

Burlington School District IAQ Investigation Check List

Investigator _____

Date _____

Complainant	Date received	Building	Room/ Location

1. Is problem on going? Yes _____ No _____

2. Description of complaint:

3. Is this an emergency? Yes _____ No _____

Actions Taken: Evacuation _____ Notification _____ Other _____

Note:

4. Check the following as they apply to the location:

Air Handling

NOTES

- A) Is there an objectionable odor? Yes _____ No _____
- B) Is ventilation system on? Yes _____ No _____
- C) Is outdoor intake blocked? Yes _____ No _____
- D) Are supply vents blocked? Yes _____ No _____
- E) What is the CO2? _____
- F) Check filters, list dates _____
- G) Are dampers working? Yes _____ No _____
- H) Are the coils clean? Yes _____ No _____
- I) Is exhaust on? Yes _____ No _____

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NOTES

Biological source

- | | | | | |
|---|-----|----|--|--|
| A) Are there animals present? | Yes | No | | |
| B) Is there a odor of mold or mildew? | Yes | No | | |
| C) Are there any visual signs of mold? | Yes | No | | |
| D) Is there any standing water? | Yes | No | | |
| E) Are there any stained ceiling tiles? | Yes | No | | |

Housekeeping sources/ issues

- | | | | | |
|--|-----|----|--|--|
| A) Are there complaints after cleaning? | Yes | No | | |
| B) Are there non school approved cleaning supplies? | Yes | No | | |
| If yes, is there any MSDS? | Yes | No | | |
| C) Are there cleaning issues? | Yes | No | | |
| D) Is there household furniture present?
i.e. couches, chairs, throw rug? | Yes | No | | |
| E) Is there a carpet in the room?
If yes is it stained? | Yes | No | | |
| F) Is there 9x9 tile?
If yes, is it sealed? | Yes | No | | |
| G) Is there any other ACM in this area?
If yes, is it in good condition? | Yes | No | | |

Building, and outside sources

- | | | | | |
|---|-----|----|--|--|
| A) Are sources of odors from outside | Yes | No | | |
| B) Are pollen levels high? | Yes | No | | |
| C) Has there been any recent painting, roofing
construction or remodeling? | Yes | No | | |
| D) Are there new furnishings and or
equipment? | Yes | No | | |
| E) Are there drain traps dry? | Yes | No | | |

5. Repeat all diagnostics for each potential cause in affective locations. Date Completed _____

6. If problem remains unidentified or uncorrected, contact ATC.

7. Provide notice to building administration and complainant, if the problem is not quickly resolved. Date Completed _____

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8. Problem resolved, list all preventive measures taken:

Date Completed _____

9. To prevent further IAQ issues implement an Management plan.

Date Completed _____