENT** Sean McKenna, GPS Superintendent of Schools; Glenn LaBossiere, GPS Assistant Superintendent; and Thomas Verville, GPS Facilities Director.

**ABSENT**

2. Approval of the Facilities Subcommittee Minutes - September 28<sup>th</sup>, 2023

**MOTION** By Stuart Norman, Jr.  
Seconded by Martin Osga  
To approve the September 28<sup>th</sup>, 2023, Facilities subcommittee minutes, as presented.  
Motion unanimously carried.

3. Update on the Alternative School Location – The Facilities subcommittee received and update from Superintendent Sean McKenna on where things currently stand with the new building for the Griswold Alternative School on Soule Street in Jewett City.
4. Next Steps with the 201 Property – The Facilities Subcommittee discussed the next steps for the Route 201 property, which was the former location of the Griswold Alternative School. Now that the move to the new Soule Street location has taken place as of November 27, 2023, decisions will have to be made on what takes place next with the 201 property.
5. Review, Discussion, and Possible Action on Proposed Jewett City Electric, DPU, GHS LED Lighting Retrofit Project – The Facilities subcommittee approved the proposed Jewett City Electric, DPU, GHS LED Lighting proposal for Griswold High School and recommended sending it forward to the full Board of Education for review, discussion, and action.
6. Other Business That May Properly Come Before the Committee – None.
7. Adjourn

**MOTION** By Stuart Norman, Jr.  
Seconded by Martin Osga  
To adjourn the Facilities subcommittee meeting at 5:18 PM.  
Motion unanimously carried.

Minutes prepared by: Sean McKenna/Robin Drobiak



DEPARTMENT OF ADMINISTRATIVE SERVICES

December 21, 2023

Dear Superintendents:

As you may know, recently passed legislation required that the Department of Administrative Services (DAS) develop two forms for schools to utilize in order to comply with reporting requirements relating to indoor air quality. Those forms are now available on the DAS website, and are as follows:

1. **Annual Reporting Form for Indoor Air Quality** – On January 1, 2024, and annually thereafter, each local or regional board of education shall provide for a uniform inspection and evaluation program of the indoor air quality within each school building using the Environmental Protection Agency's Indoor Air Quality Tools for Schools Program, and shall submit the results of such inspection and evaluation to DAS. *See* CGS § 10-220(d), PA 22-118, and PA 23-167.
2. **5-Year Reporting Form for Heating, Ventilation, and Air Conditioning** – Prior to January 1, 2025, and every five years thereafter, each local or regional board of education shall provide for a uniform inspection and evaluation of the heating, ventilation and air conditioning system within each school building under its jurisdiction. Such inspection and evaluation shall be performed by a certified testing, adjusting and balancing technician, an industrial hygienist certified by the American Board of Industrial Hygiene or the Board for Global EHS Credentialing, or a mechanical engineer, and the report and results of such inspection and evaluation shall be submitted to DAS. *See* CGS § 10-220(d), PA 22-118, and PA 23-167.

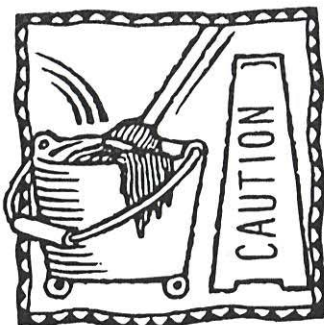
Please note that on or after July 1, 2024, DAS may not award an HVAC Indoor Air Quality Grant to any applicant that has not certified compliance with the 5-Year HVAC Reporting requirement described above, pursuant to section 367 of Public Act 22-118. This requirement does not apply to HVAC grants awarded prior to July 1, 2024.

We appreciate your review of the above statutory requirements and look forward to working with you in 2024.

Sincerely,

Michelle H. Gilman  
Commissioner





# Building and Grounds Maintenance Checklist

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 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. BUILDING MAINTENANCE SUPPLIES

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

## 2. GROUNDS MAINTENANCE SUPPLIES

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

## 3. DUST CONTROL

3a. Installed and maintained barrier mats for entrances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Used high efficiency vacuum bags .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Used proper dusting techniques .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Wrapped feather dusters with a dust cloth .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e. Cleaned air return grilles and air supply vents .....	<input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary) .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) .....                   | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Flushed toilets once each week (if not used regularly) .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 6. MOISTURE, LEAKS, AND SPILLS

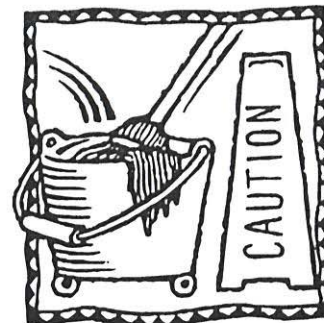
- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms) .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Checked that windows, windowsills, and window frames are free of condensate .....                         | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls around leaky or broken windows .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors and ceilings under plumbing .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 7. COMBUSTION APPLIANCES

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

#### 8. PEST CONTROL

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



#### NOTES





# Food Service Checklist

Name: \_\_\_\_\_

School: \_\_\_\_\_

Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

## Instructions

1. Read the *IAQ Background* 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. COOKING AREA

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Checked for odors near cooking, preparation, and eating areas .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that gas appliances function properly .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Verified that gas appliances are vented outdoors .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Ensured that kitchen is clean after use .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) .....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. FOOD HANDLING AND STORAGE

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary ..  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Disposed of food scraps properly and removed crumbs .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) .....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Swept and wet mopped floors .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. WASTE MANAGEMENT

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 3a. Selected and placed waste in appropriate containers .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that containers' lids are securely closed .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3d. Stored waste containers in a well-ventilated area .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 4. DELIVERIES

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 4a. Instructed vendors to avoid idling their engines during deliveries .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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#### NOTES



# Integrated Pest Management Checklist

Name: \_\_\_\_\_

School: \_\_\_\_\_

Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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. OFFICIAL POLICY STATEMENT

Yes No N/A

- 1a. Developed or located the school's official policy statement for integrated pest management (IPM)..... ☐ ☐ ☐

## 2. DESIGNATING PEST MANAGEMENT ROLES

- 2a. Assigned and trained a qualified person to be the pest manager ..... ☐ ☐ ☐
- 2b. Involved decision makers in the IPM program ..... ☐ ☐ ☐
- 2c. Educated students and staff (the occupants of the building) about IPM and asked them to keep their areas clean and free of clutter ..... ☐ ☐ ☐
- 2d. Encouraged parents to learn about IPM practices and implement them at home ..... ☐ ☐ ☐
- 2e. Developed a program to educate and train all IPM participants ..... ☐ ☐ ☐
- 2f. Included language about IPM into contracts with pest management professionals ..... ☐ ☐ ☐

## 3. SETTING PEST MANAGEMENT OBJECTIVES

- 3a. Set appropriate pest management objectives for school buildings (such as preventing pests from interfering with students' learning environment and preserving the integrity of the building structure) ..... ☐ ☐ ☐
- 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) ..... ☐ ☐ ☐

## 4. INSPECTING, IDENTIFYING, AND MONITORING

- 4a. Inspected all buildings and grounds for pest evidence, entry points, food, water, and harborage sites ..... ☐ ☐ ☐
- 4b. Identified potential pest habitats in buildings and grounds ..... ☐ ☐ ☐
- 4c. Pinpointed the source of any current pest problems ..... ☐ ☐ ☐
- 4d. Monitored to determine the extent of pest problems and to estimate pest populations ..... ☐ ☐ ☐
- 4e. Developed plans to modify habitat (for example, exclusion, repair, and sanitation efforts) to prevent or resolve any pest problems ..... ☐ ☐ ☐
- 4f. Established a monitoring program that consists of routine inspections to estimate pest population levels and identify evidence of pests and potential habitat ..... ☐ ☐ ☐



## 5. SETTING ACTION THRESHOLDS

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 5a. Evaluated all available data obtained through inspecting, identifying, and monitoring ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Determined how many pests the school buildings, grounds, and occupants can tolerate .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Set action thresholds .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 6. PREVENTIVE STRATEGIES

### INDOOR SITES

6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| • Entryways .....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Classrooms .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Gymnasiums .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Locker rooms .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Offices .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff lounges .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bathrooms .....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Food preparation and serving areas ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Rooms with extensive plumbing .....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintenance areas .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### OUTDOOR SITES

6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| • Playgrounds .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Parking lots .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lawns and athletic fields .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Teaching gardens or greenhouses .....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Loading docks .....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dumpsters .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Areas with ornamental shrubs and trees ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other .....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 7. PESTICIDE USE AND STORAGE

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 7a. Explored alternative pest management methods before concluding that pesticides were necessary .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Identified the least toxic, target-specific chemical (or pesticide formulation) that is the most effective to address the pest problem, preferably as baits and granules ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Reviewed and followed all label instructions on pesticides and learned how to properly apply and handle these chemicals .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Used spot-treatment (or bait, crack, and crevice applications) to apply pesticides whenever possible and only treated the obviously infested plants in the area .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Used protective clothing or equipment when applying pesticides .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Placed all pesticides in tamper-resistant bait boxes or locations that are inaccessible to children and non-target species .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





## 7. PESTICIDE USE AND STORAGE (cont.)

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Applied pesticides when occupants were not present or in areas where they would not be exposed to the chemicals .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Ensured that school occupants (students and staff) are notified of upcoming pesticide applications through posted notices and/or letters .....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7n. Ensured that storage areas are adequately ventilated and are located away from areas prone to flooding or where spills or leaks may contaminate the environment ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7o. Ensured that flammable liquids are stored away from ignition sources .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7p. Ensured that pesticides are stored in their original containers and all lids are securely fastened .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 8. EVALUATING RESULTS AND RECORD KEEPING

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 8a. Ensured that accurate, up-to-date records of IPM practices and a pest management log for each property are kept ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8c. Ensured that each log book contains the following items:  |                          |                          |                          |
| • Copy of the pest management plan .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Service schedules for maintenance of buildings and grounds .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Current EPA-registered labels .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pest surveillance data sheets .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Diagram noting the location of pest activity, traps, and bait stations .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## NOTES





# Ventilation Checklist

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Unit Ventilator/AHU No: \_\_\_\_\_  
 Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of this checklist for **each** ventilation unit in your school, as well as a copy 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. OUTDOOR AIR INTAKES

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1a. Marked locations of all outdoor air intakes on a small floor plan (for example, a fire escape floor plan) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 1: OBSTRUCTIONS

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers .....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 2: POLLUTANT SOURCES

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 3: AIRFLOW

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 2a. Replaced filters per maintenance schedule .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Vacuumed filter areas before installing new filters .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Confirmed proper installation of filters (correct direction for airflow) .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## 2. SYSTEM CLEANLINESS (continued)

### ACTIVITY 5: DRAIN PANS

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 2f. Ensured that drain pans slant toward the drain (to prevent water from accumulating) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Cleaned drain pans .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2h. Checked drain pans for mold and mildew .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 6: COILS

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 2i. Ensured that heating and cooling coils are clean ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

### ACTIVITY 7: AIR-HANDLING UNITS, UNIT VENTILATORS

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 2j. Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 8: MECHANICAL ROOMS

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 2l. Checked mechanical room for unsanitary conditions, leaks, and spills .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2m. Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. CONTROLS FOR OUTDOOR AIR SUPPLY

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 3a. Ensured that air dampers are at least partially open (minimum position) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that minimum position provides adequate outdoor air for occupants ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 9: CONTROLS INFORMATION

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 3c. Obtained and reviewed all design inside/outside temperature and humidity requirements, controls specifications, as-built mechanical drawings, and controls operations manuals (often uniquely designed) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

### ACTIVITY 10: CLOCKS, TIMERS, SWITCHES

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 3d. Turned summer-winter switches to the correct position .....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Set time clocks appropriately .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 11: CONTROL COMPONENTS

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 3g. Ensured appropriate system pressure by testing line pressure at both the occupied (day) setting and the unoccupied (night) setting .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3h. Checked that the line dryer prevents moisture buildup .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3i. Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3j. Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 12: OUTDOOR AIR DAMPERS

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 3k. Ensured that the outdoor air damper is visible for inspection .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3l. Ensured that the recirculating relief and/or exhaust dampers are visible for inspection .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3m. Ensured that air temperature in the indoor area(s) served by each outdoor air damper is within the normal operating range ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: It is necessary to ensure that the damper is operating properly and within the normal range to continue.*





### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 3n. Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3o. Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3p. If in heating mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 85°F .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3q. If in cooling mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 60°F and mixed air thermostat is set to 45°F ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3r. If the outdoor air damper does not move, confirmed the following items:   |                          |                          |                          |
| • The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Moving parts are free of impediments (e.g., rust, corrosion) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Electrical wire or pneumatic tubing connects to the damper actuator .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Proceed to Activities 13–16 if the damper seems to be operating properly.*

#### ACTIVITY 13: FREEZE STATS

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 3s. Disconnected power to controls (for automatic reset only) to test continuity across terminals .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OR   |                          |                          |                          |
| 3t. Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3u. Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: HVAC systems with water coils need protection from the cold. The freeze-stat may close the outdoor air damper and disconnect the supply air when tripped. The typical trip range is 35°F to 42°F.*

#### ACTIVITY 14: MIXED AIR THERMOSTATS

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 3v. Ensured that the mixed air stat for heating mode is set no higher than 65°F .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3w. Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### ACTIVITY 15: ECONOMIZERS

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 3x. Confirmed proper economizer settings based on design specifications or local practices ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

*NOTE: The dry-bulb is typically set at 65°F or lower.*

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 3y. Checked that sensor on the economizer is shielded from direct sunlight .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3z. Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: Economizers use varying amounts of cool outdoor air to assist with the cooling load of the room or rooms. There are two types of economizers, dry-bulb and enthalpy. Dry-bulb economizers vary the amount of outdoor air based on outdoor temperature, and enthalpy economizers vary the amount of outdoor air based on outdoor temperature and humidity level.*



### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

#### ACTIVITY 16: FANS

- 3aa. Ensured that all fans (supply fans and associated return or relief fans) that move outside air indoors continuously operate during occupied hours (even when room thermostat is satisfied)..... **Yes** **No** **N/A**  
☐ ☐ ☐

*NOTE: If fan shuts off when the thermostat is satisfied, adjust control cycle as necessary to ensure sufficient outdoor air supply.*

### 4. AIR DISTRIBUTION

#### ACTIVITY 17: AIR DISTRIBUTION

- 4a. Ensured that supply and return air pathways in the existing ventilation system perform as required..... ☐ ☐ ☐
- 4b. Ensured that passive gravity relief ventilation systems and transfer grilles between rooms and corridors are functioning ..... ☐ ☐ ☐

*NOTE: If ventilation system is closed or blocked to meet current fire codes, consult with a professional engineer for remedies.*

- 4c. Made sure every occupied space has supply of outdoor air (mechanical system or operable windows) ..... ☐ ☐ ☐
- 4d. Ensured that supply and return vents are open and unblocked ..... ☐ ☐ ☐

*NOTE: If outlets have been blocked intentionally to correct drafts or discomfort, investigate and correct the cause of the discomfort and reopen the vents.*

- 4e. Modified the HVAC system to supply outside air to areas without an outdoor air supply ..... ☐ ☐ ☐
- 4f. Modified existing HVAC systems to incorporate any room or zone layout and population changes ..... ☐ ☐ ☐
- 4g. Moved all barriers (for example, room dividers, large free-standing blackboards or displays, bookshelves) that could block movement of air in the room, especially those blocking air vents ..... ☐ ☐ ☐
- 4h. Ensured that unit ventilators are quiet enough to accommodate classroom activities ..... ☐ ☐ ☐
- 4i. Ensured that classrooms are free of uncomfortable drafts produced by air from supply terminals ..... ☐ ☐ ☐

#### ACTIVITY 18: PRESSURIZATION IN BUILDINGS

*NOTE: To prevent infiltration of outdoor pollutants, the ventilation system is designed to maintain positive pressurization in the building. Therefore, ensure that the system, including any exhaust fans, is operating on the "occupied" cycle when doing this activity.*

- 4j. Ensured that air flows out of the building (using chemical smoke) through windows, doors, or other cracks and holes in exterior wall (for example, floor joints, pipe openings) ..... ☐ ☐ ☐

### 5. EXHAUST SYSTEMS

#### ACTIVITY 19: EXHAUST FAN OPERATION

- 5a. Checked (using chemical smoke) that air flows into exhaust fan grille(s) ..... ☐ ☐ ☐

*If fans are running but air is not flowing toward the exhaust intake, check for the following:*

- Inoperable dampers
- Obstructed, leaky, or disconnected ductwork
- Undersized or improperly installed fan
- Broken fan belt







## 5. EXHAUST SYSTEMS (continued)

### ACTIVITY 20: EXHAUST AIRFLOW

*NOTE: Prevent migration of indoor contaminants from areas such as bathrooms, kitchens, and labs by keeping them under negative pressure (as compared to surrounding spaces).*

- 5b. Checked (using chemical smoke) that air is drawn into the room from adjacent spaces ..... **Yes** **No** **N/A**  
☐ ☐ ☐

*Stand outside the room with the door slightly open while checking airflow high and low in the door opening (see "How to Measure Airflow").*

- 5c. Ensured that air is flowing toward the exhaust intake ..... ☐ ☐ ☐

### ACTIVITY 21: EXHAUST DUCTWORK

- 5d. Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition ..... ☐ ☐ ☐

## 6. QUANTITY OF OUTDOOR AIR

### ACTIVITY 22: OUTDOOR AIR MEASUREMENTS AND CALCULATIONS

*NOTE: Refer to "How to Measure Airflow" for techniques.*

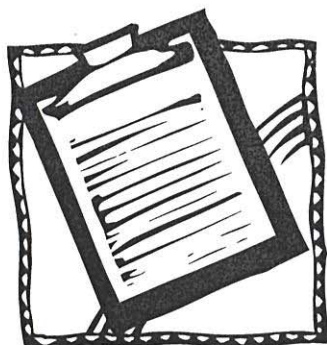
- 6a. Measured the quantity of outdoor air supplied (22a) to each ventilation unit ..... ☐ ☐ ☐
- 6b. Calculated the number of occupants served (22b) by the ventilation unit under consideration ..... ☐ ☐ ☐
- 6c. Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c) ..... ☐ ☐ ☐

### ACTIVITY 23: ACCEPTABLE LEVELS OF OUTDOOR AIR QUANTITIES

- 6d. Compared the existing outdoor air per person (22c) to the recommended levels in Table 1 ..... ☐ ☐ ☐
- 6e. Corrected problems with ventilation units that supplied inadequate quantities of outdoor air to ensure that outdoor air quantities (22c) meet the recommended levels in Table 1 ..... ☐ ☐ ☐

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## NOTES



# Walkthrough Inspection Checklist

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 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"/>	<input type="checkbox"/>
1b. Ensured there are no obstructions blocking air intakes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Checked for nests and droppings near outdoor air intakes .....	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
1f. Ensured that vehicles avoid idling near outdoor air intakes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Minimized pesticide application .....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
1i. Ensured that sprinklers spray away from the building and outdoor air intakes .....	<input type="checkbox"/>	<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"/>	<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 type="checkbox"/>
2b. Checked for evidence of water ponding .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Checked that ventilation units operate properly (air flows in) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Ensured that exhaust fans operate properly (air flows out) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Ensured that air intakes remain open, even at minimum setting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Checked for nests and droppings near outdoor air intakes .....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

## 3. ATTIC

3a. Checked for evidence of roof and plumbing leaks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Checked for birds and animal nests .....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4b. Ensured that no obstructions exist in supply and exhaust vents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Checked for odors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Checked for signs of mold and mildew growth .....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4f. Checked for evidence of pests and obvious food sources .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Noted and reviewed all concerns from school occupants .....	<input 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 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"/>	<input type="checkbox"/>
Water is poured into sinks at least once per week (about 2 cups of water) ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets are flushed at least once per week .....	<input 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 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 type="checkbox"/>
6c. Ensured that portable fuel containers are properly closed .....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

#### 7. COMBUSTION APPLIANCES

7a. Checked for combustion gas and fuel odors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Ensured that combustion appliances have flues or exhaust hoods .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Checked for leaks, disconnections, and deterioration .....	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
8b. Determined date of last radon test .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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#### NOTES





# Waste Management Checklist

Name: \_\_\_\_\_

School: \_\_\_\_\_

Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

## Instructions

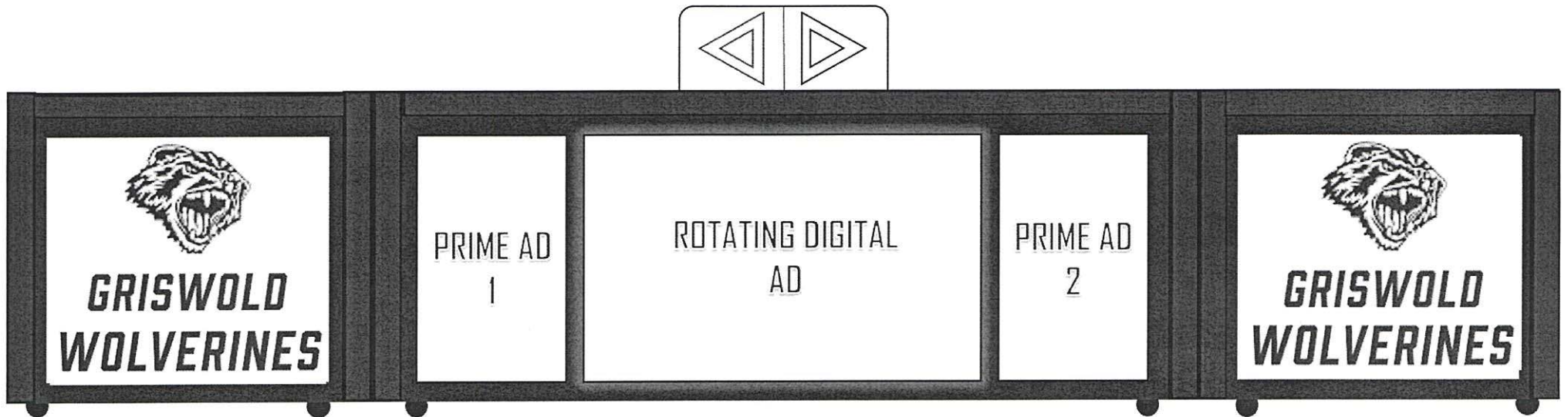
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4. Return the checklist portion of this document to the IAQ Coordinator.

## 1. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured that waste containers are lined .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Labeled recycling bins clearly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ensured number of bins and dumpsters is adequate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured waste containers are emptied regularly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured appropriate waste removal schedule .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured waste is stored in a well-ventilated room .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Ensured any exhaust fans in the room are operating properly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1k. Checked waste storage areas for odors, contaminants, or signs of vermin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## NOTES

# POWER AD Indoor Scorers Table:GHS





This agreement made between **Power Ad Company**, herein called the "**Company**" and **North Farmington High School** herein called the "**School**" do hereby agree to the following services:

Whereas, it is the desire of the Company to deliver to the School **electronic scoring and/or advertising equipment**; it is the desire of the Company to contract with advertisers to place advertising sponsors upon static, LED or scrolling advertising panels that are to be displayed during all regular season home sporting events at the sports venue(s) pertaining to the project

NOW THEREFORE, the parties agree as follows:

1. **COST:** The Company will provide the equipment listed on the attached Equipment Addendum to the designated School once the necessary numbers of sponsors are secured and the money is collected at no cost to the School. Once the prospective sponsorship opportunities have been exhausted, the Company will determine whether Equipment List A or Equipment List B will be purchased by the Company. In the event that sponsorship dollars do not allow for either Equipment List to be purchased, the Company and the School will negotiate the equipment involved. In the event both parties cannot negotiate, the School may not approach or receive any monies from sponsors secured by or contracted with the Company for that project for the term of this agreement.
2. **SPONSOR SOLICITATION:** The Company is responsible for the solicitation of sponsor advertising. The Company is responsible for obtaining the advertising displays described in the Equipment Addendum.
3. **SPONSOR PRICING:** The Company shall set the sponsor cost and determine multi-year pricing. The School agrees to incentives listed in the Equipment Addendum for each of the sponsors through the duration of the sponsor's contract. The sponsor's contract will survive any termination of this agreement. The Company is responsible for collection of all advertising revenue.
4. **COPYRIGHTS:** The Company shall obtain the rights to use copyrighted materials from the sponsor or owner of the copyright for use in the intended advertising.
5. **COMMISSIONS & FEES:** The School will earn a 50% commission of the collected sponsorship revenue once all School equipment listed on the attached Equipment Addendum is paid for from the School's share of the revenue. Collected revenue is the amount of sponsor dollars collected minus any applicable finance charges or sponsor cancellation fees. Any signage purchased after the date of delivered equipment will be deducted from the School's share of the revenue. The School is responsible for installing signage after the initial installation date. If the Company arranges the installation of this additional signage, any installation costs will come from the School's revenue (if available). The commission payments to the School will be paid at the completion of each annual sponsor term (based on the sponsor's date of installation) upon confirmation of equipment use and the fulfillment of all School responsibilities.
6. **AD APPROVAL:** The School shall have an opportunity to review and approve all sponsors' displays prior to publication if they so choose. The School must give written notice of their desire to see the sponsor artwork and have written confirmation that this desire was received by the Company. If the School approves a sponsor and/or sponsor ad sign display and once installed requests that the sponsor and/or their display be removed, the School is responsible for all costs associated with the removal including service costs, labor costs, equipment costs, cancellation fees, travel costs and including but not limited to all legal costs associated with that request.
7. **AD DISPLAY:** The School agrees to display the sponsor ads in accordance to the general accepted practices to maximize exposure of the sponsor ads, including all regular season home sporting events as may be applicable. In the event that the School does not host regular season athletic events at the venue for an entire season, or should the School voluntarily refuse to display the sponsors' displays/advertisements, the School will be responsible for any pro-rated sponsorship refunds.
8. **OWNERSHIP:** The School shall own the equipment upon delivery to the School campus site.
9. **MAINTENANCE AND INSTALLATION:** Company and School recognize that timely installation of sponsor advertisements and maintenance of equipment is in both parties' best interest. Installing sponsor ads quickly and maintaining the equipment to insure sponsors receive the exposure they purchased is critical for sponsor satisfaction and the long term success of the project. The School



shall be responsible for all costs associated with installation, maintenance, repair and operation of the equipment. To ensure sponsor ads are installed in a timely manner, the Company shall be responsible for arranging for installation of sponsor advertisements unless the School provides Company written notice that the School will arrange installation. Upon receipt of such notice, Company will ship all future ads sold directly to the School. When School assumes responsibility for installation, the School will have 45 days from receipt of the sponsor ads to complete installation and provide photo verification to Company as proof of performance. In the event the School fails to install within this 45 day period, Company shall email the School's Athletic Director notice that the installation deadline has passed and Company will proceed to complete installation. Whenever Company arranges installation, the cost of installation may be automatically deducted from the School's Revenue account with Power Ad or invoiced to the School. The School shall benefit from all OEM equipment warranties.

10. **TERM:** The term of this agreement shall commence immediately and shall last until ten (10) years from the date that the equipment is installed (scoreboard signage, sign cabinet) or is delivered (scoretable) whichever date is later. After this term, the agreement automatically renews thereafter on a year-to-year basis unless written intent to terminate is given to the Company from the School 60 days prior to an anniversary of this agreement. In the event of the termination of this contract, the School shall honor all advertising contracts in effect until their conclusion.
11. **TERMINATION:** Termination may occur in the event of the following:
  - a. If Company becomes insolvent or subject to proceedings under any law relating to bankruptcy, insolvency, or relief of debtors.
  - b. The Company may cancel an Equipment Addendum in the event initial advertising revenue does not cover the equipment listed in the Equipment Addendum and the School and Company are not able to renegotiate the equipment involved. The Company is responsible for any refunds due sponsors.
12. **INSURANCE:** All contractors or subcontractors installing equipment or ads will carry comprehensive general and automotive liability insurance.
13. **OTHER PROJECTS:** Other intrusive sponsor/projects are not permitted. Existing programs are permissible and must be disclosed in writing at the time of signing. New signage/displays within the same venue inhibit the success of this project and thus are not permitted.
14. **GOVERNING LAW:** This agreement will be governed by and constructed in accordance with the laws of the State of Ohio without reference or regard to conflict of law provisions or other laws of any jurisdiction that would cause the application of the laws of any jurisdiction other than the State of Ohio. The Sponsor agrees that any litigation arising directly or indirectly out of, or in any way relating to this Agreement shall commence exclusively in the State of Ohio Courts of Warren County, and that School, by this Agreement, consents to the jurisdiction of these courts.

The terms and conditions of this agreement shall not be binding until signed by all parties, as appropriate, and shall be effective as dated below. The true term of this agreement will begin upon the installation of the equipment listed on the Equipment Addendum.

**The School**

**Power Ad Company**

\_\_\_\_\_  
Authorized School Representative Signature / Date

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Printed Name / Title