Person(s) Conducting the Survey:

Location:

Date:

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|  | Ground Level |
| Condition |  | Recommendation/Additional Info |
| Are offices dusted and vacuumed regularly? | Yes | No |  |
| Do ventilation units operateproperly? | Yes | No |  |
| Are there no obstructions blocking air intakes? | Yes | No |  |
| Are dumpsters locatedaway from doors, windows, and outdoor air intakes? | Yes | No |  |
| Are there no potential sources of air contaminants near the building? (chimneys, stacks, industrial plants, exhaust from nearbybuildings) | Yes | No |  |
| Do vehicles avoid idling near outdoor air intakes? | Yes | No |  |
| Is pesticide applicationminimized? | Yes | No |  |
| Is there proper drainage away from the building? (including roof downspouts) | Yes | No |  |
| Do sprinklers spray away from the building and outdoor air intakes? | Yes | No |  |
| Are walk-off mats used asexterior entrances and are they cleaned regularly? | Yes | No |  |

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| Roof |
| Condition |  | Recommendation/Additional Info |
| Are the HVAC units regularly inspected? | Yes | No |  |
| Is the roof in goodcondition? | Yes | No |  |
| Is the area free of water ponding? | Yes | No |  |
| Do ventilation units operateproperly? (air flows in) | Yes | No |  |
| Do exhaust fans operate properly? (air flows out) | Yes | No |  |
| Do air intakes remain open? (even at a minimum setting) | Yes | No |  |
| Is the area free of nests and droppings near outdoor air intakes? | Yes | No |  |
| Does the air from plumbing stacks and exhaust outletsflow away from outdoor air intakes? | Yes | No |  |

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| Attic |
| Condition |  | Recommendation/Additional Info |
| Is the attic free of roof and plumbing leaks? | Yes No |  |
| Is the attic free of birds and animal nests? | Yes No |  |

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| General Considerations |
| Condition |  | Recommendation/Additional Info |
| Is temperature and humidity maintained within acceptable ranges? | Yes | No |  |
| Do no obstructions exist insupply and exhaust vents? | Yes | No |  |
| Are areas free of suspicious odors? | Yes | No |  |

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| General Considerations (cont.) |
| Condition |  | Recommendation/Additional Info |
| Are areas free of signs of mold and mildew growth? | Yes | No |  |
| Are areas free of waterdamage? | Yes | No |  |
| Are areas free of pests andobvious food sources? | Yes | No |  |
| Have all concerns from school occupants been noted and reviewed? | Yes | No |  |
| Is the area under the thermostat kept free from heating and coolingdevices? | Yes | No |  |

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| Maintenance Supplies |
| Condition |  | Recommendation/Additional Info |
| Are chemicals used only with adequate ventilation and when building is unoccupied? | Yes | No |  |
| Are vents in chemical and trash storage areasoperating properly? | Yes | No |  |
| Are portable fuel containers properly closed? | Yes | No |  |
| Has power equipment (e.g. snowblowers, lawn mowers) been serviced and maintained according to themanufacturer’s guidelines? | Yes | No |  |

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| Bathrooms and General Plumbing |
| Condition |  | Recommendation/Additional Info |
| Do all restrooms have operational exhaust fans? | Yes No |  |
| Has proper drain trap maintenance beenperformed? | Yes No |  |

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| Combustion Appliances |
| Condition |  | Recommendation/Additional Info |
| Have combustion appliances been checked for combustion gas and fuelodors? | Yes | No |  |
| Do all combustion appliances have flues or exhaust hoods? | Yes | No |  |
| Are combustion appliancesfree of leaks, disconnections and deterioration? | Yes | No |  |
| Is there no soot on the inside or outside of fluecomponents? | Yes | No |  |

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| Other |
| Condition |  | Recommendation/Additional Info |
| Is there no peeling or flaking paint? (if the building was built before 1980, this could be a lead hazard) | Yes No |  |
| Is the date of the last radon test known? | Yes No |  |