

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.

Building and Grounds Maintenance Checklist

Name: _	Educational Center f	or the Arts IAQ Team	
School:	55 Audubon Street, I	New Haven, CT 06510	
	rea: ALL	Date Completed: _	10-22-2025
Signature:	Todd A. Solli		

1.	BUILDING MAINTENANCE SUPPLIES	/ <u>ac</u>	No	N/A
1a.	Developed appropriate procedures and stocked supplies for spill control			
1b.	Reviewed supply labels	X		
1c.	Ensured that air from chemical and trash storage areas vents to	_	_	_
1.1	the outdoors	X.		
	Stored chemical products and supplies in sealed, clearly labeled containers			
	Researched and selected the safest products available	X		
	Ensured that supplies are being used according to manufacturers' instructions	X		
1g.	Ensured that chemicals, chemical-containing wastes, and containers are			
1 h	disposed of according to manufacturers' instructions			
111. 1i.	Scheduled work involving odorous or hazardous chemicals for periods	Δ.	_	_
11.	when the school is unoccupied	X		
1j.	Ventilated affected areas during and after the use of odorous or			
	hazardous chemicals	X		
2.	GROUNDS MAINTENANCE SUPPLIES			
2a.	Stored grounds maintenance supplies in appropriate area(s)	X		
2b.	Ensured that supplies are used and stored according to manufacturers' instructions	Q		
2c.	Established and followed procedures to minimize exposure to fumes from supplies	×		
2d.	Reviewed and followed manufacturers' guidelines for maintenance			
2e.	Replaced portable gas cans with low-emission cans	X		
2f.	Stored chemical products and supplies in sealed, clearly-labeled			
2 ~	Ensured that chemicals, chemical-containing wastes, and containers are	X		
2g.	disposed of according to manufacturers' instructions			X
3.	DUST CONTROL			
3a.	Installed and maintained barrier mats for entrances		X	
3b.				
3c.				
	Wrapped feather dusters with a dust cloth			
3e.	Cleaned air return grilles and air supply vents	X		

4.	FLOOR CLEANING Yes	No	N/A	
4b.	Established and followed schedule for vacuuming and mopping floors			Z Z
5.	DRAIN TRAPS			
5b.	Poured water down floor drains once per week (about 1 quart of water)			
	MOISTURE, LEAKS, AND SPILLS	J	_	
	Checked for moldy odors			
6c.	indicate periodic leaks)			
6d.	Checked that windows, windowsills, and window frames are free of condensate	<u> </u>		
	Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate			
01.	Indoor areas near known roof or wall leaks			
	Walls around leaky or broken windows Floors and ceilings under plumbing			
	Duct interiors near humidifiers, cooling coils, and outdoor air intakes			
7.	COMBUSTION APPLIANCES			
	Checked for odors from combustion appliances			
	Checked appliances for backdrafting (using chemical smoke)			
	Inspected flue components for corrosion and soot			
8.	PEST CONTROL			
8a.	Completed the Integrated Pest Management Checklist			

NOTES

See Walkthrough Checklist for further details.