Checklist of E/OHS Activities for Indoor Air Quality

Program Contact Person: Brian Mohr

Is the IAQ Plan in place? *Yes No*

Is the Plan current?  *Yes No*

Has the Plan been reviewed this school year? *Yes No*

Has an IAQ Committee beenestablished? *Yes No*

Have the program and goals been approved by the School Board for the current school year? *Yes No*

Has the annual cursory walk-through been conducted? *Yes No*

Havethedistrictskeybuilding systems been evaluated? Yes No

When was the evaluation completed?Throughout 2008-2009 school year.

Who conducted the evaluation? Lee Carlson

Wereoccupied areas of the district evaluated using the EPA’s Tools For Schools check list or equivalent?

* Teachers check list? An information fact sheet was provided all –staff.

# of forms distributed # of Forms returned:

* Building maintenance checklist?
* Building ventilation checklist?

Training conducted: All-staff 3/8/2011

 *(date)*

 Training has been scheduled for:.

 *(date)*

Has the District determined the mechanical ventilation rate of each occupied space? *Yes No.*

Supportive technical services were conducted on: 2-3-2010.

 *(date)*

Results of technical services are located?

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