



# Walkthrough Inspection Checklist

Name: Eric Proia  
 School: Middlefield Memorial School  
 Room or Area: Roof Date Completed: 01-04-24  
 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. GROUND LEVEL

	Yes	No	N/A
1a. Ensured that ventilation units operate properly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured there are no obstructions blocking air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Checked for nests and droppings near outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Determined that dumpsters are located away from doors, windows, and outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured that vehicles avoid idling near outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Minimized pesticide application .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured that there is proper drainage away from the building (including roof downspouts) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured that sprinklers spray away from the building and outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. ROOF

*While on the roof, consider inspecting the HVAC units (use the Ventilation Checklist).*

2a. Ensured that the roof is in good condition .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Checked for evidence of water ponding .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Checked that ventilation units operate properly (air flows in) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Ensured that exhaust fans operate properly (air flows out) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Ensured that air intakes remain open, even at minimum setting .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Checked for nests and droppings near outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2g. Ensured that air from plumbing stacks and exhaust outlets flows away from outdoor air intakes .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. ATTIC

3a. Checked for evidence of roof and plumbing leaks .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Checked for birds and animal nests .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4. GENERAL CONSIDERATIONS

4a. Ensured that temperature and humidity are maintained within acceptable ranges .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Ensured that no obstructions exist in supply and exhaust vents .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Checked for odors .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Checked for signs of mold and mildew growth .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. GENERAL CONSIDERATIONS (continued)**

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 4e. Checked for signs of water damage.....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Checked for evidence of pests and obvious food sources..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Noted and reviewed all concerns from school occupants.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5. BATHROOMS AND GENERAL PLUMBING**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Ensured that bathrooms and restrooms have operating exhaust fans.....       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ensured proper drain trap maintenance:                                      |                                     |                          |                          |
| Water is poured down floor drains once per week (approx. 1 quart of water)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water is poured into sinks at least once per week (about 2 cups of water).....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilets are flushed at least once per week.....                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. MAINTENANCE SUPPLIES**

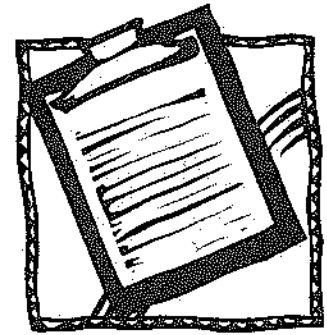
- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Ensured that chemicals are used only with adequate ventilation and when building is unoccupied.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Ensured that vents in chemical and trash storage areas are operating properly.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Ensured that portable fuel containers are properly closed.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. COMBUSTION APPLIANCES**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors.....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7b. Ensured that combustion appliances have flues or exhaust hoods.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7c. Checked for leaks, disconnections, and deterioration.....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7d. Ensured there is no soot on inside or outside of flue components..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**8. OTHER**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 8a. Checked for peeling and flaking paint (if the building was built before 1980, this could be a lead hazard)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8b. Determined date of last radon test.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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**NOTES**