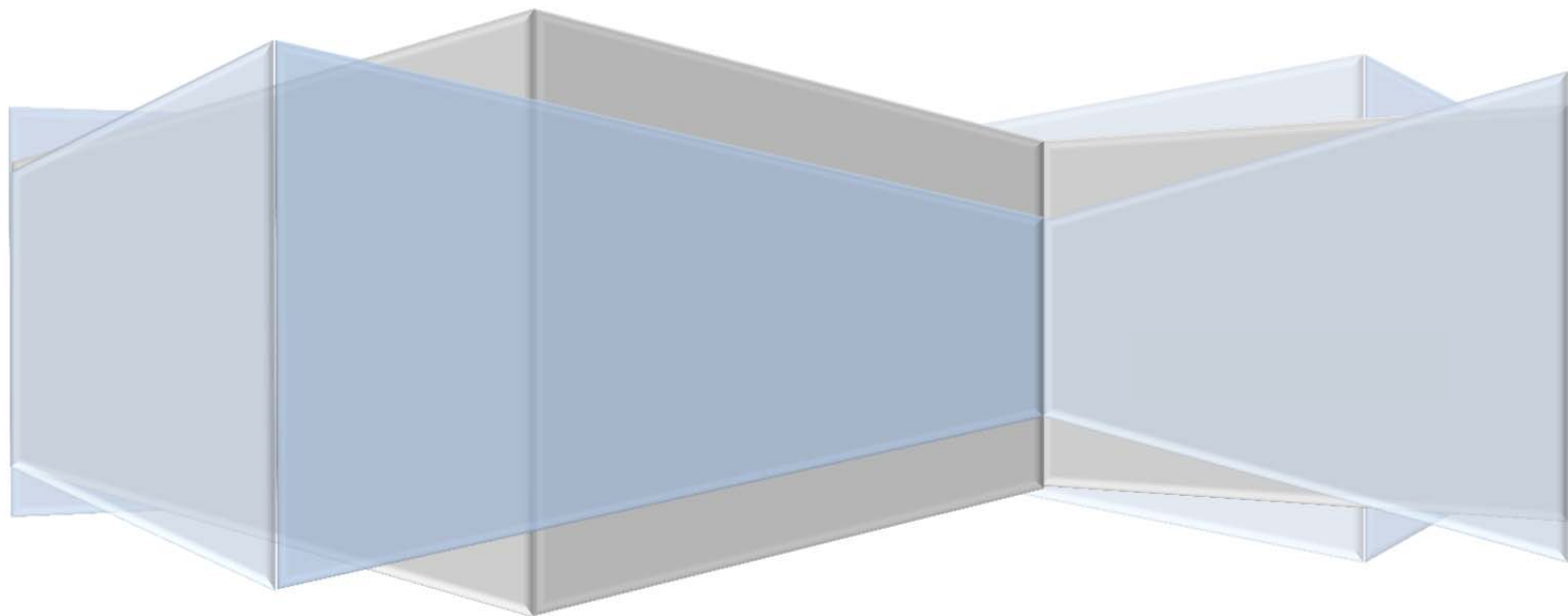


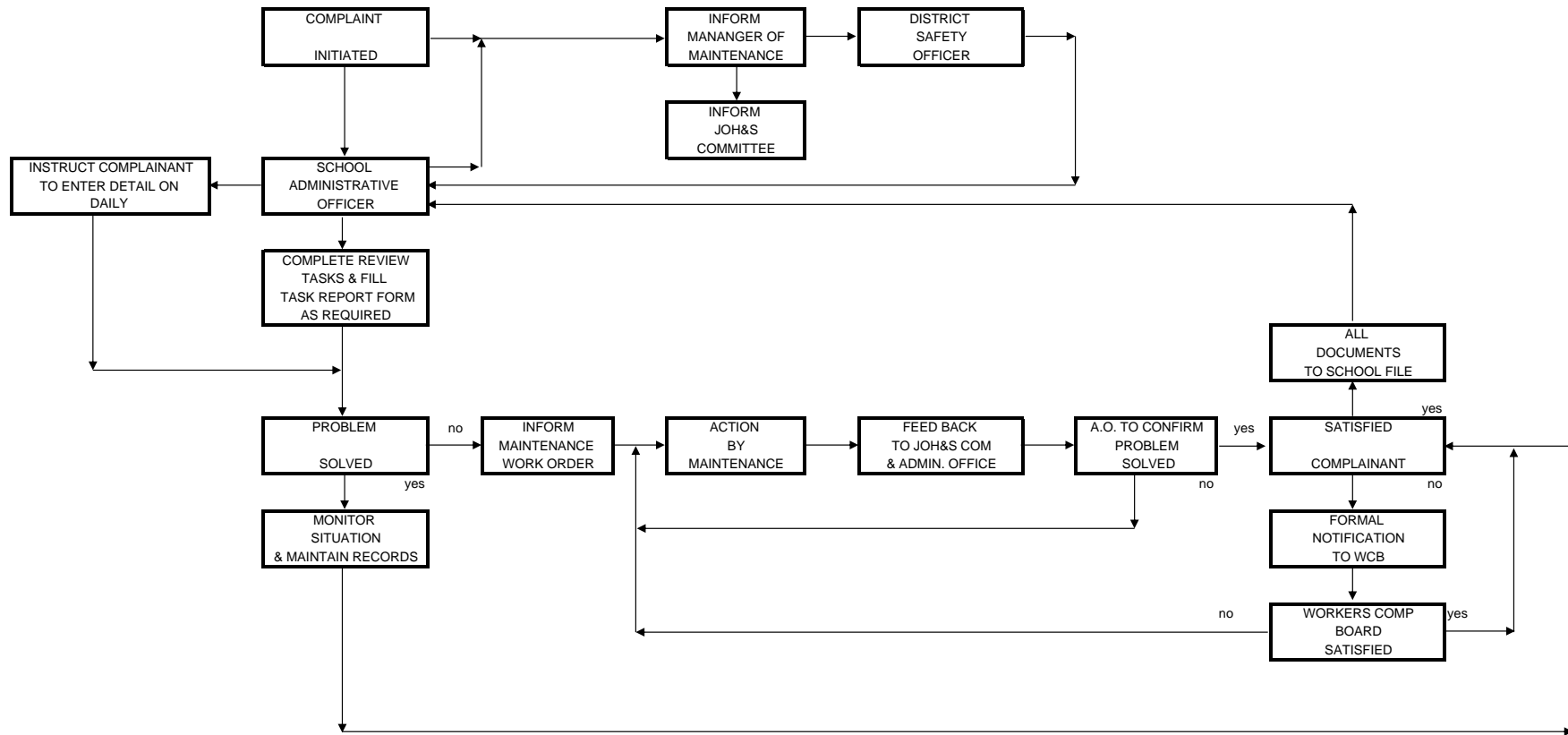
School District 22 (Vernon)
Occupational Health and Safety Program

Indoor Air Quality

Action Plan



School District 22 Indoor Air Quality Decision and Action Diagram



School District #22 (Vernon)

Indoor Air Quality Report

Indoor Air Quality Investigations

Daily Condition Report Form

School: _____

Name: _____

Room: _____

Date: _____

	Time am/pm	room temp.	outdoor temp.	# of occupants
1				
2				
3				
4				
5				
6				
7				
8				

Additional Comments: _____

School District #22 (Vernon)

Indoor Air Quality Report

Indoor Air Quality Investigations

Primary Review and Task Report

School: _____

Name: _____

Room: _____

Date: _____

	TASK OR REPORT	YES/NO	DATE	COMMENTS	FOOTNOTE
A	General				
1	Previous IAQ Concerns				1
2	Abnormal Absentee Rate				1,2
3	Other				19
B	Heating & Ventilation (HVAC)				
1	Furnace & Fan Operation				3
2	Exterior Doors & Windows				4
3	Air Grills Blocked or Impeded				
4	Thermostat Control				5
5	Other				19

Indoor Air Quality Report

	TASK OR REPORT	YES/NO	DATE	COMMENTS	FOOTNOTE
C	Environment				
1	Wet or Dirty Carpets				1,6
2	Stored Clothing or Fabric				7
3	Stored Footwear				8
4	Room used for lunch or snacks				
5	Evidence of Decaying Food				9
6	Mold on Building Surfaces				10
7	Room Cleanliness				12
8	Stored Materials				13,14
9	Upholstered Furniture				15
10	Renovations				16,17
11	Other				19
D	Materials				
1	Cleaners Recently Used				11
2	Art Materials Used Recently				18
3	Other				19

Indoor Air Quality Report

	TASK OR REPORT	YES/NO	DATE	COMMENTS	FOOTNOTE
E	Animals, Insects & Plants				
1	Animals & Insects				1,20
2	Plants				1,21
3	Animals & Insect Support Materials				1,22
4	Plant Support Materials				1,23
5	Cages Cleaned and Waste Disposed				1,24
6	Escaped Animals or Insects				1
7	Exterminator or Pest Control Devices				1,17
8	Other				19

Additional Comments

Indoor Air Quality Report

FOOTNOTES

- 1 Currently or in the past 1 – 2 years.
- 2 Including students and staff, specify numbers if possible.
- 3 Have you found it necessary to turn the fans or furnace off?
- 4 Have you found it necessary to open doors or windows?
- 5 Have you found it necessary to continually adjust set points?
- 6 Estimate fraction of room carpeted, comment on condition, age and cleanliness.
- 7 Include items not normally used daily that may be in this room for incidental use.
- 8 Include shoes, boots, etc. left in the room overnight.
- 9 Include food left in desks, cupboards, imbedded in furniture or carpets. Odours present.
- 10 Discolouration of walls, floors or ceilings that may be caused by water.
- 11 List current materials; advise if there has been a change in materials in the past.
- 12 Comment on dust levels, and/or building up of rubbish, waste paper, etc.
- 13 Is storage place open, closed or in boxes?
- 14 List art teaching materials, items from home, egg cartons, milk containers, organics, etc.
- 15 Comment on condition of upholstery.
- 16 Comment on new millwork, carpets, flooring, painting, ceiling finishes, furniture, etc.
- 17 Detail any similar items in the building.
- 18 List paints, markers, solvents, glues, cleaners, powders, etc., how are they stored?
- 19 List additional materials, appliances (refrigerator, stove), events if any.
- 20 List all items in this category, including quantities and method of housing.
- 21 List all items in this category, including quantities, comment on condition.
- 22 List all food and cleaners, include storage practices.
- 23 List all fertilizers, pesticides, herbicides, include storage practices.
- 24 Describe method of cleaning and waste disposal.