



## Uniform Indoor Air Quality Inspection and Evaluation Program

Reporting Year: 2024

District: Meriden Public Schools

School: Lincoln Middle School  
164 Centennial Ave, Meriden, CT 06451

In accordance with section 10-220(d) of the Connecticut General Statutes (“CGS § 10-220(d)” or “IAQ Statute”), Meriden Public Schools completed a uniform Indoor Air Quality (IAQ) inspection and evaluation of “Lincoln Middle School” in 2024. This report provides a summary of the School’s inspections and evaluations undertaken pursuant to the 14 IAQ categories set forth in the IAQ Statute. Where applicable, Meriden Public Schools referred to and relied on the U.S. Environmental Protection Agency’s (EPA’s) IAQ Tools for Schools (TFS) guidance and checklists in its inspections and evaluations. The TFS checklists completed for the School in 2024 can be found at <https://lincoln.meridenk12.org/resources/tools-for-schools/>.

### *1. Heating, Ventilation and Air Conditioning (HVAC) Systems*

Meriden Public Schools completed this assessment requirement using a combination of the TFS general Walkthrough Inspection Checklist and Ventilation Checklist. These checklists provide guidance for evaluating multiple elements of the School’s HVAC systems, including the School’s outdoor intakes and potential pollutant sources, system cleanliness and preventative maintenance programs, control components, distribution systems, and exhaust systems.

In accordance with section 10-231e of the Connecticut General Statutes, Meriden Public Schools also ensures that the School’s HVAC systems are (1) maintained and operated in accordance with the prevailing maintenance standards at the time of installation or renovation of such systems, and (2) operated continuously during the hours in which students or School personnel occupy School facilities, except (A) during scheduled maintenance and emergency repairs, and (B) during periods for which School officials can demonstrate that the quantity of outdoor air supplied provides sufficient air changes.

This year’s assessment did not identify any issues with the HVAC system that required immediate action in connection with IAQ in the School.

### *2. Radon Levels in Air*

Meriden Public Schools has a long-established radon testing program for the School in accordance with CGS § 10-220(d) and the State of Connecticut Department of Public Health (CTDPH) guidance. This program currently requires qualified and trained professionals to evaluate each school building for radon through sampling and laboratory analysis every three years as well as reporting to CTDPH. Meriden Public Schools is conducting a radon evaluation in all school buildings during the 2024-2025 testing season. The District is due for the next periodic evaluation during the 2027-2028 school year.

### *3. Potential For Exposure to Microbiological Airborne Particles, Including, But Not Limited To, Fungi, Mold, and Bacteria*

Meriden Public Schools addressed this assessment requirement using a combination of EPA’s TFS general Walkthrough Inspection, Building and Grounds Maintenance, Food Service, and Teacher’s Classroom checklists. The focus items include evaluation of drainage at the exterior and roof of the School, any evidence of interior



moisture intrusion or moisture issues through roof or plumbing leaks or any consistent condensation or evidence of mold/mildew growth.

The School's IAQ conditions were typical of school buildings and no concerns for microbiological airborne particles were noted in the assessment.

#### *4. Chemical Compounds of Concern to Indoor Air Quality Including, But Not Limited To, Volatile Organic Compounds*

Meriden Public Schools addressed this assessment requirement using a combination of EPA's TFS general Walkthrough Inspection and Building and Grounds Maintenance checklists. The focus items include the evaluation of building maintenance supplies and grounds maintenance supplies and how they are used, stored, and labeled as well as spill response, engineering, and administrative controls used in conjunction with these products.

The assessment did not reveal any issues with chemicals of concern impacting the IAQ. Additionally, the School continues to operate its green cleaning program utilizing environmentally preferable cleaning and disinfecting products.

#### *5. Degree Of Pest Infestation, Including, But Not Limited To, Insects and Rodents*

Meriden Public Schools addressed this assessment requirement using a combination of EPA's TFS general Walkthrough Inspection, Teacher's Classroom, Waste Management, Food Service and Integrated Pest Management checklists. The focus items include the evaluation of pest evidence, entry points, food, water, and identification of potential pest habitats as well as establishing a regular monitoring program.

Buildings are visually inspected bi-weekly by Total Pest Control (the District's integrated pest management company) to evaluate reported issues (if applicable), review potential exterior entry points and eliminate conditions that might be conducive to breeding or attracting pests. After the assessment, it was determined that any food stored in classrooms should be contained in plastic containers.

#### *6. Degree Of Pesticide Usage*

Meriden Public Schools operates an Integrated Pest Management (IPM) program in accordance with CGS § 10-231a-231d. The IPM program requires Meriden Public Schools to evaluate alternative pest management methods before using pesticides, utilize the least toxic method to address the pest problem and ensure all pest control products are used and stored in accordance with regulatory and manufacturer requirements by trained and qualified personnel. The plan further requires notifications to school occupants and parents of pesticide applications through posted notices and/or letters and that records of IPM practices and a pest management log be maintained for the School.

The application of pesticides on School grounds is avoided unless there is an emergency and it is only used under the direction of a licensed pesticide applicator.

#### *7. "Meriden Public Schools has evaluated the School for the potential presence of "extremely hazardous substances" as listed in EPCRA Section 302 and determined there are currently none present."*

#### *8. Ventilation Systems*

The assessment of the School's ventilation systems is addressed in Section 1 herein.



## *9. Plumbing, Including Water Distribution Systems, Drainage Systems and Fixtures*

Meriden Public Schools addressed this assessment requirement using a combination of EPA's TFS General Walkthrough Inspection, Building and Grounds Maintenance, Teacher's Classroom and Food Service checklists. The focus items include the evaluation of drainage and plumbing systems for evidence of leaks, odors, staining, condensation, and evidence of mold/mildew growth.

Based on the walkthrough, no plumbing issues affecting IAQ were identified

## *10. Moisture Incursion*

Meriden Public Schools addressed this assessment requirement using a combination of EPA's TFS general Walkthrough Inspection, Building and Grounds Maintenance, Teacher's Classroom and Food Service checklists. The focus items include evaluation of drainage at the exterior and roof of the building, evidence of interior moisture intrusion or moisture issues through roof or plumbing leaks or consistent condensation and evidence of mold/mildew growth.

In Lincoln Middle School, if school staff see issues of moisture incursion they report them to the head custodian. The head custodian enters a work order ticket. When these issues are identified, the issue is repaired or replaced as applicable and the root cause of the moisture is evaluated and addressed.

## *11. Overall Cleanliness of The Facilities*

Meriden Public Schools addressed this assessment requirement using a combination of EPA's TFS general Walkthrough Inspection, Teacher's Classroom, Waste Management, Food Service and Integrated Pest Management checklists. The focus items include evaluation of sanitary conditions in food handling and storage areas, ensuring waste does not accumulate, verifying walk-off mats are present at each entrance, ensuring proper procedures are in place for dust control during cleaning activities and a schedule is established for vacuuming and mopping floors.

At Lincoln Middle School, one classroom teacher reported that trash was not picked up daily and six classrooms reported minor dust collection in limited areas, but overall, the School was acceptably clean.

## *12. Building Structural Elements, Including, But Not Limited To, Roofing, Basements or Slabs*

Meriden Public Schools addressed this assessment requirement using a combination of EPA's TFS general Walkthrough Inspection and Building and Grounds Maintenance checklists. The focus items include visual evaluation of roofing materials and structural components of the building.

## *13. Use Of Space, Particularly Areas That Were Designed to Be Unoccupied*

Meriden Public Schools continuously evaluates the use of space at the School. The School staff understand that spaces not designed to be occupied may not have adequate ventilation or meet minimum requirements for heating or cooling.

Lincoln Middle School's walkthrough did not identify the use of any spaces contrary to their intended use (e.g., the use of a closet as an office).

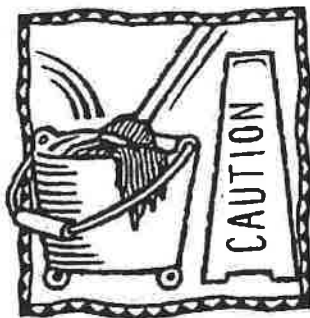
## *14. The Provision of Indoor Air Quality Maintenance Training for Building Staff*

# MERIDEN PUBLIC SCHOOLS

Here, Students Succeed



Meriden Public Schools building staff have been trained, most recently in 2024, in the use of the EPA TFS checklists to gather information related to the overall condition of the school building. Staff understand that findings must be documented and addressed promptly. Additionally, certain staff members have specialized training related to HVAC, plumbing, nursing, groundskeeping, etc., and serve a critical role in addressing identified concerns if/when they arise.



# Building and Grounds Maintenance Checklist

Name: David Paul  
 School: Lincoln Middle School  
 Room or Area: All Date Completed: 3/1/2024  
 Signature: David Paul

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

3d. majority of dusting is done with micro-fiber dusters mixed with green product, so dust does not become air-borne



# Food Service Checklist

Name: Megan Jalbert  
 School: Lincoln Middle School  
 Room or Area: Cafe / Kitchen Date Completed: 4/2/24  
 Signature: Megan Jalbert

## 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                       |
|---|-------------------------------------|--------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1b. Checked for odors near cooking, preparation, and eating areas .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that gas appliances function properly .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1e. Verified that gas appliances are vented outdoors .....  | <input checked="" 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"/> |
| 1g. Ensured that kitchen is clean after use .....   | <input checked="" 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"/> |
| 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"/> |
| 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"/> |
- ceiling leaks  
discolored tiles*

## 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"/>            |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary ..  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2d. Disposed of food scraps properly and removed crumbs .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2f. Swept and wet mopped floors .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
- ongoing - custodian*
- improved w/ sub custodian - lacking training*

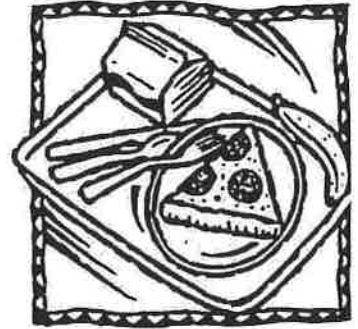
## 3. WASTE MANAGEMENT

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| 3a. Selected and placed waste in appropriate containers .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3b. Ensured that containers' lids are securely closed .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3d. Stored waste containers in a well-ventilated area .....  | <input checked="" 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"/>            |
- lids for small only*
- Zamboni smells when used*

#### 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen ..... <i>leads into kitchen</i> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

*vendors turn off engines*



#### NOTES

- ceiling leaks / discolored tile
- floors - not cleaned daily
  - Zamboni smells when used
  - lack training

-





# Integrated Pest Management Checklist

Name: David Paul  
 School: Lincoln Middle School  
 Room or Area: All Date Completed: 3/1/2024  
 Signature: David Paul

## 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. 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2d. Encouraged parents to learn about IPM practices and implement them at home .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2e. Developed a program to educate and train all IPM participants .....  | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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 type="checkbox"/> | <input type="checkbox"/> |
| • Offices .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff lounges .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bathrooms .....                          | <input checked="" type="checkbox"/> | <input 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NOTES

2c, d, e Discuss these three line items  
with IAQ Team

4d, f. IPM program does not monitor pest  
population, address sightings/problems  
ASAP.

Departments > Facilities >

## Integrated Pest Management

The Meriden Public School system places your child's safety above all else in operating its school facilities. In compliance with State law, the Meriden Public School system actively practices an Integrated Pest Management program. The law requires that the school system develop a registry of parents and staff that would like notification prior to application of a pesticide on school property. Meriden's Integrated Pest Management program entails some of the following procedures:

1. Buildings are visually inspected on a regular basis to determine if any infestation exists and to eliminate any condition that might be conducive to breeding or attracting of pests.
2. Corrective actions are taken immediately when there is a potential concern.
3. Non-toxic solutions are utilized as a first course of action to abate any pest problem.
4. When toxic measures (pesticides) must be used, the least toxic available product is utilized.
5. Chemical treatment is only performed by State licensed applicators.
6. Treatments, when necessary, are done during non-school hours.

Parents wishing to be placed on the school notification registry should indicate so by registering in their child's school office.

Adult & Continuing  
Education

Arts

Bilingual and ESOL  
Department

Business Office

Curriculum and  
Instructional Technology

Equity and Instruction

Facilities

Green Cleaning

Integrated Pest Management

COVID-19 Resources

Family-School Liaison

Food and Nutrition  
Services

Personnel and Talent  
Development

Pupil Personnel Programs

Research and Evaluation

Teaching and Innovation

Finance and Operations

Transportation



# Ventilation Checklist

Name: Deward Paul  
 School: Lincoln Middle School  
 Unit Ventilator/AHU No: 1-5  
 Room or Area: All Date Completed: 3/1/2024  
 Signature: Deward Paul

## Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of this checklist for **each** ventilation unit in your school, as well as a copy 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. OUTDOOR AIR INTAKES

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 1a. Marked locations of all outdoor air intakes on a small floor plan (for example, a fire escape floor plan) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 1: OBSTRUCTIONS

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 2: POLLUTANT SOURCES

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) .....                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 3: AIRFLOW

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) .. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Replaced filters per maintenance schedule .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Vacuumed filter areas before installing new filters .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Confirmed proper installation of filters (correct direction for airflow) .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS (continued)

### ACTIVITY 5: DRAIN PANS

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 2f. Ensured that drain pans slant toward the drain (to prevent water from accumulating) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Cleaned drain pans .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2h. Checked drain pans for mold and mildew .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 6: COILS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2i. Ensured that heating and cooling coils are clean ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

### ACTIVITY 7: AIR-HANDLING UNITS, UNIT VENTILATORS

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 2j. Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 8: MECHANICAL ROOMS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2l. Checked mechanical room for unsanitary conditions, leaks, and spills .....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2m. Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. CONTROLS FOR OUTDOOR AIR SUPPLY

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3a. Ensured that air dampers are at least partially open (minimum position) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that minimum position provides adequate outdoor air for occupants ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 9: CONTROLS INFORMATION

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3c. Obtained and reviewed all design inside/outside temperature and humidity requirements, controls specifications, as-built mechanical drawings, and controls operations manuals (often uniquely designed) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

### ACTIVITY 10: CLOCKS, TIMERS, SWITCHES

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3d. Turned summer-winter switches to the correct position .....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Set time clocks appropriately .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 11: CONTROL COMPONENTS

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| 3g. Ensured appropriate system pressure by testing line pressure at both the occupied (day) setting and the unoccupied (night) setting .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3h. Checked that the line dryer prevents moisture buildup .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3i. Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3j. Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions) .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 12: OUTDOOR AIR DAMPERS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3k. Ensured that the outdoor air damper is visible for inspection .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3l. Ensured that the recirculating relief and/or exhaust dampers are visible for inspection .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3m. Ensured that air temperature in the indoor area(s) served by each outdoor air damper is within the normal operating range ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: It is necessary to ensure that the damper is operating properly and within the normal range to continue.*





### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3n. Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3o. Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3p. If in heating mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 85°F .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3q. If in cooling mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 60°F and mixed air thermostat is set to 45°F ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3r. If the outdoor air damper does not move, confirmed the following items:   |                                     |                          |                                     |
| • The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Moving parts are free of impediments (e.g., rust, corrosion) .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Electrical wire or pneumatic tubing connects to the damper actuator .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly) .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*Proceed to Activities 13–16 if the damper seems to be operating properly.*

#### ACTIVITY 13: FREEZE STATS

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 3s. Disconnected power to controls (for automatic reset only) to test continuity across terminals .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| OR   |                                     |                          |                                     |
| 3t. Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped) ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3u. Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

*NOTE: HVAC systems with water coils need protection from the cold. The freeze-stat may close the outdoor air damper and disconnect the supply air when tripped. The typical trip range is 35°F to 42°F.*

#### ACTIVITY 14: MIXED AIR THERMOSTATS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3v. Ensured that the mixed air stat for heating mode is set no higher than 65°F .....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3w. Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### ACTIVITY 15: ECONOMIZERS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3x. Confirmed proper economizer settings based on design specifications or local practices ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

*NOTE: The dry-bulb is typically set at 65°F or lower.*

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3y. Checked that sensor on the economizer is shielded from direct sunlight .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3z. Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: Economizers use varying amounts of cool outdoor air to assist with the cooling load of the room or rooms. There are two types of economizers, dry-bulb and enthalpy. Dry-bulb economizers vary the amount of outdoor air based on outdoor temperature, and enthalpy economizers vary the amount of outdoor air based on outdoor temperature and humidity level.*

### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

#### ACTIVITY 16: FANS

- 3aa. Ensured that all fans (supply fans and associated return or relief fans) that move outside air indoors continuously operate during occupied hours (even when room thermostat is satisfied).....  Yes  No  N/A

*NOTE: If fan shuts off when the thermostat is satisfied, adjust control cycle as necessary to ensure sufficient outdoor air supply.*



### 4. AIR DISTRIBUTION

#### ACTIVITY 17: AIR DISTRIBUTION

- 4a. Ensured that supply and return air pathways in the existing ventilation system perform as required.....
- 4b. Ensured that passive gravity relief ventilation systems and transfer grilles between rooms and corridors are functioning.....

*NOTE: If ventilation system is closed or blocked to meet current fire codes, consult with a professional engineer for remedies.*

- 4c. Made sure every occupied space has supply of outdoor air (mechanical system or operable windows).....
- 4d. Ensured that supply and return vents are open and unblocked.....

*NOTE: If outlets have been blocked intentionally to correct drafts or discomfort, investigate and correct the cause of the discomfort and reopen the vents.*

- 4e. Modified the HVAC system to supply outside air to areas without an outdoor air supply.....
- 4f. Modified existing HVAC systems to incorporate any room or zone layout and population changes.....
- 4g. Moved all barriers (for example, room dividers, large free-standing blackboards or displays, bookshelves) that could block movement of air in the room, especially those blocking air vents.....
- 4h. Ensured that unit ventilators are quiet enough to accommodate classroom activities.....
- 4i. Ensured that classrooms are free of uncomfortable drafts produced by air from supply terminals.....

#### ACTIVITY 18: PRESSURIZATION IN BUILDINGS

*NOTE: To prevent infiltration of outdoor pollutants, the ventilation system is designed to maintain positive pressurization in the building. Therefore, ensure that the system, including any exhaust fans, is operating on the "occupied" cycle when doing this activity.*

- 4j. Ensured that air flows out of the building (using chemical smoke) through windows, doors, or other cracks and holes in exterior wall (for example, floor joints, pipe openings).....

### 5. EXHAUST SYSTEMS

#### ACTIVITY 19: EXHAUST FAN OPERATION

- 5a. Checked (using chemical smoke) that air flows into exhaust fan grille(s).....

*If fans are running but air is not flowing toward the exhaust intake, check for the following:*

- Inoperable dampers
- Obstructed, leaky, or disconnected ductwork
- Undersized or improperly installed fan
- Broken fan belt





## 5. EXHAUST SYSTEMS (continued)

### ACTIVITY 20: EXHAUST AIRFLOW

*NOTE: Prevent migration of indoor contaminants from areas such as bathrooms, kitchens, and labs by keeping them under negative pressure (as compared to surrounding spaces).*

- 5b. Checked (using chemical smoke) that air is drawn into the room from adjacent spaces .....  Yes  No  N/A

*Stand outside the room with the door slightly open while checking airflow high and low in the door opening (see "How to Measure Airflow").*

- 5c. Ensured that air is flowing toward the exhaust intake .....

### ACTIVITY 21: EXHAUST DUCTWORK

- 5d. Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition .....

## 6. QUANTITY OF OUTDOOR AIR

### ACTIVITY 22: OUTDOOR AIR MEASUREMENTS AND CALCULATIONS

*NOTE: Refer to "How to Measure Airflow" for techniques.*

- 6a. Measured the quantity of outdoor air supplied (22a) to each ventilation unit .....
- 6b. Calculated the number of occupants served (22b) by the ventilation unit under consideration .....
- 6c. Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c) .....

### ACTIVITY 23: ACCEPTABLE LEVELS OF OUTDOOR AIR QUANTITIES

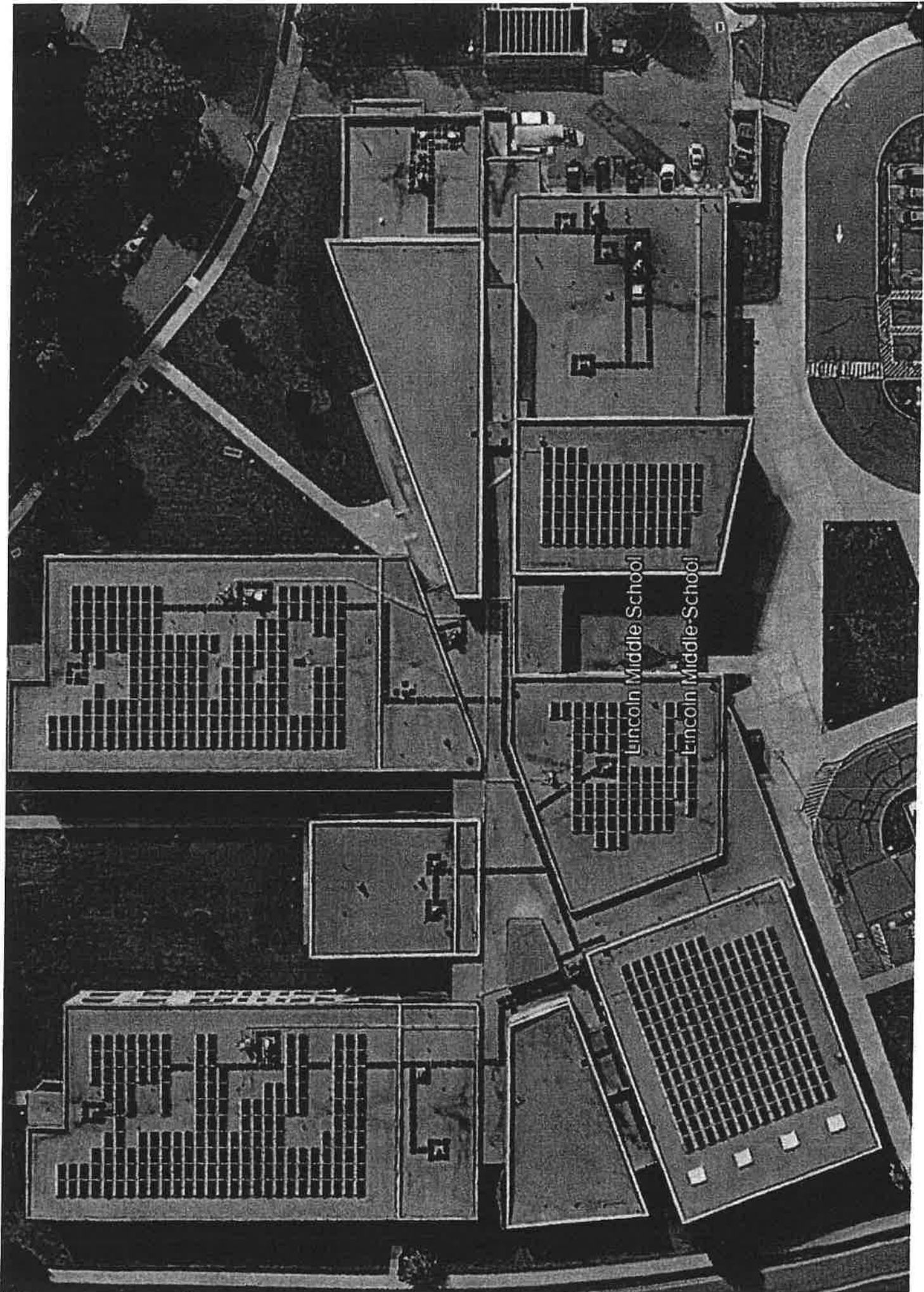
- 6d. Compared the existing outdoor air per person (22c) to the recommended levels in Table 1 .....
- 6e. Corrected problems with ventilation units that supplied inadequate quantities of outdoor air to ensure that outdoor air quantities (22c) meet the recommended levels in Table 1 .....

## NOTES

1d. NO ISSUES  
1g }  
2k.

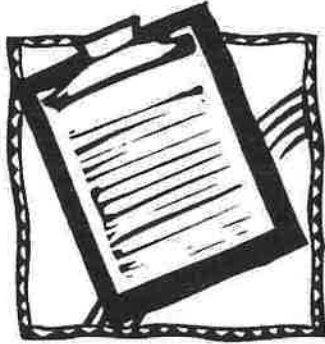
3g-3j Building controls automated, no pneumatic controls in building.

4j } NO smoke used, tissue was used to determine  
5a. } air flow  
5b.



Lincoln Middle School

Lincoln Middle School



# Walkthrough Inspection Checklist

Name: David Paul  
 School: Lincoln Middle School  
 Room or Area: All Date Completed: 3/1/2024  
 Signature: David Paul

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

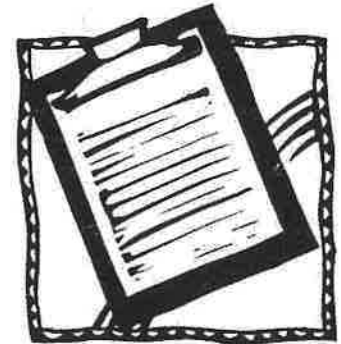
- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| 3a. Checked for evidence of roof and plumbing leaks ..... | <input type="checkbox"/> | <input type="checkbox"/> | <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 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"/> |

**NOTES**

1i no sprinkler system on school property  
 3a,b no attic space, pent houses on roof only  
 8b. Testing for radon is scheduled for Summer 2024



# Waste Management Checklist

Name: David Paul  
 School: Lincoln Middle School  
 Room or Area: All Date Completed: 3/1/2024  
 Signature: David Paul

## 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. 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 checked="" 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 type="checkbox"/>	<input checked="" 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

No garbage ~~is~~ is stored inside, all dumpsters have appropriate lids.  
 1.i food waste is disposed of each day