Checklist of E/OHS Activities for Indoor Air Quality

Program Contact Person: Barry Gappa

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, The Safety Committee responds to concerns and IAQ issues.

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? 3/4/2011 (during IAQ mold testing)

Who conducted the evaluation? Advanced Health, Safety and Security

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? N/A
* Building ventilation checklist? 3/4/2011

Training conducted 6/29/2011

 *(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: 2-5-04.

 *(date)*

Results of technical services are located? Activities Manual