

## 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:   | Leeder Hill Drive (Whitney Academy & Whitney High School) IAQ Team |                 |            |  |  |  |  |
|---|--|-----------------|------------|--|--|--|--|
| School: 130 A/B Leeder Hill Drive, Hamden, CT 06517 |  |                 |            |  |  |  |  |
| 1   | Area: ALL  | Date Completed: | 10-28-2025 |  |  |  |  |
|   | Todd A. Solli  | •               |            |  |  |  |  |

| 1.         | BUILDING MAINTENANCE SUPPLIES   | Voc          | No | NI/ |
|------------|---|--------------|----|-----|
| 1a.        | Developed appropriate procedures and stocked supplies for spill control   |              |    |     |
| 1b.        | Reviewed supply labels  | 🛚            |    |     |
| 1c.        | Ensured that air from chemical and trash storage areas vents to   |              |    |     |
|            | the outdoors  | 🔀            |    |     |
| 1d.        | Stored chemical products and supplies in sealed, clearly labeled containers   | 🛚            |    |     |
|            | Researched and selected the safest products available   | 🔼            |    |     |
| 1f.        | Ensured that supplies are being used according to manufacturers' instructions   | 🛚            |    |     |
| 1g.        | Ensured that chemicals, chemical-containing wastes, and containers are  |              |    |     |
| 11         | disposed of according to manufacturers' instructions  |              |    |     |
| 1h.<br>1i. | Substituted less- or non-hazardous materials (where possible)   | 🛚            |    |     |
|            | when the school is unoccupied   | 🛎            |    |     |
| 1j.        | Ventilated affected areas during and after the use of odorous or hazardous chemicals  |              |    |     |
|            | nazardous cnemicais   | 🗱            |    |     |
| 2.         | GROUNDS MAINTENANCE SUPPLIES  |              |    |     |
| 2a.        | Stored grounds maintenance supplies in appropriate area(s)  | 🙀            |    |     |
| 2b.        | Ensured that supplies are used and stored according to manufacturers' instructions  | 🔽            |    |     |
| 2c.        | Established and followed procedures to minimize exposure to fumes from supplies   | [ <b>X</b> ] |    |     |
| 2d.        | Reviewed and followed manufacturers' guidelines for maintenance   |              |    |     |
|            | Replaced portable gas cans with low-emission cans   |              |    |     |
| 2f.        | Stored chemical products and supplies in sealed, clearly-labeled  |              |    |     |
|            | containers  | 🛚            |    |     |
| 2g.        | Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions | 🗖            |    | X   |
| 3.         | DUST CONTROL  |              |    |     |
| 39         | Installed and maintained barrier mats for entrances   | X            |    |     |
|            | Used high efficiency vacuum bags  |              |    |     |
|            | Used proper dusting techniques  |              |    |     |
|            | Wrapped feather dusters with a dust cloth   |              |    |     |
| 3e.        | Cleaned air return grilles and air supply vents   | 🛚            |    |     |

| 4.  | FLOOR CLEANING Yes  | No | N/A |  |
|-----|---|----|-----|--|
| 4b. | Established and followed schedule for vacuuming and mopping floors  | 0  |     |  |
| 5.  | DRAIN TRAPS   |    |     |  |
| 5b. | Poured water down floor drains once per week (about 1 quart of water)   |    |     |  |
|     | MOISTURE, LEAKS, AND SPILLS   |    |     |  |
|     | Checked for moldy odors   |    |     |  |
|     | indicate periodic leaks)  |    |     |  |
|     | Checked that windows, windowsills, and window frames are free of condensate   |    |     |  |
|     | Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate                                |    |     |  |
|     | Indoor areas near known roof or wall leaks  |    |     |  |
|     | Walls around leaky or broken windows  |    |     |  |
|     | Floors and ceilings under plumbing  |    |     |  |
| 7.  | COMBUSTION APPLIANCES   |    |     |  |
|     | Checked for odors from combustion appliances  |    |     |  |
|     | Checked appliances for backdrafting (using chemical smoke)  |    |     |  |
|     | Inspected exhaust components for leaks, disconnections, or deterioration Inspected flue components for corrosion and soot |    |     |  |
| 8.  | PEST CONTROL  |    |     |  |
| 8a. | Completed the Integrated Pest Management Checklist  |    |     |  |

## **NOTES**

See Walkthrough Checklist for further details.