



Building and Grounds Maintenance Checklist

Name: Eric Proia
School: John Lyman Elementary School
Room or Area: School Date Completed: 12-22-25
Signature: EP

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. 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"/>

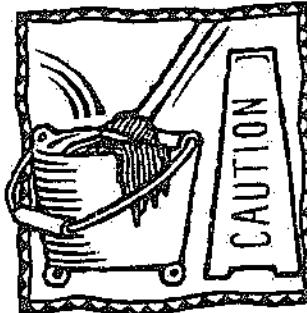
3. DUST CONTROL

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
4b. Cleaned spills on floors promptly (as necessary)
4c. Performed restorative maintenance (as necessary)



5. DRAIN TRAPS

5a. Poured water down floor drains once per week (about 1 quart of water)
5b. Ran water in sinks at least once per week (about 2 cups of water)
5c. Flushed toilets once each week (if not used regularly)

6. MOISTURE, LEAKS, AND SPILLS

6a. Checked for moldy odors
6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks)
6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms)
6d. Checked that windows, windowsills, and window frames are free of condensate
6e. Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate
6f. Ensured the following areas are free from signs of leaks and water damage:
 Indoor areas near known roof or wall leaks
 Walls around leaky or broken windows
 Floors and ceilings under plumbing
 Duct interiors near humidifiers, cooling coils, and outdoor air intakes

7. COMBUSTION APPLIANCES

7a. Checked for odors from combustion appliances
7b. Checked appliances for backdrafting (using chemical smoke)
7c. Inspected exhaust components for leaks, disconnections, or deterioration
7d. Inspected flue components for corrosion and soot

8. PEST CONTROL

8a. Completed the *Integrated Pest Management Checklist*

NOTES