

## School Environmental Checklist

School: \_\_\_\_\_ room # area \_\_\_\_\_

Return to: \_\_\_\_\_ By: \_\_\_\_\_

Please use this checklist to survey your classroom or area. Describe the specific indoor air quality problem in the space provided.

**Step 1.** The Environmental Committee distributes the classroom checklist to school staff

**Step 2.** School Staff use the checklist to survey their room or area.

**Step 3.** The Environmental Committee summarizes the checklists and conducts a school walkthrough.

**Step 4.** The Environmental Committee develops an action plan and reports recommendations to the school.

Observations (also sources for Asthma Triggers)	Yes	No	Please describe ( give dates, time of day, duration of problem if applicable)
Excess dryness			
Humid			
Visible mold			
Leaks, dampness			
Water stains on walls, floors, carpets, ceilings			
Excess dust			
Signs of bugs or rodents			
Other:			
<b>Ventilation:</b>			Please describe ( give dates, time of day, duration of problem if applicable)
stiffness			
Extreme temperature changes (hot and cold)			
dirty air vents			
Air vents blocked by supplies, furniture			
Air flows through vent into room			
Air exhausts from room into vent			
Windows are operable			
<b>Odors and Fumes from:</b>	<b>Yes</b>	<b>No</b>	<b>Specify what has strong fumes or odors</b>
Renovations or repairs			
Bus or vehicle exhaust			
Copiers, printers, laminating equipment			
Cleaning supplies			
Perfumes, air fresheners			

Health:	Yes	No	Please describe ( give dates, time of day, duration of problem if applicable)
Student health complaints			
<p>Teacher health complaints:</p> <p>Place a check next to any of these symptoms which you believe may be caused or aggravated by poor school environmental conditions.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Headaches</li> <li><input type="radio"/> Unusual fatigue or drowsiness</li> <li><input type="radio"/> Eye irritation</li> <li><input type="radio"/> Throat irritation</li> <li><input type="radio"/> Hoarseness</li> <li><input type="radio"/> Asthma or wheezing</li> <li><input type="radio"/> Chest tightness</li> <li><input type="radio"/> Sinus infections</li> <li><input type="radio"/> More frequent colds</li> <li><input type="radio"/> Dizziness</li> <li><input type="radio"/> Nausea</li> <li><input type="radio"/> Skin irritation or rashes</li> <li><input type="radio"/> Allergies or hay fever</li> <li><input type="radio"/> Difficulty concentrating</li> </ul> <p>What specific building condition do you think is contributing to or causing these symptoms?</p> <p>Any other health related comments?</p>			<p>Do any of these symptoms clear up or lessen:</p> <ul style="list-style-type: none"> <li><input type="radio"/> in the evening, after school</li> <li><input type="radio"/> over the weekend</li> <li><input type="radio"/> during school vacation</li> </ul> <p>Please Describe how frequently you have any of these Symptoms:</p>

This checklist was adapted by MassCOSH from the EPA Tools for School Indoor Air Quality Kit. [www.epa.gov/schools](http://www.epa.gov/schools). For more information or assistance call Tolle Graham MassCOSH, 617-825-7233 x19.

