

Walkthrough Inspection Checklist

Name: Enid Dgees
 School: ACCESS Program
 Room or Area: _____ Date Completed: 10/31/2025
 Signature: [Signature]

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b. Checked for evidence of water ponding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c. Checked that ventilation units operate properly (air flows in)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2d. Ensured that exhaust fans operate properly (air flows out)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2e. Ensured that air intakes remain open, even at minimum setting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Checked for nests and droppings near outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2g. Ensured that air from plumbing stacks and exhaust outlets flows away from outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. ATTIC

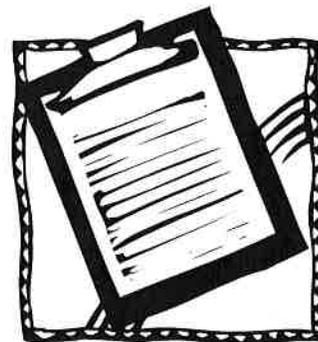
3a. Checked for evidence of roof and plumbing leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b. Checked for birds and animal nests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

NOTES

- Water leaks/stains in Cafeteria/Kitchen ceiling tiles.
- Air vents need cleaning dust removing.
- Ceiling tile over coffee area.
- Room 26 peeling paint by the window water damage?
- Room 25 missing ceiling tile. (close to vent area).
- Combustion appliances kept @ 205 skiff
- Vents in bathrooms full of dust.
- Proaches spotted around the kitchen/catereria
- Not able to access roof.
- no Attic