

School District No. 85 (Vancouver Island North)
Indoor Air Quality Inspection Checklist

Date of Inspection: _____ Time _____ AM PM
 Name of Inspector(s): _____ Age of Building: _____
 School or Building: _____ Room No. _____

General Observations

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls Ceilings and Floors |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Mold on walls, Ceiling, around windows</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Mold and/or sour odour on plant pots</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Visible dust on flat surfaces</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Missing thermostats in enclosed offices</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Indoor shower facilities</i> |

Open Plan Offices

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Area enclosed by screens</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Use of screens more than five feet tall</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Screens touch the floor</i> |

Diffusers

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Diffusers blocked</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Mold, dust, dirt marks on diffusers</i> |

Air Exhaust Louvers

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Louver blocked</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Mold, dirt, dust on or around louvers</i> |

Pollutant Sources within 3 meters of Workstation

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Photocopiers</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Chemical storage/handling area</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Smoking room</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Particle board/plywood shelves</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Paper storage area</i> |

Carbon Monoxide (CO) Sources

Air entering the building from:

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>- parking garage</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>- loading</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>- other (describe) _____</i> |

Indoor sources such as:

- | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>- gas stoves</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>- gas fired heating system</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>- free standing gas heaters</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>- other (describe) _____</i> |

Volatile Organic Compounds (VOCs)

YES NO N/A *Inside the building*

- chemical laboratory
- chemical storage
- plywood, particle board shelving (newly installed)

Cigarette Smoke

- Do people smoke inside the building?

Maintenance and Design

- Windows can be opened
- People frequently open windows
- Ventilation system altered
- Number of occupants changed
- Areas recarpetted
- Work areas repainted
- Any odours present

Other Comments:

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