

Teacher's Classroom Checklist

Name: _____
 School: _____
 Room or Area: _____ Date Completed: _____
 Signature: _____

Assess the status of the following:

1. GENERAL CLEANLINESS

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1a. Rooms are dusted and vacuumed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Rooms are free of clutter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Trash is removed daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. All food is stored in tightly sealed containers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Room is free of pests and vermin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Unscented, school-approved cleaners and air fresheners, if any, are used in rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 2a. Exposure to animal allergens is minimized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Animal cages are placed away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. School nurse is consulted about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Potential allergies of students are identified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Sensitive students are moved away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 3a. Water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Water is run in sinks at least once per week (about 2 cups of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Toilets are flushed once each week, especially if not used regularly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 4a. Condensate is wiped from windows, windowsills, and window frames | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cold water pipes are free of condensate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Indoor surfaces of exterior walls are free of condensate..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Areas around and under classroom sinks are free of leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Classroom lavatories are free of leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Spills are cleaned promptly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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.

5. THERMAL COMFORT

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 5a. Temperature is maintained at moderate levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Drafts have been prevented..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Student seating is away from direct sunlight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Indoor humidity is maintained at acceptable levels (between 30 and 60 percent) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. VENTILATION

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 6a. Unit ventilator located (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Air supply and return vents located (if applicable)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Air is flowing from supply vent..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Air supply pathway is free from obstruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Exhaust vent is working..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. The classroom is free of vehicle exhaust, kitchen/food and chemical odors ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6g. Risk factors for mold or mildew have been minimized (refer to Appendix H of the <i>IAQ Reference Guide</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6h. Windows are operable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

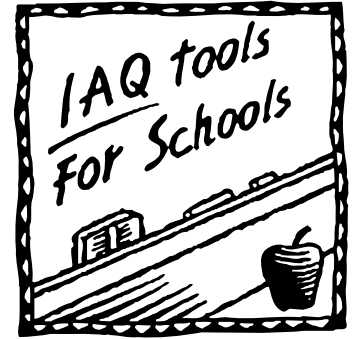
- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 7a. Supplies and their labels reviewed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Material Safety Data Sheets are accessible..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Spill clean-up procedures developed and implemented..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. All chemicals are labeled accurately with date of receipt/preparation and pertinent precautionary information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7e. Supplies are stored according to manufacturers' recommendations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7f. Recommended procedures for disposal of used substances understood and followed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7g. Compressed gas cylinders are stored securely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7h. Storage areas are separated from main classroom area and are ventilated separately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7i. Diluted substances, rather than concentrates, used wherever possible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7j. Exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products) minimized..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Fume hoods capture respirable particles, gases, and vapors released within them and are exhausted to the outside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

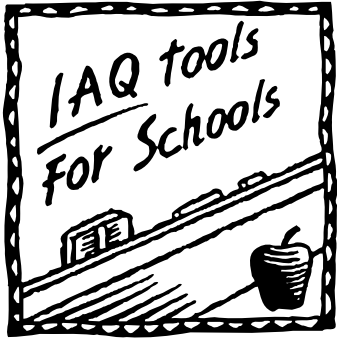
8. LOCAL EXHAUST FANS

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 8a. Major pollutant-generating activities, if any, identified..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Exhaust fan(s), if any, located | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8c. Fans operate properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8d. Adjacent rooms or halls are free of odor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. LOCKER ROOM

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 9a. Locker room and showers are cleaned regularly and properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9b. Soiled clothes are removed regularly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9c. Wet towels are removed from locker room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9d. There is water in the drain trap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9e. Local exhaust fan is functioning properly and used consistently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





NOTES