

**Classroom IAQ Assessment**

**Team Walk-Through**

School Name:

Filled out by:

Date:

Room Number:

Room location: \_\_\_ Wing

\_\_\_ N, \_\_\_ S, \_\_\_ E, \_\_\_ W

\_\_\_ Basement, \_\_\_ 1<sup>st</sup>, \_\_\_ 2<sup>nd</sup>, \_\_\_ 3<sup>rd</sup>, \_\_\_ 4<sup>th</sup>

Type Class (Art, Science, Tech Ed, etc.):

All Teachers who use this room for school and after school activities:

Temperature ___ <i>fine</i> ___ <i>too hot</i> ___ <i>too cold</i>	Ventilation Unit Ventilator ___ <i>have</i> ___ <i>don't have</i>	Ventilation Exhaust Vent	Ventilation Air Supply Diffuser	Point Source Systems (ventilation systems designed to vent a specific machine)
___ <u>Thermostat</u> ___ working ___ <u>Radiator</u> ___ working ___ can control in room ___ <u>Direct sunlight</u>	___ <u>Unit Ventilator</u> ___ dirty ___ filter ___ working ___ obstructed ___ covered	# ___ <u>Exhaust Vents</u> # ___ working ___ dirty ___ noisy ___ obstructed ___ back drafting	# ___ <u>Air Supply Diffuser</u> # ___ working ___ dirty ___ noisy ___ drafty ___ blocked	Source: _____ Vents to: _____ ___ <u>Exhaust</u> ___ working ___ <u>Air Supply</u> ___ working

Windows # ___ <i>windows</i> # ___ <i>operable</i>	Air Pressure	Air Barriers (That block or change the flow of air in the space)	Changes in Room Use or Configuration	Odors – types and duration
___ easy to open ___ hard to open ___ glass seal broken ___ recent condensation ___ paint coming off ___ putty loose ___ evidence pests	___ Positive ___ Negative	___ dividers ___ walls ___ bookshelves ___ free standing blackboards ___ other:	___ can't tell  ___ <b>reconfiguration</b>  ___ <b>use change - from what to what?</b>	Indoor type: ___ constant ___ intermittent ___ one time Outdoor type: ___ constant ___ intermittent ___ one time

<b>Cleaning – Food, Dust, Trash, Floors, Other</b>	<b>Water Infiltration (Recent) Note location Humidity-30-60%</b>	<b>Drain Traps – note if you have them &amp; if the appliance is working</b>	<b>Office Machines</b>	<b>Window Mounted Air Conditioners:</b>	<b>Appliances (other) note whether they are supplied by NPS or are brought in from home</b>
___ Students eat in room ___ snack ___ lunch ___ Evidence of food ___ Pet & people food storage ___ Significant dust problem ___ Not cleaned adequately ___ Cluttered, can't clean properly	___ stain: ___ walls ___ stain: ___ floor, ___ ceiling ___ leaks ___ condensation ___ walls ___ plumbing ___ mold ___ damp ___ drip pans not draining	___ sinks ___ toilets ___ eye wash ___ emergency showers ___ floor drains	Fill in Number of Units: ___ copier ___ laminator ___ computer ___ laser printer ___ other:	___ Filters are maintained ___ Condensation drains outdoors ___ Installation air-tight around the cabinet to prevent infiltration by water/pests	___ Air conditioners ___ Dehumidifiers ___ Humidifiers ___ Space heaters ___ Refrigerator ___ Coffee Pot ___ Microwave ___ Toaster Oven ___ Popcorn maker ___ Other:

<b>Carpet – Age, Condition</b>	<b>Biologicals and Pests – Note if located near vents, note if they pose an allergy hazard.</b>	<b>Hazardous Products from curriculum, home or custodian. Note storage conditions.</b>	<b>Maintenance/Repair Issues</b>	<b>Pollutant Sources - Formaldehyde, VOCs, Lead Paint, Asbestos</b>	<b>Other:</b>
___ area ___ wall to wall ___ room below grade ___ clean ___ stains/spills	___ # of plants ___ plants have no trays, ___ plants over watered ___ plants near vent ___ pets: _____ ___ cages cleaned ___ pets away from vent ___ bird nests ___ insect problems types: ___ rodent problems types:	___ white board ___ chalk board ___ curriculum ___ cleaning products ___ pesticides ___ disinfectants Specific product types:	___ currently under renovation ___ needs repairs for:	___ peeling wall paint ___ other:	

**Filled out by:**

**date:**

**Evaluate Dumpster and Compost/Garden Area (IPM):**

Types and numbers of Dumpsters: \_\_\_ Recycling \_\_\_ Trash      Is there evidence of illegal dumping: \_\_\_Yes \_\_\_No      If so, how often:

Are the Dumpsters located a sufficient distance from the building: \_\_\_Yes \_\_\_No

Is the \_\_\_ Dumpster or \_\_\_ Compost Area in a location that would expose odors to any area in the school through a window, door, or intake vent? \_\_\_Yes \_\_\_No

Is the \_\_\_ Dumpster or \_\_\_ Compost Area in a direct line for animals or bees to enter into the building through an open window or door? \_\_\_Yes \_\_\_No

Is the dumpster tightly sealed: \_\_\_Yes \_\_\_No

Is the dumpster area: free of plants and shrubbery which could provide pest harborage: \_\_\_Yes \_\_\_No,

free of debris and cardboard: \_\_\_Yes \_\_\_No

free of sources of standing water nearby: \_\_\_Yes \_\_\_No

elevated off of the ground: \_\_\_Yes \_\_\_No, located on separate concrete, asphalt or gravel pads: \_\_\_Yes \_\_\_No

Do people park in front of dumpster: \_\_\_Yes \_\_\_No

Is the frequency of pick-up adequate: \_\_\_Yes \_\_\_No      If no, what should the frequency be:

**Nests/Feeders - identify bird, rodent, bee or wasp nests:** *(Note if they are close to an intake vent)*      Location of nests and/or droppings:

Building Feature	Location	Location	Location	Location	Location
Light fixtures					
Overhangs					
Eaves					
Intake Vents					
Exhaust vents					
Pipe openings					
Opening in roof					
Gutter/downspout					
___ # Bird feeders					

Please note locations of excrement from feeders or nests which can be brought into building through the air or foot traffic:

**Building Envelope - *Moisture and IPM Issues***

<b>Building Feature</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>
Loss of mortar between bricks					
Cracks in exterior walls					
Visible signs of chronic water penetration (e.g., moss or plant growth)					
Efflorescence on bldg surface					

**Doors and Windows – Conditions and Pest (rodents/insects/birds) access areas**

<b>Access areas</b>	<b>Location &amp; Reason</b>	<b>Location &amp; Reason</b>	<b>Location &amp; Reason</b>	<b>Location &amp; Reason</b>	<b>Location &amp; Reason</b>
Cracked/broken windows					
Caulking compromised around window & or door frames					
Utility Penetrations					
exterior doors - no weather stripping or sweeps or don't shut completely, or visible space around door					

## Building Foundation – Moisture & IPM Issues

### *Vegetation*

<b>Building Feature</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>
Plants growing where building meets ground					
Plants clinging to walls					
Plants growing within 5 feet of building					
Trees and shrubs not trimmed 12 “ off of ground					
Fruiting plants growing too close to building					

### *Building Apron*

<b>Building Feature</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>	<b>Location</b>
building apron/landscape is sloped towards foundation					
Building apron has cracks or seams					
Water accumulates on apron					
Allows pest entry					
Sealing compound at foundation apron junction not continuous or is compromised					

*Below Ground Areas*

Is there a utility trench that surrounds or links any part of the building:  yes  no      Location:

Are there any below ground level areas next to any part of the building:  yes  no

Problems	Location	Location	Location	Location	Location
Water					
Clogged drain or no drain					
Near air intake					
Near window or door					
Plant growth					
Debris					
Other					

**Outdoor Air Intake Vents**

Problems	Location	Location	Location	Location	Location
Too close to ground (what height)					
Vegetation in front	<input type="checkbox"/> grasses/plants <input type="checkbox"/> leaves/organic matter <input type="checkbox"/> bushes	<input type="checkbox"/> grasses/plants <input type="checkbox"/> leaves/organic matter <input type="checkbox"/> bushes	<input type="checkbox"/> grasses/plants <input type="checkbox"/> leaves/organic matter <input type="checkbox"/> bushes	<input type="checkbox"/> grasses/plants <input type="checkbox"/> leaves/organic matter <input type="checkbox"/> bushes	<input type="checkbox"/> grasses/plants <input type="checkbox"/> leaves/organic matter <input type="checkbox"/> bushes
Blocked with:					
pollutant from exhaust adjacent buildings, industry, highway					
sprinklers spray onto intake vents, or over spray onto buildings					

**Ambient Air Contaminants - Special events that may generate temporary or intermittent contaminants that are or could be entrained into the building?** Note areas as for pick-up and drop off, deliveries, proximity to highway or high traffic areas.

Contaminant	Location & Type of Contaminant & Intake	Location & Type of Contaminant & Intake	Location & Type of Contaminant & Intake	Location & Type of Contaminant & Intake	Location & Type of Contaminant & Intake
Bondi's Island or Incinerator					
Construction					
Kiln firing					
Outdoor smoking					
Exhaust from mowing, leaf or snow blowing, weed whacking					
Exhaust from vehicle, truck, school bus or dumpster PU, attached garage					
painting, roofing, or maintenance					

Does the school have a \_\_\_ no or \_\_\_ five minute \_\_\_ idling policy?  
If yes, for

\_\_\_yes \_\_\_ no  
\_\_\_ buses, \_\_\_ delivery trucks, \_\_\_ cars

**Fuel Vapors**

Is equipment stored in the building?

\_\_\_yes \_\_\_ no If so, what kinds and locations:

Are cans of fuel stored in the building:

\_\_\_ yes \_\_\_ no If yes, location:

Could they be generating vapors into the building:

\_\_\_yes \_\_\_ no If yes, to what locations:

Is the oil fill pipe/exhaust located near windows or intake vents:  
(If it is, check to be sure deliveries are scheduled when school is not in session)

\_\_\_ NA \_\_\_ yes \_\_\_ no If yes, location:

## Gutters

Problems	Location	Location	Location	Location	Location
Evidence of water damage due to lack of gutter					
No or removed downspouts					
Downspouts end several feet above the ground					
Missing pieces					
Dented or damaged in a way that reduces their performance					
Clogged or need cleaning					
Where do they drain (on ground or sewer)					

## Roof

Roof condition: cracks, holes, other:

Evidence of water ponding:

Air from plumbing stacks and exhaust outlets flows away from outdoor air intakes:  yes,  no



**Inside Building – Non-Classroom Areas**

**Attic** Is there any evidence of \_\_ roof or \_\_ plumbing leaks:  
 Is there evidence of pests such as \_\_ bird nests, \_\_ bird waste, \_\_ bats, \_\_ rodents, or \_\_ other pests:

**Bottled Water** - *Do you have bottled Water?* \_\_ yes \_\_ no If yes, then:

Problems	Location	Location	Location
Bottled water is not stored in a safe, secure area away from chemicals and other hazards.			
Bottled water is dispensed in an area with a wall-to-wall carpet and plastic/rubber matting has not been placed under it			
Dispenser not cleaned routinely			
Dispenser is not kept covered when the water bottle is not on			

**Other**

Are utility holes/spaces in interior wall and floor decking sealed:                      If not, locations:

**Combustion Appliances:**

- Checked for combustion gas and fuel odors
- Ensured that combustion appliances have flues or exhaust hoods
- Checked for leaks, disconnections, and deterioration
- Ensured there is no soot on inside or outside of flue components

<b>Rest Room</b>	<b>Team Walk-Through Assessment</b>	<b>School:</b>	<b>Date:</b>	<b>Filled out by:</b>
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**Location:** Floor:                      \_\_\_ girls \_\_\_ boys \_\_\_ faculty

**Ventilation:** Is there a supply vent:                      \_\_\_ yes \_\_\_ no                      Is it working:    \_\_\_ yes \_\_\_ no  
 Is there an exhaust vent:                                      \_\_\_ yes \_\_\_ no                      Is it working:    \_\_\_ yes \_\_\_ no  
 If yes, is the exhaust vent running continuously:    \_\_\_ yes \_\_\_ no                      If no, is it on a \_\_\_ timer or \_\_\_ activated by the light switch? \_\_\_ no  
 Restroom vents are connected to ductwork that terminates outdoors    \_\_\_ yes \_\_\_ no  
 Is the room under \_\_\_ positive pressure or \_\_\_ negative pressure?

**Windows:**    # \_\_\_    # \_\_\_ operable

**Drain Management:** Are the sinks and toilets used on a regular basis: \_\_\_ yes \_\_\_ no  
 If no, are the drains filled with water or toilets flushed on a weekly basis to prevent sewer gases:    \_\_\_ yes \_\_\_ no  
 Are there floor drains:    \_\_\_ yes \_\_\_ no,                      Do they have traps:                      \_\_\_ yes \_\_\_ no,  
 Are the drains clogged:    \_\_\_ yes \_\_\_ no                      Are they kept moist to prevent sewer gases:    \_\_\_ yes \_\_\_ no

**Sinks and toilets:** Are sinks working:            \_\_\_ hot and \_\_\_ cold                      If not, how many are broken: \_\_\_  
 Is there any condensation and related moisture or mold problems under the sinks and toilets:    \_\_\_ yes \_\_\_ no  
 Are there any leaking faucets:                      \_\_\_ yes \_\_\_ no                      If yes, how many: \_\_\_

**Other Issues:**

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**Location:** Floor:                      \_\_\_ girls \_\_\_ boys \_\_\_ faculty

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