



Walkthrough Inspection Checklist

Name:	Eric Proia
School:	Strong Middle School
Room or Area:	Roof
Date Completed:	12-22-25
Signature:	

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. GROUND LEVEL

	Yes	No	N/A
1a. Ensured that ventilation units operate properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured there are no obstructions blocking air intakes.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Checked for nests and droppings near outdoor air intakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured that vehicles avoid idling near outdoor air intakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Minimized pesticide application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured that there is proper drainage away from the building (including roof downspouts)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured that sprinklers spray away from the building and outdoor air intakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ROOF

While on the roof, consider inspecting the HVAC units (use the Ventilation Checklist).

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

3. ATTIC

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

4. GENERAL CONSIDERATIONS

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

4. GENERAL CONSIDERATIONS (continued)

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



5. BATHROOMS AND GENERAL PLUMBING

5a. Ensured that bathrooms and restrooms have operating exhaust fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ensured proper drain trap maintenance: Water is poured down floor drains once per week (approx. 1 quart of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water is poured into sinks at least once per week (about 2 cups of water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets are flushed at least once per week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. MAINTENANCE SUPPLIES

6a. Ensured that chemicals are used only with adequate ventilation and when building is unoccupied	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Ensured that vents in chemical and trash storage areas are operating properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Ensured that portable fuel containers are properly closed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. COMBUSTION APPLIANCES

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

8. OTHER

8a. Checked for peeling and flaking paint (if the building was built before 1980, this could be a lead hazard)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. Determined date of last radon test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES