

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Person(s) Conducting the Survey: \_\_\_\_\_

\_\_\_\_\_

Ground Level		
Condition		Recommendation/Additional Info
Are offices dusted and vacuumed regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do ventilation units operate properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there no obstructions blocking air intakes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are dumpsters located away from doors, windows, and outdoor air intakes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there no potential sources of air contaminants near the building? (chimneys, stacks, industrial plants, exhaust from nearby buildings)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do vehicles avoid idling near outdoor air intakes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is pesticide application minimized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there proper drainage away from the building? (including roof downspouts)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do sprinklers spray away from the building and outdoor air intakes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are walk-off mats used as exterior entrances and are they cleaned regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Roof		
Condition		Recommendation/Additional Info
Are the HVAC units regularly inspected?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the roof in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the area free of water ponding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do ventilation units operate properly? (air flows in)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do exhaust fans operate properly? (air flows out)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do air intakes remain open? (even at a minimum setting)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the area free of nests and droppings near outdoor air intakes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the air from plumbing stacks and exhaust outlets flow away from outdoor air intakes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Attic		
Condition		Recommendation/Additional Info
Is the attic free of roof and plumbing leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the attic free of birds and animal nests?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

General Considerations		
Condition		Recommendation/Additional Info
Is temperature and humidity maintained within acceptable ranges?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do no obstructions exist in supply and exhaust vents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are areas free of suspicious odors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

General Considerations (cont.)		
Condition		Recommendation/Additional Info
Are areas free of signs of mold and mildew growth?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are areas free of water damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are areas free of pests and obvious food sources?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have all concerns from school occupants been noted and reviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the area under the thermostat kept free from heating and cooling devices?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Maintenance Supplies		
Condition		Recommendation/Additional Info
Are chemicals used only with adequate ventilation and when building is unoccupied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are vents in chemical and trash storage areas operating properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are portable fuel containers properly closed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has power equipment (e.g. snowblowers, lawn mowers) been serviced and maintained according to the manufacturer's guidelines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Bathrooms and General Plumbing**

Condition		Recommendation/Additional Info
Do all restrooms have operational exhaust fans?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has proper drain trap maintenance been performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Combustion Appliances**

Condition		Recommendation/Additional Info
Have combustion appliances been checked for combustion gas and fuel odors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do all combustion appliances have flues or exhaust hoods?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are combustion appliances free of leaks, disconnections and deterioration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there no soot on the inside or outside of flue components?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**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 <input type="checkbox"/> No <input type="checkbox"/>	
Is the date of the last radon test known?	Yes <input type="checkbox"/> No <input type="checkbox"/>	