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.

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