INDOOR AIR QUALITY (IAQ) MINI-WALKTHROUGH INSPECTION

Name of School: _____

Location (Room #): _____   Date of Room Inspection: _____

Reported Concern: _____

Persons Conducting Mini-Walkthrough: _____

CHECK ROOM FOR THE FINDINGS:

1. Is there Moisture Incursion (water stains)   Yes ☐   No ☐
   If yes, where?   _____

2. Is there an Odor and if so, what type?   Yes ☐   No ☐
   Type?   _____

3. Is the HVAC supply and exhaust system working?   Yes ☐   No ☐
   If no, describe the problem: _____

4. Is there visible mold growth?   Yes ☐   No ☐
   If yes, on what surface?_____

5. Is there an issue regarding cleanliness?   Yes ☐   No ☐
   If yes, what surface(s) needs a better cleaning?   _____

6. Was a non approved cleaning product or soap found?   Yes ☐   No ☐
   If yes, please list the product(s)   _____

7. Are there upholstered furniture items or carpet squares?   Yes ☐   No ☐
   If yes, please give a detailed description   _____

8. Are there plants in the room?   Yes ☐   No ☐
   If yes, what condition are they in (dead, dying, dusty, dirt needs to be replaced)?

   _____

   If yes, what type of container are they in?   _____

   If yes, are they near paper, books or carboard?   Yes ☐   No ☐

9. Are there stuffed animals in the room?   Yes ☐   No ☐
   If yes, please give a description   _____

10. Is there food stored in the room?   Yes ☐   No ☐
    If yes, is the food stored properly in hard
    plastic containers?   Yes ☐   No ☐

    If no, what is the food stored in?   _____

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11. Are there signs of pests?   Yes ☐   No ☐
    If yes, please give a detailed description, i.e., droppings, dead bugs, location in room.

    _____

12. Was information entered into SNAP?   Yes ☐   No ☐

13. Was a workorder submitted for repair of the identified facility issue?   Yes ☐   No ☐

    If yes, what is the workorder number?   _____

14. Was a full TFS team meeting and walkthrough warranted?   Yes ☐   No ☐

    If yes, what date is it scheduled?   _____

15. Were any lab tests ordered?   Yes ☐   No ☐

    If yes, what lab?   _____   Date Ordered: _____

    What test: _____

_____ Print Name

_____ Signature   Date: _____
Person Completing Report