

# Building and Grounds Maintenance Checklist

Name: Michael Smith  
 School: Tofflon School  
 Room or Area: \_\_\_\_\_ Date Completed: 1/8/2024  
 Signature: [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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Reviewed supply labels .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that air from chemical and trash storage areas vents to the outdoors .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Stored chemical products and supplies in sealed, clearly labeled containers .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Researched and selected the safest products available .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured that supplies are being used according to manufacturers' instructions .....	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Substituted less- or non-hazardous materials (where possible) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Scheduled work involving odorous or hazardous chemicals for periods when the school is unoccupied .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. GROUNDS MAINTENANCE SUPPLIES

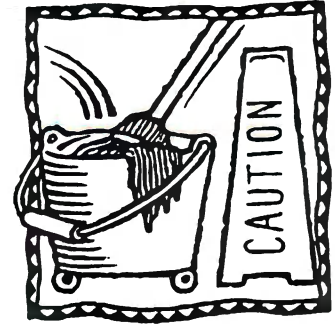
2a. Stored grounds maintenance supplies in appropriate area(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Ensured that supplies are used and stored according to manufacturers' instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>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

## 3. DUST CONTROL

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

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

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

#### 7. COMBUSTION APPLIANCES

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

#### 8. PEST CONTROL

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

#### NOTES



# Waste Management Checklist

Name: Michael Smith

School: Tottolon School

Room or Area: \_\_\_\_\_ Date Completed: 1/8/2024

Signature: [Handwritten 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. WASTE MANAGEMENT

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

## NOTES



# Walkthrough Inspection Checklist

Name: Michael Smith  
 School: Taftton School  
 Room or Area: \_\_\_\_\_ Date Completed: 11/8/2024  
 Signature: Michael Smith

## 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. GROUND LEVEL

	Yes	No	N/A
1a. Ensured that ventilation units operate properly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured there are no obstructions blocking air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Checked for nests and droppings near outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes .....	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured that vehicles avoid idling near outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Minimized pesticide application .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured that there is proper drainage away from the building (including roof downspouts) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured that sprinklers spray away from the building and outdoor air intakes .....	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Checked for evidence of water ponding .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Checked that ventilation units operate properly (air flows in) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Ensured that exhaust fans operate properly (air flows out) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Ensured that air intakes remain open, even at minimum setting .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Checked for nests and droppings near outdoor air intakes .....	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. ATTIC

3a. Checked for evidence of roof and plumbing leaks .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Checked for birds and animal nests .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4. GENERAL CONSIDERATIONS

4a. Ensured that temperature and humidity are maintained within acceptable ranges .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that no obstructions exist in supply and exhaust vents .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Checked for odors .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Checked for signs of mold and mildew growth .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**4. GENERAL CONSIDERATIONS (continued)**

- |                                                                  | Yes                                 | No                       | N/A                      |
|------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4e. Checked for signs of water damage .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Checked for evidence of pests and obvious food sources ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Noted and reviewed all concerns from school occupants .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**5. BATHROOMS AND GENERAL PLUMBING**

- |                                                                                  |                                     |                          |                          |
|----------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured that bathrooms and restrooms have operating exhaust fans .....       | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water is poured into sinks at least once per week (about 2 cups of water) ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilets are flushed at least once per week .....                                 | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Ensured that vents in chemical and trash storage areas are operating properly .....                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured that portable fuel containers are properly closed .....                                                                                | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. COMBUSTION APPLIANCES**

- |                                                                            |                                     |                          |                          |
|----------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that combustion appliances have flues or exhaust hoods .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Checked for leaks, disconnections, and deterioration .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Ensured there is no soot on inside or outside of flue components ..... | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Determined date of last radon test .....                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**NOTES**



# Integrated Pest Management Checklist

Name: Michael Smith  
 School: Toffalon School  
 Room or Area: \_\_\_\_\_ Date Completed: 2/8/24  
 Signature: [Handwritten 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.
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## 1. OFFICIAL POLICY STATEMENT

- |                                                                                                           | Yes                                 | No                       | N/A                      |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1a. Developed or located the school's official policy statement for integrated pest management (IPM)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. DESIGNATING PEST MANAGEMENT ROLES

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

## 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) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) .....                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 4. INSPECTING, IDENTIFYING, AND MONITORING

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

## 5. SETTING ACTION THRESHOLDS

- |                                                                                                 | Yes                                 | No                       | N/A                                 |
|-------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 5a. Evaluated all available data obtained through inspecting, identifying, and monitoring ..... | <input checked="" 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 checked="" type="checkbox"/> |
| 5c. Set action thresholds .....                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |



## 6. PREVENTIVE STRATEGIES

### INDOOR SITES

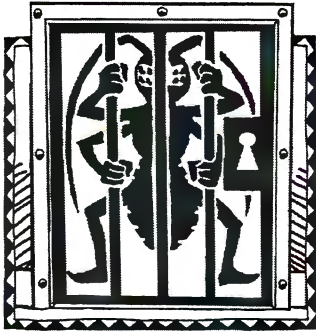
- 6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:
- |                                            |                                     |                                     |                          |
|--------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| • Entryways .....                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Classrooms .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Gymnasiums .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Locker rooms .....                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Offices .....                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Staff lounges .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Bathrooms .....                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Food preparation and serving areas ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Rooms with extensive plumbing .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Maintenance areas .....                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Other .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

### OUTDOOR SITES

- 6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:
- |                                                |                                     |                                     |                          |
|------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| • Playgrounds .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Parking lots .....                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Lawns and athletic fields .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Teaching gardens or greenhouses .....        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Loading docks .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Dumpsters .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Areas with ornamental shrubs and trees ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Other .....                                  | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods .....                                                                              | <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> |
| 7f. Used protective clothing or equipment when applying pesticides .....                                                                                                           | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters .....                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....                                                                         | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7o. Ensured that flammable liquids are stored away from ignition sources .....                                                                                            | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Service schedules for maintenance of buildings and grounds .....                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Current EPA-registered labels .....                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project ....                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Pest surveillance data sheets .....                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Diagram noting the location of pest activity, traps, and bait stations .....                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## NOTES

7d => we do not keep pesticides.

\* All pesticides, if used, are put down by our pest management company.

\* We do not store pesticides.

\* If pesticides are necessary they are put down when students are not in school.





# Food Service Checklist

Name: Michael Smith  
 School: Taffeln School  
 Room or Area:                      Date Completed: 11/9/2024  
 Signature: Michael Smith

## 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. COOKING AREA

- |                                                                                                                                                               | Yes                                 | No                                  | N/A                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1b. Checked for odors near cooking, preparation, and eating areas .....                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that gas appliances function properly .....                                                                                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1e. Verified that gas appliances are vented outdoors .....                                                                                                    | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1g. Ensured that kitchen is clean after use .....                                                                                                             | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary ..                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2d. Disposed of food scraps properly and removed crumbs .....                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) .....                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2f. Swept and wet mopped floors .....                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## 3. WASTE MANAGEMENT

- |                                                                                                                                                              |                                     |                                     |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 3a. Selected and placed waste in appropriate containers .....                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3b. Ensured that containers' lids are securely closed .....                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible .....                                                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3d. Stored waste containers in a well-ventilated area .....                                                                                                  | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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#### NOTES