

**WESTBROOK BOARD OF EDUCATION**  
**EDUCATE, CHALLENGE, & INSPIRE**

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<b>WESTBROOK BOARD OF EDUCATION</b> <b>Wednesday, January 24, 2024 @ 6:00 p.m. (Re-scheduled from 1/16/24)</b> <b>Regular Board of Education Meeting</b>
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The Regular meeting of the Westbrook Board of Education will be held on Wednesday, January 24, 2024 @ 6:00 p.m. in the WHS Library

**AGENDA**

- I. CALL TO ORDER – 6:00 p.m.
- II. PLEDGE OF ALLEGIANCE
- III. BOARD OF EDUCATION ACKNOWLEDGEMENTS
- IV. STUDENT REPRESENTATIVE REPORT – Ana Dias Heringer, Elliot Koplas
- V. SUPERINTENDENT’S PROPOSED BUDGET FOR FISCAL YEAR 2024-25  
PRESENTATION – **Enclosure 1**
- VI. PUBLIC COMMENT Re: Matters of General Concern & Agenda Items

Board welcomes public participation and asks that speakers <b><u>sign in</u></b> to be recognized and limit their comments to a reasonable amount of time (3 minutes). Speakers may offer objective comments about specific agenda items or school operations and programs that concern them. To protect the impartiality of the Board, we will not permit any negative or positive comments about the Board of Education, specific personnel and students. Such comments should be brought to school administration. The Board will not respond to comments made during public comment. When appropriate, district administration will follow-up at a later point in time.
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- VII. ADMINISTRATOR(S) COMMENTS
  - A. M. Talmadge –WMS trip NYC
  - B. R. Rose – Portrait of a Graduate Attributes and Updates from Daisy Student Representatives
- VIII. NEW BUSINESS
  - A. CABE Legislative Breakfast - January 25
- IX. SUPERINTENDENT’S REPORT
  - A. Enrollment - **Enclosure 2**
  - B. Annual Reporting for Indoor Air Quality (Tools for Schools) Update – **Enclosure 3**
- X. OLD BUSINESS

A. 2024-2025 District Calendar – Vote anticipated - **Enclosure 4**

XI. CONSENT AGENDA – Vote Anticipated

A. Approval of Minutes- **Enclosure 5**

1. December 12, 2023 – Regular Meeting
2. January 9, 2024 – Special Meeting

XII. FINANCIAL REPORTS – **Enclosure 6**

- A. Review of Check Listing(s)
- B. Budget Narrative/Review of Expenditure Report
- C. Line Item Transfer

XIII. BOARD COMMITTEE REPORTS

- A. Policy– K. Walker
- B. Fiscal & Facilities – A. Miesse
- C. Teaching & Learning – C. Kuehlewind
- D. Communications – M. Luft
- E. Negotiations – D. Perreault
- F. Town Energy – A. Miesse
- G. LEARN
- H. PTSO Representatives - M. Luft (Daisy), A. Miesse (WMS), D. Perreault (WHS)

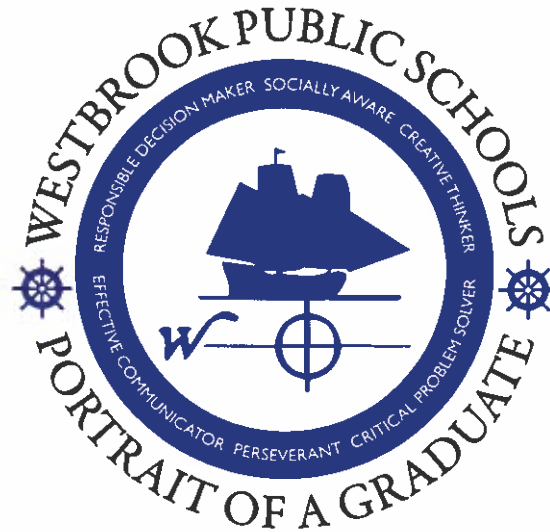
XIV. BOARD GOALS

- A. Professional Development
- B. Webinar - Boards Role in Advocacy – Jan. 24 – Virtual 11:00-12 :15

XV. PERSONNEL

- A. Non-certified personnel resignation(s)
  1. Alex Oporto-Custodian (Daisy)
  2. Lynda Fisher – Paraprofessional (Daisy)
- B. Non-certified new hires
  1. Thomas Brookes – Custodian (Daisy)

XVI. ADJOURN



**Westbrook Board of Education**  
**Superintendent's Proposed Budget for Fiscal Year 2024-2025**  
**January 24, 2024**

Kristina J. Martineau, Ed.D.  
Superintendent of Schools

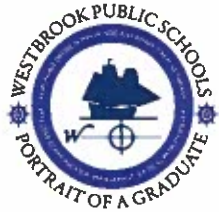
Ann Burke  
Director of Finance



# Westbrook Board of Education Budget Guidelines

**The Westbrook Board of Education is committed to developing a budget that:**

- Supports the district vision focused on high student academic achievement, social and emotional learning, and access to high quality student centered learning experiences for all students;
- Encourages exploration of innovative teaching strategies and learning opportunities for students;
- Supports high quality professional development opportunities for staff to encourage continual growth and learning aligned to the district vision;
- Supports programs and initiatives aligned to Westbrook Portrait of a Graduate;
- Supports a vibrant, engaging and active school community that offers a wide range of opportunities and experiences in the arts, music, STEM, robotics, humanities, extracurricular clubs, activities, and athletics; and enhanced advance course offerings;
- Upgrades, preserves, and maintains schools and grounds to ensure safety and promote an engaging, innovative, and positive environment; and
- Provides district resources to support technology - updated equipment and instructional integration to support student learning.



## Major Budget Drivers and Considerations for 2024-2025

- District Improvement Plan and Teaching and Learning Priorities (including Director of Teaching position, increased intervention/enrichment support at Daisy in reading and math, increased support services for multi language learners, MTSS training, and professional development)
- Contractual Increases for 2024-2025
  - Westbrook Education Association (certified staff) 4.3%
  - American Federation of Teachers (non-certified staff) 3.0%
- Reallocation of grant funded positions back to budget
- Capital Budget Line in Proposed Operating Budget (Planning for the Future)
- Supervision and Oversight of Facilities, Grounds, and Maintenance (Shared with Town) and improvements/repairs to facilities
- Increase in Out of District Outplacement Costs (tuition and transportation)



## **Proposed Staffing Changes and New Requests**

### **District-Wide**

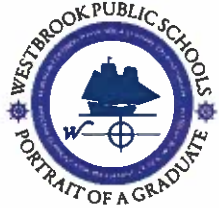
- Director of Facilities, Grounds, and Maintenance (Shared with Town)(12 month)  
Added \$75,000 to budget
- Director of Teaching and Learning (12 month)  
Grant funded and reallocation- \$0 added to budget
- Technology Specialist position (shared with Town)(12 months- 30 hours per week)  
Added \$25,000 to budget



## **Proposed Staffing Changes**

### **Daisy Ingraham Elementary School Grades PreK-5**

- **Increase 1.0 FTE Math and Computer Science Specialist**  
(grant funded 2023-2024- moving into budget and budget neutral with reduction in computer teacher FTE)
- **Increase 1.0 FTE Reading Specialist/Grade 4 Teacher** (grant funded 2023-2024- moving into budget)
- **Increase 1.0 FTE Integrated Special Education Preschool Teacher** (increase from 3 to 4 sections due to change in legislation, increased enrollment, and special education needs)
- **Increase instructional support hours (tutor) for English language learners**  
(currently 20 hours per week- increased to 30 hours per week based on student needs)
- **Reduction 1.0 FTE Computer Teacher (unfilled after retirement)**



## **Proposed Staffing Changes**

### **Westbrook Middle School Grades 6-8**

- Increase instructional support hours (tutor) for English language learners  
(currently 20 hours per week for both middle and high school- increased to 30 hours per week)
- Increase instructional support hours (tutor) for math intervention





## **Proposed Staffing Changes**

### **Westbrook High School Grades 9-12**

- Increase instructional support hours (tutor) for English language learners  
(currently 20 hours per week for both middle and high school- increased to 30 hours per week)
- Reduction 1.0 FTE Music (unfilled after resignation)
- Reduction 1.0 FTE Math (unfilled after resignation)
- Reduction 1.0 FTE nurse assistant WMS/WHHS (unfilled after resignation)
- Athletic Trainer services moved from purchased service to salary (\$75,000)

## **Proposed Budget for Fiscal Year 2024-2025: Summary**

<b>2023-2024</b>	<b>2024-2025</b>	<b>Change \$</b>	<b>Change %</b>
<b>\$19,414,120</b>	<b>20,447,861</b>	<b>1,033,741</b>	<b>5.32%</b>

<b>Expenditure Category</b>	<b>2023-2024 Approved Budget</b>	<b>2024-2025 Proposed Budget</b>	<b>Change \$</b>	<b>Change %</b>
Salaries	\$11,381,725	\$12,171,942	\$790,217	6.94%
Benefits	\$3,719,965	\$3,690,362	(\$29,603)	(0.80%)
Purchased Services	\$1,445,126	\$1,292,744	(\$152,382)	(10.54%)
Transportation	\$995,393	\$1,064,650	\$69,257	6.96%
Tuition	\$557,196	\$695,879	\$138,683	24.89%
Supplies and Utilities	\$1,100,788	\$1,062,398	(\$38,390)	(3.49%)
Equipment	\$213,928	\$219,887	\$5,959	2.79%
Capital Projects	\$0	\$250,000	\$250,000	100%

# SALARIES

2023-2024	2024-2025	Change \$	Change %
\$11,381,725	\$12,171,942	\$790,217	6.94%

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Administrators	\$1,024,550	\$1,058,169	\$33,619	3.28%
Certified Staff	\$7,129,830	\$7,681,938	\$552,108	7.74%
Non-Certified Staff	\$2,025,006	\$2,147,878	\$122,872	6.07%
Other Professional Staff	\$1,202,339	\$1,283,957	\$81,618	6.79%

## BENEFITS

2023-2024	2024-2025	Change \$	Change %
\$3,719,965	\$3,690,362	(\$29,603)	(0.80%)

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Health and Dental	\$3,072,298	\$2,984,590	(\$87,708)	(2.85%)
Pensions	\$213,395	\$201,974	(\$11,421)	(5.35%)
Life	\$25,977	\$26,497	\$520	2.00%
Social Security/Medicare	\$400,895	\$469,801	\$68,906	17.19%
Unemployment	\$7,400	\$7,500	\$100	1.35%

## PURCHASED SERVICES

2023-2024	2024-2025	Change \$	Change %
\$1,445,126	\$1,292,744	(\$152,382)	(10.54%)

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Travel and Conference Fees	\$30,010	\$27,960	(\$2,050)	(6.83%)
Professional Services	\$174,074	\$110,182	(\$63,892)	(36.70%)
Software Licenses	\$155,780	\$170,495	\$14,715	9.45%
Special Education Consulting and Training	\$178,485	\$248,200	\$69,715	39.06%
Curriculum Development Professional Development	\$70,390	\$79,387	\$8,997	12.78%
Legal	\$38,000	\$39,140	\$1,140	3.00%
Substitutes	\$244,518	\$30,000	(\$214,518)	(87.73%)

# **PURCHASED SERVICES**

(cont'd)

2023-2024	2024-2025	Change \$	Change %
\$1,445,126	\$1,292,744	(\$152,382)	(10.54%)

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Lunch Subsidy	\$50,000	\$0	(\$50,000)	100%
Accompanist Services	\$5,700	\$5,800	\$100	1.75%
Building Service Contracts	\$281,599	\$343,405	\$61,806	21.95%
Departmental Repairs	\$38,711	\$42,456	\$3,745	9.67%
Copier	\$75,662	\$84,410	\$8,748	11.56%
Dues and Fees	\$46,477	\$54,344	\$7,867	16.93%
Phones and Postage	\$50,220	\$50,440	\$220	0.44%
Printing and Advertising	\$5,500	\$6,525	\$1,025	18.64%

## TRANSPORTATION

2023-2024	2024-2025	Change \$	Change %
\$995,393	\$1,064,650	\$69,257	6.96%

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Athletics	\$100,907	\$103,940	\$3,033	3.01%
Contract	\$319,694	\$329,285	\$9,591	3.00%
Clubs	\$13,370	\$11,885	(\$1,485)	(11.11%)
Field Trips	\$28,090	\$28,090	\$0	0%
Special Education	\$476,335	\$534,450	\$58,115	12.20%
VoAg	\$56,997	\$57,000	\$3	0.01%

# TUITION

2023-2024	2024-2025	Change \$	Change %
\$557,196	\$695,879	\$138,683	24.89%

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Vocational Agricultural	\$21,084	\$14,056	(\$7,028)	(33.33%)
Magnet Tuition	\$6,202	\$0	(\$6,202)	100%
Special Education Out of District Tuition	\$513,200	\$665,600	\$152,400	29.70%
Adult Education	\$16,710	\$16,223	(\$487)	(2.91%)



## Supplies and Utilities

2023-2024	2024-2025	Change \$	Change %
\$1,100,788	\$1,062,398	(\$38,390)	(3.49%)

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Diesel Fuel	\$42,205	\$42,205	\$0	0%
Electricity	\$295,107	\$217,352	(\$77,755)	(26.35%)
Natural Gas	\$185,754	\$185,754	\$0	0%
ELL Supplies	\$7,800	\$8,700	\$900	11.54%
Instructional Supplies	\$195,650	\$201,172	\$5,522	2.82%
Office, Custodial and Maintenance Supplies	\$105,000	\$108,698	\$3,698	3.52%
Books/Periodicals	\$78,810	\$96,978	\$18,168	23.05%
General Supplies	\$166,702	\$167,464	\$762	0.46%
Special Education Supplies	\$23,760	\$34,075	\$10,315	43.41%

# EQUIPMENT

2023-2024	2024-2025	Change \$	Change %
\$213,928	\$219,887	\$5,959	2.79%

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Technology	\$156,600	\$146,800	(\$9,800)	(6.26%)
General Instruction	\$9,700	\$6,700	(\$3,000)	(30.93%)
Music	\$23,648	\$24,302	\$654	2.77%
Special Education	\$7,300	\$5,500	(\$1,800)	(24.66%)
Athletic/Physical Education	\$6,052	\$8,785	\$2,733	45.16%
Art	\$2,500	\$1,600	(\$900)	(36.00%)
Maintenance/Repairs	\$1,000	\$25,000	\$24,000	2400%
Tech Ed	\$6,000	\$0	(\$6,000)	(100%)
Computer Ed. (MS)	\$1,128	\$1,200	\$72	6.38%

# SPECIAL EDUCATION

2023-2024	2024-2025	Change \$	Change %
\$1,199,080	\$1,487,825	\$288,745	24.08%

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Purchased Services	\$178,485	\$248,200	\$69,715	39.06%
Tuition	\$513,200	\$665,600	\$152,400	29.70%
Supplies	\$23,760	\$34,075	\$10,315	43.41%
Equipment	\$7,300	\$5,500	(\$1,800)	(24.66%)
Transportation	\$476,335	\$534,450	\$58,115	12.20%

## CAPITAL PROJECTS

2023-2024	2024-2025	Change \$	Change %
\$0	\$250,000	\$250,000	100%

	2023-2024 Approved Budget	2024-2025 Proposed Budget	Change \$	Change %
Capital Projects	\$0	\$250,000	\$250,000	100%

This new line will ensure there is enough funding in the BOE Capital Project account for 2024-2025 to complete the HVAC upgrade at Daisy Ingraham Elementary School (air conditioning in all classrooms) and the electrical upgrade at Westbrook High School (needed for welding, HVAC, and future programming)



## **Superintendent's Proposed Budget for Fiscal Year 2024-2025**

# **\$20,447,861**

This represents an *increase* of \$1,033,741 or 5.32%  
over the Approved Budget for Fiscal Year 2023-2024

### **Major Budget Drivers**

Contractual Obligations- Salaries

Special Education- Services, Tuition, and Transportation

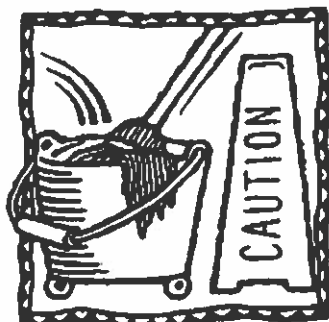
Capital Project Funding- Daisy HVAC Upgrade and WHS Electrical Upgrade

Reallocation of Grant Funded Positions to Budget

New Position: Director of Facilities, Grounds, and Maintenance

## : ENCLOSURE 2

Enrollment	23-Sep	Oct. 2023	Nov.2023	Dec.2023	Jan.2024	Feb.2024	Mar.2024	Apr.2024	24-May	24-Jun
PRE -K	44	45	46	48	48					
KINDER.	39	39	39	39	39					
1	49	49	48	48	48					
2	41	41	41	41	41					
3	44	45	45	46	46					
4	38	39	39	39	30					
TOTAL	255	258	258	261	261					
5	44	43	43	43	45					
6	31	31	30	30	30					
7	49	49	49	50	50					
8	37	37	37	38	38					
TOTAL	161	160	159	161	163					
9	38	39	39	38	38					
10	41	41	41	42	42					
11	43	42	43	43	43					
12	49	48	50	50	49					
TOTAL	171	170	173	173	172					
In-District	587	588	590	595	596					
Outplaced	3	3	3	3	4					
DISTRICT										
TOTAL	590	591	593	598	600					



# Building and Grounds Maintenance Checklist

Name: Krishna Mathnean

School: Daisy Ingraham Elementary School

Room or Area: school wide

Date Completed: 1/10/2024

Signature: [Signature]

## 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. BUILDING MAINTENANCE SUPPLIES

	Yes	No	N/A
1a. Developed appropriate procedures and stocked supplies for spill control .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Reviewed supply labels .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that air from chemical and trash storage areas vents to the outdoors..... <u>vented storage needs to be explored</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1d. Stored chemical products and supplies in sealed, clearly labeled containers .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Researched and selected the safest products available .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured that supplies are being used according to manufacturers' instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Substituted less- or non-hazardous materials (where possible) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Scheduled work involving odorous or hazardous chemicals for periods when the school is unoccupied .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. GROUNDS MAINTENANCE SUPPLIES

2a. Stored grounds maintenance supplies in appropriate area(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Ensured that supplies are used and stored according to manufacturers' instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Established and followed procedures to minimize exposure to fumes from supplies .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Reviewed and followed manufacturers' guidelines for maintenance .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Replaced portable gas cans with low-emission cans .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2f. Stored chemical products and supplies in sealed, clearly-labeled containers .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>when applicable</u>			

## 3. DUST CONTROL

3a. Installed and maintained barrier mats for entrances .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Used high efficiency vacuum bags .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Used proper dusting techniques .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Wrapped feather dusters with a dust cloth .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3e. Cleaned air return grilles and air supply vents .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. FLOOR CLEANING

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary) .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 5. DRAIN TRAPS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Poured water down floor drains once per week (about 1 quart of water) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) .....     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Flushed toilets once each week (if not used regularly) .....                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 6. MOISTURE, LEAKS, AND SPILLS

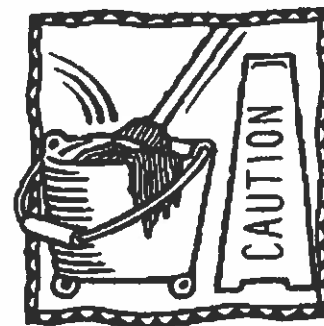
- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms) .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Checked that windows, windowsills, and window frames are free of condensate .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Ensured the following areas are free from signs of leaks and water damage:                                |                                     |                          |                          |
| Indoor areas near known roof or wall leaks .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls around leaky or broken windows .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors and ceilings under plumbing .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes .....                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 7. COMBUSTION APPLIANCES

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Checked for odors from combustion appliances .....                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7b. Checked appliances for backdrafting (using chemical smoke) .....              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration .... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7d. Inspected flue components for corrosion and soot .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

#### 8. PEST CONTROL

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 8a. Completed the <i>Integrated Pest Management Checklist</i> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

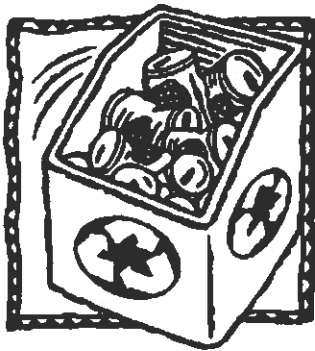


#### NOTES

See notes above

Ventilation or supplies needs to be corrected.





# Waste Management Checklist

Name: Kristina Martneau  
 School: Daisy Ingram Elementary School  
 Room or Area: Schoolwide Date Completed: 1/10/2024  
 Signature: [Signature]

## 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. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured that waste containers are lined .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Labeled recycling bins clearly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ensured number of bins and dumpsters is adequate .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured waste containers are emptied regularly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured appropriate waste removal schedule .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured waste is stored in a well-ventilated room <u>Waste not stored</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j. Ensured any exhaust fans in the room are operating properly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1k. Checked waste storage areas for odors, contaminants, or signs of vermin .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## NOTES



# Ventilation Checklist

Name: Kristina Martineau  
 School: Daisy Ingraham Elementary School  
 Unit Ventilator/AHU No: \_\_\_\_\_  
 Room or Area: School wide Date Completed: 1/12/24  
 Signature: [Signature]

## Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of this checklist for **each** ventilation unit in your school, as well as a copy 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. OUTDOOR AIR INTAKES

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1a. Marked locations of all outdoor air intakes on a small floor plan (for example, a fire escape floor plan) .... <u>map updated 1/9/24</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 1: OBSTRUCTIONS

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 2: POLLUTANT SOURCES

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) .....                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 3: AIRFLOW

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Replaced filters per maintenance schedule .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Vacuumed filter areas before installing new filters .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Confirmed proper installation of filters (correct direction for airflow) .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS (continued)

### ACTIVITY 5: DRAIN PANS

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 2f. Ensured that drain pans slant toward the drain (to prevent water from accumulating) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Cleaned drain pans .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2h. Checked drain pans for mold and mildew .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 6: COILS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2i. Ensured that heating and cooling coils are clean ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

### ACTIVITY 7: AIR-HANDLING UNITS, UNIT VENTILATORS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2j. Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- scheduled deep system cleaning summer 2024*

### ACTIVITY 8: MECHANICAL ROOMS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2l. Checked mechanical room for unsanitary conditions, leaks, and spills .....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2m. Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. CONTROLS FOR OUTDOOR AIR SUPPLY

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3a. Ensured that air dampers are at least partially open (minimum position) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that minimum position provides adequate outdoor air for occupants ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 9: CONTROLS INFORMATION

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 3c. Obtained and reviewed all design inside/outside temperature and humidity requirements, controls specifications, as-built mechanical drawings, and controls operations manuals (often uniquely designed) ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|
- in progress and planning stage with potential contractors*

### ACTIVITY 10: CLOCKS, TIMERS, SWITCHES

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3d. Turned summer-winter switches to the correct position .....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Set time clocks appropriately .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 11: CONTROL COMPONENTS

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| 3g. Ensured appropriate system pressure by testing line pressure at both the occupied (day) setting and the unoccupied (night) setting .....                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3h. Checked that the line dryer prevents moisture buildup .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3i. Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank) ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3j. Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions) .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- will be scheduled will outside contractor asap.*

### ACTIVITY 12: OUTDOOR AIR DAMPERS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3k. Ensured that the outdoor air damper is visible for inspection .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3l. Ensured that the recirculating relief and/or exhaust dampers are visible for inspection .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3m. Ensured that air temperature in the indoor area(s) served by each outdoor air damper is within the normal operating range ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE:** It is necessary to ensure that the damper is operating properly and within the normal range to continue.





### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 3n. Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3o. Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3p. If in heating mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 85°F .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3q. If in cooling mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 60°F and mixed air thermostat is set to 45°F ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3r. If the outdoor air damper does not move, confirmed the following items:   |                                     |                          |                          |
| • The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Moving parts are free of impediments (e.g., rust, corrosion) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Electrical wire or pneumatic tubing connects to the damper actuator .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Proceed to Activities 13–16 if the damper seems to be operating properly.*

#### ACTIVITY 13: FREEZE STATS

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 3s. Disconnected power to controls (for automatic reset only) to test continuity across terminals .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OR   |                                     |                          |                                     |
| 3t. Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3u. Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

*NOTE: HVAC systems with water coils need protection from the cold. The freeze-stat may close the outdoor air damper and disconnect the supply air when tripped. The typical trip range is 35°F to 42°F.*

*Handwritten note: in progress - manual resets replaced as they malfunction with auto reset*

#### ACTIVITY 14: MIXED AIR THERMOSTATS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3v. Ensured that the mixed air stat for heating mode is set no higher than 65°F .....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3w. Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### ACTIVITY 15: ECONOMIZERS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3x. Confirmed proper economizer settings based on design specifications or local practices ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

*NOTE: The dry-bulb is typically set at 65°F or lower.*

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3y. Checked that sensor on the economizer is shielded from direct sunlight .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3z. Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: Economizers use varying amounts of cool outdoor air to assist with the cooling load of the room or rooms. There are two types of economizers, dry-bulb and enthalpy. Dry-bulb economizers vary the amount of outdoor air based on outdoor temperature, and enthalpy economizers vary the amount of outdoor air based on outdoor temperature and humidity level.*

### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

#### ACTIVITY 16: FANS

- 3aa. Ensured that all fans (supply fans and associated return or relief fans) that move outside air indoors continuously operate during occupied hours (even when room thermostat is satisfied).....
- | Yes                                 | No                       | N/A                      |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: If fan shuts off when the thermostat is satisfied, adjust control cycle as necessary to ensure sufficient outdoor air supply.*



### 4. AIR DISTRIBUTION

#### ACTIVITY 17: AIR DISTRIBUTION

- 4a. Ensured that supply and return air pathways in the existing ventilation system perform as required.....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4b. Ensured that passive gravity relief ventilation systems and transfer grilles between rooms and corridors are functioning.....
- |                          |                                     |                          |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|

*NOTE: If ventilation system is closed or blocked to meet current fire codes, consult with a professional engineer for remedies.*

*] needs to be evaluated by outside contractor.*

- 4c. Made sure every occupied space has supply of outdoor air (mechanical system or operable windows) .....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4d. Ensured that supply and return vents are open and unblocked .....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

*NOTE: If outlets have been blocked intentionally to correct drafts or discomfort, investigate and correct the cause of the discomfort and reopen the vents.*

- 4e. Modified the HVAC system to supply outside air to areas without an outdoor air supply .....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4f. Modified existing HVAC systems to incorporate any room or zone layout and population changes .....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4g. Moved all barriers (for example, room dividers, large free-standing blackboards or displays, bookshelves) that could block movement of air in the room, especially those blocking air vents .....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4h. Ensured that unit ventilators are quiet enough to accommodate classroom activities .....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4i. Ensured that classrooms are free of uncomfortable drafts produced by air from supply terminals .....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

#### ACTIVITY 18: PRESSURIZATION IN BUILDINGS

*NOTE: To prevent infiltration of outdoor pollutants, the ventilation system is designed to maintain positive pressurization in the building. Therefore, ensure that the system, including any exhaust fans, is operating on the "occupied" cycle when doing this activity.*

- 4j. Ensured that air flows out of the building (using chemical smoke) through windows, doors, or other cracks and holes in exterior wall (for example, floor joints, pipe openings) .....
- |                          |                                     |                          |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|

*] needs to be serviced*

### 5. EXHAUST SYSTEMS

#### ACTIVITY 19: EXHAUST FAN OPERATION

- 5a. Checked (using chemical smoke) that air flows into exhaust fan grille(s) .....
- |                          |                                     |                          |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|

*If fans are running but air is not flowing toward the exhaust intake, check for the following:*

- Inoperable dampers
- Obstructed, leaky, or disconnected ductwork
- Undersized or improperly installed fan
- Broken fan belt

*alternate method used (not chemical smoke)*



## 5. EXHAUST SYSTEMS (continued)

### ACTIVITY 20: EXHAUST AIRFLOW

*NOTE: Prevent migration of indoor contaminants from areas such as bathrooms, kitchens, and labs by keeping them under negative pressure (as compared to surrounding spaces).*

- 5b. Checked (using chemical smoke) that air is drawn into the room from adjacent spaces ..... ~~Not using chemical smoke~~ ..... ☐ ☒ ☐

*Stand outside the room with the door slightly open while checking airflow high and low in the door opening (see "How to Measure Airflow").*

- 5c. Ensured that air is flowing toward the exhaust intake ... (w/ alternate method) ..... ☐ ☐ ☒

### ACTIVITY 21: EXHAUST DUCTWORK

- 5d. Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition ..... ☒ ☐ ☐

## 6. QUANTITY OF OUTDOOR AIR

### ACTIVITY 22: OUTDOOR AIR MEASUREMENTS AND CALCULATIONS

*NOTE: Refer to "How to Measure Airflow" for techniques.*

- 6a. Measured the quantity of outdoor air supplied (22a) to each ventilation unit ..... ☐ ☒ ☐
- 6b. Calculated the number of occupants served (22b) by the ventilation unit under consideration ..... ☐ ☒ ☐
- 6c. Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c) ..... ☐ ☒ ☐

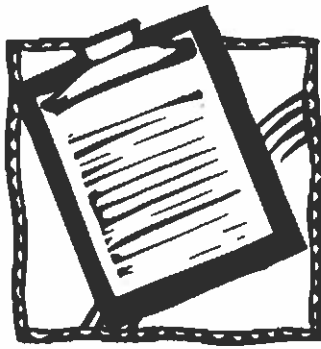
### ACTIVITY 23: ACCEPTABLE LEVELS OF OUTDOOR AIR QUANTITIES

- 6d. Compared the existing outdoor air per person (22c) to the recommended levels in Table 1 ..... ☐ ☒ ☐
- 6e. Corrected problems with ventilation units that supplied inadequate quantities of outdoor air to ensure that outdoor air quantities (22c) meet the recommended levels in Table 1 ..... ☐ ☒ ☐

need to  
contract with  
licensed professional

## NOTES

- see notes throughout document
- evaluation process will be conducted again during the summer of 2024 after contractors have completed work.



# Walkthrough Inspection Checklist

Name:	<u>Kristina Martineau</u>		
School:	<u>Daisy Ingraham Elementary School</u>		
Room or Area:	<u>school wide</u>	Date Completed:	<u>1/1/2024</u>
Signature:			

## Instructions

- Read the *IAQ Background* and the Background Information for this checklist.
- Keep the Background Information and make a copy of the checklist for future reference.
- 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.
- 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6c. Ensured that portable fuel containers are properly closed .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- ] need vents for storage

#### 7. COMBUSTION APPLIANCES

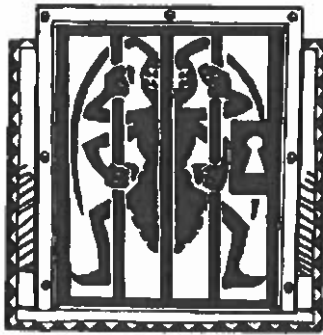
- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Checked for combustion gas and fuel odors .....                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7b. Ensured that combustion appliances have flues or exhaust hoods .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Checked for leaks, disconnections, and deterioration .....             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/>            |
- boilers.

#### 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"/> |

#### NOTES





# Integrated Pest Management Checklist

Name: Kristina Martineau  
 School: Dacey Ingraham Elementary School  
 Room or Area: school Date Completed: January 4, 2024  
 Signature: [Signature]

## Instructions

1. Read the *IAQ Background* 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. OFFICIAL POLICY STATEMENT

Yes No N/A

- 1a. Developed or located the school's official policy statement for integrated pest management (IPM) ..... ☐ ☒ ☐

## 2. DESIGNATING PEST MANAGEMENT ROLES

- 2a. Assigned and trained a qualified person to be the pest manager ..... ☒ ☐ ☐
- 2b. Involved decision makers in the IPM program ..... ☒ ☐ ☐
- 2c. Educated students and staff (the occupants of the building) about IPM and asked them to keep their areas clean and free of clutter ..... ☒ ☐ ☐
- 2d. Encouraged parents to learn about IPM practices and implement them at home ..... ☐ ☐ ☒
- 2e. Developed a program to educate and train all IPM participants ..... ☐ ☐ ☒
- 2f. Included language about IPM into contracts with pest management professionals ..... ☐ ☐ ☒

*IPM needs to be developed*

## 3. SETTING PEST MANAGEMENT OBJECTIVES

- 3a. Set appropriate pest management objectives for school buildings (such as preventing pests from interfering with students' learning environment and preserving the integrity of the building structure) ..... ☐ ☐ ☒
- 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) ..... ☐ ☐ ☒

## 4. INSPECTING, IDENTIFYING, AND MONITORING

- 4a. Inspected all buildings and grounds for pest evidence, entry points, food, water, and harborage sites ..... ☒ ☐ ☐
- 4b. Identified potential pest habitats in buildings and grounds ..... ☒ ☐ ☐
- 4c. Pinpointed the source of any current pest problems ..... ☒ ☐ ☐
- 4d. Monitored to determine the extent of pest problems and to estimate pest populations ..... ☒ ☐ ☐
- 4e. Developed plans to modify habitat (for example, exclusion, repair, and sanitation efforts) to prevent or resolve any pest problems ..... ☒ ☐ ☐
- 4f. Established a monitoring program that consists of routine inspections to estimate pest population levels and identify evidence of pests and potential habitat ..... ☒ ☐ ☐

## 5. SETTING ACTION THRESHOLDS

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Evaluated all available data obtained through inspecting, identifying, and monitoring .....           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Determined how many pests the school buildings, grounds, and occupants can tolerate ..... <i>none</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Set action thresholds ..... <i>contracted</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 6. PREVENTIVE STRATEGIES

### INDOOR SITES

6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Entryways .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Classrooms .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Gymnasiums .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Locker rooms .....                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Offices .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Staff lounges .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Bathrooms .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Food preparation and serving areas ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Rooms with extensive plumbing .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Maintenance areas .....                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Other .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

### OUTDOOR SITES

6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Playgrounds .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Parking lots .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Lawns and athletic fields .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Teaching gardens or greenhouses .....        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Loading docks .....                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Dumpsters .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Areas with ornamental shrubs and trees ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Other .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

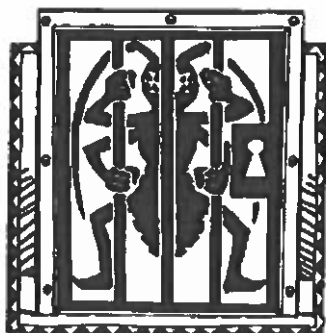
## 7. PESTICIDE USE AND STORAGE

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Explored alternative pest management methods before concluding that pesticides were necessary .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Identified the least toxic, target-specific chemical (or pesticide formulation) that is the most effective to address the pest problem, preferably as baits and granules ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7d. Reviewed and followed all label instructions on pesticides and learned how to properly apply and handle these chemicals .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7e. Used spot-treatment (or bait, crack, and crevice applications) to apply pesticides whenever possible and only treated the obviously infested plants in the area .....          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7f. Used protective clothing or equipment when applying pesticides .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7g. Placed all pesticides in tamper-resistant bait boxes or locations that are inaccessible to children and non-target species .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

*IPM needs to be developed*

*contracted services*





## 7. PESTICIDE USE AND STORAGE (cont.)

- |   | Yes                                 | No                                  | N/A                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7i. Applied pesticides when occupants were not present or in areas where they would not be exposed to the chemicals .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7j. Ensured that school occupants (students and staff) are notified of upcoming pesticide applications through posted notices and/or letters .....                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7n. Ensured that storage areas are adequately ventilated and are located away from areas prone to flooding or where spills or leaks may contaminate the environment ..... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7o. Ensured that flammable liquids are stored away from ignition sources .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7p. Ensured that pesticides are stored in their original containers and all lids are securely fastened .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## 8. EVALUATING RESULTS AND RECORD KEEPING

- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| 8a. Ensured that accurate, up-to-date records of IPM practices and a pest management log for each property are kept ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8c. Ensured that each log book contains the following items:  |                          |                          |                                     |
| • Copy of the pest management plan .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Service schedules for maintenance of buildings and grounds .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Current EPA-registered labels .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Pest surveillance data sheets .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Diagram noting the location of pest activity, traps, and bait stations .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## NOTES

District contracts with EB Exterminating - monthly preventative maintenance and additional services as needs arise.

- IPM needs to be developed



# Food Service Checklist

Name: Kristina Martineau  
 School: Daisy Ingraham Elementary School  
 Room or Area: school Date Completed: 1/4/2024  
 Signature: [Signature]

## 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. COOKING AREA

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1b. Checked for odors near cooking, preparation, and eating areas .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Determined that gas appliances function properly .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1e. Verified that gas appliances are vented outdoors .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1g. Ensured that kitchen is clean after use .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 2. FOOD HANDLING AND STORAGE

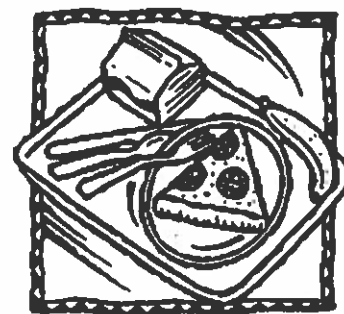
- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Disposed of food scraps properly and removed crumbs .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Swept and wet mopped floors .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. WASTE MANAGEMENT

- |  |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 3a. Selected and placed waste in appropriate containers .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3b. Ensured that containers' lids are securely closed .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3d. Stored waste containers in a well-ventilated area .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

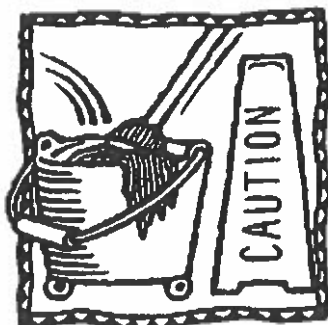
#### 4. DELIVERIES

- |  | Yes                                 | No                                  | N/A                      |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 4a. Instructed vendors to avoid idling their engines during deliveries .....               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |




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#### NOTES



## Building and Grounds Maintenance Checklist

Name: Kristina Martineau  
 School: Westbrook Middle School  
 Room or Area: Schoolwide Date Completed: January 11, 2024  
 Signature: [Signature]

### 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. BUILDING MAINTENANCE SUPPLIES

- |   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1a. Developed appropriate procedures and stocked supplies for spill control <i>- procedures need to be updated</i>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1b. Reviewed supply labels  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1c. Ensured that air from chemical and trash storage areas vents to the outdoors <i>currently storage closets not vented</i>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1d. Stored chemical products and supplies in sealed, clearly labeled containers   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1e. Researched and selected the safest products available   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1f. Ensured that supplies are being used according to manufacturers' instructions   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1h. Substituted less- or non-hazardous materials (where possible)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1i. Scheduled work involving odorous or hazardous chemicals for periods when the school is unoccupied                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

### 2. GROUNDS MAINTENANCE SUPPLIES

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Stored grounds maintenance supplies in appropriate area(s)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2b. Ensured that supplies are used and stored according to manufacturers' instructions   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2c. Established and followed procedures to minimize exposure to fumes from supplies <i>currently no issues, Ventilation solution to be developed</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2d. Reviewed and followed manufacturers' guidelines for maintenance  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2e. Replaced portable gas cans with low-emission cans  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Stored chemical products and supplies in sealed, clearly-labeled containers  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

### 3. DUST CONTROL

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Installed and maintained barrier mats for entrances                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3b. Used high efficiency vacuum bags   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3c. Used proper dusting techniques   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3d. Wrapped feather dusters with a dust cloth <i>feather duster not used</i> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3e. Cleaned air return grilles and air supply vents                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

#### 4. FLOOR CLEANING

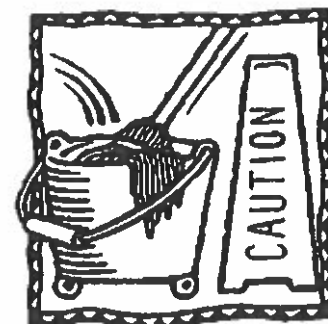
- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary) .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 5. DRAIN TRAPS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Poured water down floor drains once per week (about 1 quart of water) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) .....     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Flushed toilets once each week (if not used regularly) .....                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 6. MOISTURE, LEAKS, AND SPILLS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks) <i>currently monitoring and addressing leaks</i> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Checked that windows, windowsills, and window frames are free of condensate .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Ensured the following areas are free from signs of leaks and water damage:   |                                     |                          |                          |
| Indoor areas near known roof or wall leaks .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls around leaky or broken windows .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors and ceilings under plumbing .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



*addressing + repairing leaks from recent storm.*

#### 7. COMBUSTION APPLIANCES

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 7a. Checked for odors from combustion appliances .....                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7b. Checked appliances for backdrafting (using chemical smoke) .....               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7d. Inspected flue components for corrosion and soot .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

*- did not use chemical smoke*

#### 8. PEST CONTROL

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 8a. Completed the <i>Integrated Pest Management Checklist</i> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

#### NOTES



# Ventilation Checklist

Name: Kristina Martineau  
 School: Westbrook Middle School  
 Unit Ventilator/AHU No: —  
 Room or Area: schoolwide Date Completed: January 12, 2024  
 Signature: [Signature]

## Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of this checklist for each ventilation unit in your school, as well as a copy 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. OUTDOOR AIR INTAKES

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 1a. Marked locations of all outdoor air intakes on a small floor plan (for example, a fire escape floor plan) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 1: OBSTRUCTIONS

- |  |                              |                                     |                          |                                     |
|--|------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers .....                 | <u>Removal of small nest</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 2: POLLUTANT SOURCES

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) .....                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 3: AIRFLOW

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- |  |                    |                                     |                          |                          |
|--|--------------------|-------------------------------------|--------------------------|--------------------------|
| 2a. Replaced filters per maintenance schedule .....  | <u>2x per year</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Vacuumed filter areas before installing new filters .....  |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter .....    |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Confirmed proper installation of filters (correct direction for airflow) .....                         |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## 2. SYSTEM CLEANLINESS (continued)

### ACTIVITY 5: DRAIN PANS

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 2f. Ensured that drain pans slant toward the drain (to prevent water from accumulating) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Cleaned drain pans .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2h. Checked drain pans for mold and mildew .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 6: COILS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2i. Ensured that heating and cooling coils are clean ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

### ACTIVITY 7: AIR-HANDLING UNITS, UNIT VENTILATORS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2j. Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean <i>...need to be deep cleaned<br/>↳ scheduling in process</i> .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 8: MECHANICAL ROOMS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2l. Checked mechanical room for unsanitary conditions, leaks, and spills .....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2m. Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. CONTROLS FOR OUTDOOR AIR SUPPLY

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3a. Ensured that air dampers are at least partially open (minimum position) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that minimum position provides adequate outdoor air for occupants ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 9: CONTROLS INFORMATION

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 3c. Obtained and reviewed all design inside/outside temperature and humidity requirements, controls specifications, as-built mechanical drawings, and controls operations manuals (often uniquely designed) ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

*to be completed with outside contractor summer 2024*

### ACTIVITY 10: CLOCKS, TIMERS, SWITCHES

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3d. Turned summer-winter switches to the correct position .....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Set time clocks appropriately .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 11: CONTROL COMPONENTS

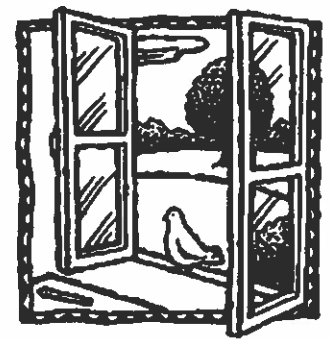
- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| 3g. Ensured appropriate system pressure by testing line pressure at both the occupied (day) setting and the unoccupied (night) setting .....                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3h. Checked that the line dryer prevents moisture buildup .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3i. Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank) ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3j. Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions) .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*to be completed as soon as possible with licensed contractor*

### ACTIVITY 12: OUTDOOR AIR DAMPERS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3k. Ensured that the outdoor air damper is visible for inspection .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3l. Ensured that the recirculating relief and/or exhaust dampers are visible for inspection .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3m. Ensured that air temperature in the indoor area(s) served by each outdoor air damper is within the normal operating range ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE:** It is necessary to ensure that the damper is operating properly and within the normal range to continue.





### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 3n. Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3o. Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3p. If in heating mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 85°F .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3q. If in cooling mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 60°F and mixed air thermostat is set to 45°F ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3r. If the outdoor air damper does not move, confirmed the following items:   |                                     |                          |                          |
| • The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Moving parts are free of impediments (e.g., rust, corrosion) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Electrical wire or pneumatic tubing connects to the damper actuator .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Proceed to Activities 13–16 if the damper seems to be operating properly.*

#### ACTIVITY 13: FREEZE STATS

- 3s. Disconnected power to controls (for automatic reset only) to test continuity across terminals ..... ☐ ☐ ☒
- OR
- 3t. Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped) ..... ☒ ☐ ☐
- 3u. Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats ..... ☒ ☐ ☐
- Manual reset replaced with auto as malfunction occur*

*NOTE: HVAC systems with water coils need protection from the cold. The freeze-stat may close the outdoor air damper and disconnect the supply air when tripped. The typical trip range is 35°F to 42°F.*

#### ACTIVITY 14: MIXED AIR THERMOSTATS

- 3v. Ensured that the mixed air stat for heating mode is set no higher than 65°F ..... ☒ ☐ ☐
- 3w. Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting ..... ☒ ☐ ☐

#### ACTIVITY 15: ECONOMIZERS

- 3x. Confirmed proper economizer settings based on design specifications or local practices ..... ☒ ☐ ☐

*NOTE: The dry-bulb is typically set at 65°F or lower.*

- 3y. Checked that sensor on the economizer is shielded from direct sunlight ..... ☒ ☐ ☐
- 3z. Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications ..... ☒ ☐ ☐

*NOTE: Economizers use varying amounts of cool outdoor air to assist with the cooling load of the room or rooms. There are two types of economizers, dry-bulb and enthalpy. Dry-bulb economizers vary the amount of outdoor air based on outdoor temperature, and enthalpy economizers vary the amount of outdoor air based on outdoor temperature and humidity level.*

### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

#### ACTIVITY 16: FANS

- 3aa. Ensured that all fans (supply fans and associated return or relief fans) that move outside air indoors continuously operate during occupied hours (even when room thermostat is satisfied).....
- | Yes                                 | No                       | N/A                      |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: If fan shuts off when the thermostat is satisfied, adjust control cycle as necessary to ensure sufficient outdoor air supply.*

### 4. AIR DISTRIBUTION

#### ACTIVITY 17: AIR DISTRIBUTION

- 4a. Ensured that supply and return air pathways in the existing ventilation system perform as required.....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4b. Ensured that passive gravity relief ventilation systems and transfer grilles between rooms and corridors are functioning.....
- |                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|--------------------------|-------------------------------------|

*NOTE: If ventilation system is closed or blocked to meet current fire codes, consult with a professional engineer for remedies.*

- 4c. Made sure every occupied space has supply of outdoor air (mechanical system or operable windows).....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4d. Ensured that supply and return vents are open and unblocked.....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

*NOTE: If outlets have been blocked intentionally to correct drafts or discomfort, investigate and correct the cause of the discomfort and reopen the vents.*

- 4e. Modified the HVAC system to supply outside air to areas without an outdoor air supply.....
- |                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|--------------------------|-------------------------------------|
- 4f. Modified existing HVAC systems to incorporate any room or zone layout and population changes.....
- |                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|--------------------------|-------------------------------------|
- 4g. Moved all barriers (for example, room dividers, large free-standing blackboards or displays, bookshelves) that could block movement of air in the room, especially those blocking air vents.....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4h. Ensured that unit ventilators are quiet enough to accommodate classroom activities.....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|
- 4i. Ensured that classrooms are free of uncomfortable drafts produced by air from supply terminals.....
- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

#### ACTIVITY 18: PRESSURIZATION IN BUILDINGS

*NOTE: To prevent infiltration of outdoor pollutants, the ventilation system is designed to maintain positive pressurization in the building. Therefore, ensure that the system, including any exhaust fans, is operating on the "occupied" cycle when doing this activity.*

- 4j. Ensured that air flows out of the building (using chemical smoke) through windows, doors, or other cracks and holes in exterior wall (for example, floor joints, pipe openings).....
- |                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

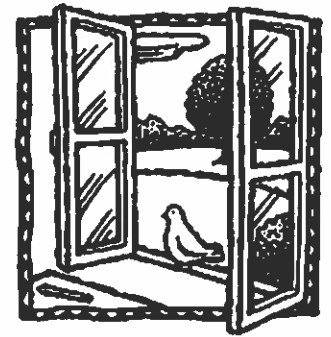
### 5. EXHAUST SYSTEMS

#### ACTIVITY 19: EXHAUST FAN OPERATION

- 5a. Checked (using chemical smoke) that air flows into exhaust fan grille(s).....
- |                          |                                     |                          |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|

*If fans are running but air is not flowing toward the exhaust intake, check for the following:*

- Inoperable dampers
- Obstructed, leaky, or disconnected ductwork
- Undersized or improperly installed fan
- Broken fan belt





## 5. EXHAUST SYSTEMS (continued)

### ACTIVITY 20: EXHAUST AIRFLOW

*NOTE: Prevent migration of indoor contaminants from areas such as bathrooms, kitchens, and labs by keeping them under negative pressure (as compared to surrounding spaces).*

- 5b. Checked (using chemical smoke) that air is drawn into the room from adjacent spaces ..... ☐ **Yes** ☒ **No** ☐ **N/A**

*Stand outside the room with the door slightly open while checking airflow high and low in the door opening (see "How to Measure Airflow").*

- 5c. Ensured that air is flowing toward the exhaust intake ..... ☐ ☐ ☒

### ACTIVITY 21: EXHAUST DUCTWORK

- 5d. Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition ..... ☒ ☐ ☐

## 6. QUANTITY OF OUTDOOR AIR

### ACTIVITY 22: OUTDOOR AIR MEASUREMENTS AND CALCULATIONS

*NOTE: Refer to "How to Measure Airflow" for techniques.*

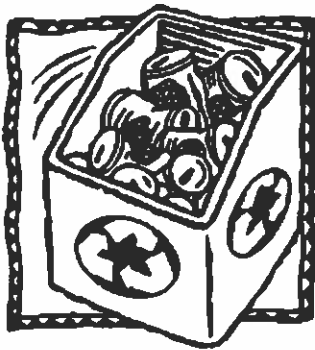
- 6a. Measured the quantity of outdoor air supplied (22a) to each ventilation unit ..... ☐ ☒ ☐
- 6b. Calculated the number of occupants served (22b) by the ventilation unit under consideration ..... ☐ ☒ ☐
- 6c. Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c) ..... ☐ ☒ ☐

### ACTIVITY 23: ACCEPTABLE LEVELS OF OUTDOOR AIR QUANTITIES

- 6d. Compared the existing outdoor air per person (22c) to the recommended levels in Table 1 ..... ☐ ☒ ☐
- 6e. Corrected problems with ventilation units that supplied inadequate quantities of outdoor air to ensure that outdoor air quantities (22c) meet the recommended levels in Table 1 ..... ☐ ☒ ☐

exploring vendor options to complete this asap.

## NOTES



# Waste Management Checklist

Name: Kristina Martineau  
 School: Westbrook Middle School  
 Room or Area: schoolwide Date Completed: January 10, 2024  
 Signature: [Signature]

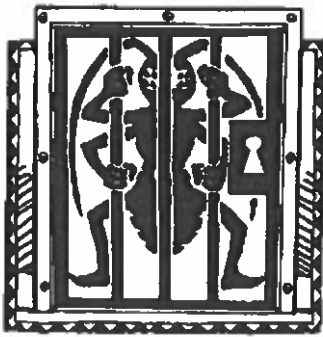
## Instructions

1. Read the *IAQ Background* 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. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured that waste containers are lined .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Labeled recycling bins clearly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ensured number of bins and dumpsters is adequate .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured waste containers are emptied regularly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured appropriate waste removal schedule .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured waste is stored in a well-ventilated room <u>not stored indoors</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j. Ensured any exhaust fans in the room are operating properly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1k. Checked waste storage areas for odors, contaminants, or signs of vermin .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## NOTES



# Integrated Pest Management Checklist

Name: Kristina Martineau  
 School: Westbrook Middle School  
 Room or Area: school wide Date Completed: January 11, 2024  
 Signature: [Signature]

## 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. OFFICIAL POLICY STATEMENT

- 1a. Developed or located the school's official policy statement for integrated pest management (IPM) ..... not written procedures ..... ☒ Yes ☐ No ☐ N/A

## 2. DESIGNATING PEST MANAGEMENT ROLES

- 2a. Assigned and trained a qualified person to be the pest manager ..... ☒ Yes ☐ No ☐ N/A  
 2b. Involved decision makers in the IPM program ..... ☐ Yes ☐ No ☒ N/A  
 2c. Educated students and staff (the occupants of the building) about IPM and asked them to keep their areas clean and free of clutter ..... ☐ Yes ☐ No ☒ N/A  
 2d. Encouraged parents to learn about IPM practices and implement them at home ..... ☐ Yes ☐ No ☒ N/A  
 2e. Developed a program to educate and train all IPM participants ..... ☐ Yes ☐ No ☒ N/A  
 2f. Included language about IPM into contracts with pest management professionals ..... ☐ Yes ☐ No ☒ N/A

## 3. SETTING PEST MANAGEMENT OBJECTIVES

- 3a. Set appropriate pest management objectives for school buildings (such as preventing pests from interfering with students' learning environment and preserving the integrity of the building structure) ..... ☒ Yes ☐ No ☐ N/A  
 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) ..... ☒ Yes ☐ No ☐ N/A

## 4. INSPECTING, IDENTIFYING, AND MONITORING

- 4a. Inspected all buildings and grounds for pest evidence, entry points, food, water, and harborage sites ..... ☒ Yes ☐ No ☐ N/A  
 4b. Identified potential pest habitats in buildings and grounds no current issues ..... ☒ Yes ☐ No ☐ N/A  
 4c. Pinpointed the source of any current pest problems ..... ☒ Yes ☐ No ☐ N/A  
 4d. Monitored to determine the extent of pest problems and to estimate pest populations ..... ☒ Yes ☐ No ☐ N/A  
 4e. Developed plans to modify habitat (for example, exclusion, repair, and sanitation efforts) to prevent or resolve any pest problems ..... ☒ Yes ☐ No ☐ N/A  
 4f. Established a monitoring program that consists of routine inspections to estimate pest population levels and identify evidence of pests and potential habitat ..... contracted service ..... ☒ Yes ☐ No ☐ N/A

## 5. SETTING ACTION THRESHOLDS

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Evaluated all available data obtained through inspecting, identifying, and monitoring ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Determined how many pests the school buildings, grounds, and occupants can tolerate .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Set action thresholds .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 6. PREVENTIVE STRATEGIES

### INDOOR SITES

6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Entryways .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Classrooms .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Gymnasiums .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Locker rooms .....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Offices .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Staff lounges .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Bathrooms .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Food preparation and serving areas ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Rooms with extensive plumbing .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Maintenance areas .....                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Other .....                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### OUTDOOR SITES

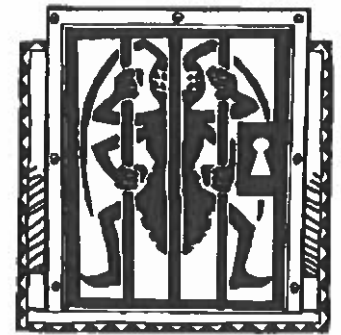
6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Playgrounds .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Parking lots .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Lawns and athletic fields <i>gerse issue needs remediation</i> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Teaching gardens or greenhouses .....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Loading docks .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Dumpsters .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Areas with ornamental shrubs and trees .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Other .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## 7. PESTICIDE USE AND STORAGE

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Explored alternative pest management methods before concluding that pesticides were necessary .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods <i>(IPM needs to be developed)</i> .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Identified the least toxic, target-specific chemical (or pesticide formulation) that is the most effective to address the pest problem, preferably as baits and granules ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7d. Reviewed and followed all label instructions on pesticides and learned how to properly apply and handle these chemicals .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7e. Used spot-treatment (or bait, crack, and crevice applications) to apply pesticides whenever possible and only treated the obviously infested plants in the area .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7f. Used protective clothing or equipment when applying pesticides .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7g. Placed all pesticides in tamper-resistant bait boxes or locations that are inaccessible to children and non-target species .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

*contracted service  
EB Exterminating*





## 7. PESTICIDE USE AND STORAGE (cont.)

	Yes	No	N/A
7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7i. Applied pesticides when occupants were not present or in areas where they would not be exposed to the chemicals .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7j. Ensured that school occupants (students and staff) are notified of upcoming pesticide applications through posted notices and/or letters .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7k. Ensured that parents are notified of upcoming pesticide applications through letters .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7n. Ensured that storage areas are adequately ventilated and are located away from areas prone to flooding or where spills or leaks may contaminate the environment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7o. Ensured that flammable liquids are stored away from ignition sources .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7p. Ensured that pesticides are stored in their original containers and all lids are securely fastened .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

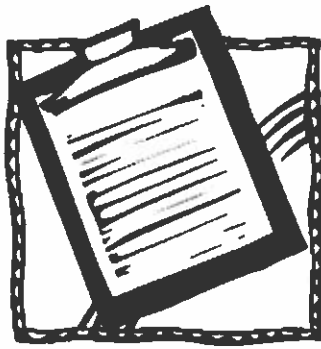
## 8. EVALUATING RESULTS AND RECORD KEEPING

8a. Ensured that accurate, up-to-date records of IPM practices and a pest management log for each property are kept .. <i>contractor records</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8c. Ensured that each log book contains the following items:			
• Copy of the pest management plan .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Service schedules for maintenance of buildings and grounds .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Current EPA-registered labels .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Current Material Safety Data Sheets (MSDS) for each pesticide project ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Pest surveillance data sheets .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Diagram noting the location of pest activity, traps, and bait stations .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*consulting with  
contractor to  
follow up on  
this section*

## NOTES





# Walkthrough Inspection Checklist

Name: Kristina Martineau  
 School: Westbrook Middle School  
 Room or Area: school wide Date Completed: January 10, 2024  
 Signature: [Signature]

## 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 <u>need signs</u> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1g. Minimized pesticide application .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 <u>on fields only</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j. Ensured that walk-off mats are used at exterior entrances and that they are cleaned regularly <u>cleaned daily</u> .....	<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 <u>good drainage</u> .....	<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

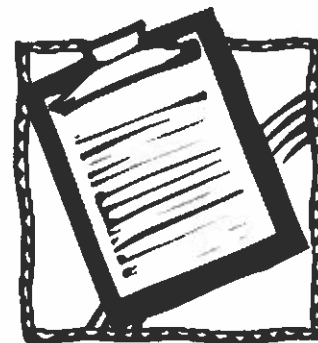
3a. Checked for evidence of roof and plumbing leaks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b. Checked for birds and animal nests .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## 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 <i>actively monitoring leaks</i> | <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 <i>currently no vents - plan to correct asap</i>           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6c. Ensured that portable fuel containers are properly closed  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

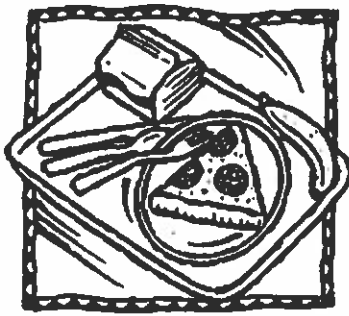
#### 7. COMBUSTION APPLIANCES

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 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"/> |
- } kitchen only  
- boiler room

#### 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"/> |

#### NOTES



# Food Service Checklist

Name: Kristina Martineau  
 School: Westbrook Middle School  
 Room or Area: school - cafeteria Date Completed: January 10, 2024  
 Signature: [Signature]

## 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. COOKING AREA

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1b. Checked for odors near cooking, preparation, and eating areas .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Determined that gas appliances function properly .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1e. Verified that gas appliances are vented outdoors .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1g. Ensured that kitchen is clean after use .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 2. FOOD HANDLING AND STORAGE

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary ..  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2d. Disposed of food scraps properly and removed crumbs .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2f. Swept and wet mopped floors .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 3. WASTE MANAGEMENT

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Selected and placed waste in appropriate containers .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3b. Ensured that containers' lids are securely closed .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3d. Stored waste containers in a well-ventilated area <u>not stored inside</u> .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Westbrook Health  
 Department  
 inspected  
 facilities 9/24/23

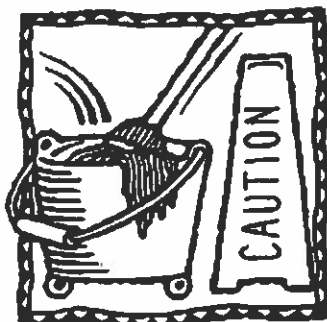
#### 4. DELIVERIES

- |   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 4a. Instructed vendors to avoid idling their engines during deliveries .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas ..... <i>Need signage</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen .....                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |




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#### NOTES



# Building and Grounds Maintenance Checklist

Name: Kristina Martineau  
 School: Westbrook High School  
 Room or Area: school Date Completed: 1/4/2024  
 Signature: [Signature]

## 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. BUILDING MAINTENANCE SUPPLIES

- procedures need to be updated + communicated*
- |   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1a. Developed appropriate procedures and stocked supplies for spill control   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1b. Reviewed supply labels  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1c. Ensured that air from chemical and trash storage areas vents to the outdoors  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1d. Stored chemical products and supplies in sealed, clearly labeled containers   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1e. Researched and selected the safest products available   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1f. Ensured that supplies are being used according to manufacturers' instructions   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1h. Substituted less- or non-hazardous materials (where possible)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1i. Scheduled work involving odorous or hazardous chemicals for periods when the school is unoccupied                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1j. Ventilated affected areas during and after the use of odorous or hazardous chemicals  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
- ventilation needed, to be researched and corrected*

## 2. GROUNDS MAINTENANCE SUPPLIES

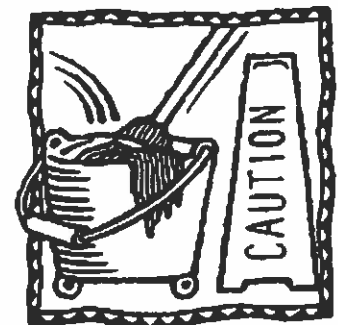
- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Stored grounds maintenance supplies in appropriate area(s)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2b. Ensured that supplies are used and stored according to manufacturers' instructions  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2c. Established and followed procedures to minimize exposure to fumes from supplies   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Reviewed and followed manufacturers' guidelines for maintenance   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2e. Replaced portable gas cans with low-emission cans   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Stored chemical products and supplies in sealed, clearly-labeled containers   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2g. Ensured that chemicals, chemical-containing wastes, and containers are disposed of according to manufacturers' instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## 3. DUST CONTROL

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3a. Installed and maintained barrier mats for entrances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3b. Used high efficiency vacuum bags                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3c. Used proper dusting techniques                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3d. Wrapped feather dusters with a dust cloth           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3e. Cleaned air return grilles and air supply vents     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

#### 4. FLOOR CLEANING

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Established and followed schedule for vacuuming and mopping floors ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Cleaned spills on floors promptly (as necessary) .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Performed restorative maintenance (as necessary) .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



#### 5. DRAIN TRAPS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Poured water down floor drains once per week (about 1 quart of water) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Ran water in sinks at least once per week (about 2 cups of water) .....     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Flushed toilets once each week (if not used regularly) .....                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 6. MOISTURE, LEAKS, AND SPILLS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 6a. Checked for moldy odors .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Inspected ceiling tiles, floors, and walls for leaks or discoloration (may indicate periodic leaks) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked areas where moisture is commonly generated (e.g., kitchens, locker rooms, and bathrooms) .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Checked that windows, windowsills, and window frames are free of condensate .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6e. Checked that indoor surfaces of exterior walls and cold water pipes are free of condensate .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6f. Ensured the following areas are free from signs of leaks and water damage:                                |                                     |                          |                          |
| Indoor areas near known roof or wall leaks .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls around leaky or broken windows .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors and ceilings under plumbing .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duct interiors near humidifiers, cooling coils, and outdoor air intakes .....                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

we are actively monitoring and repairing leaks. Roof replacement planned.

#### 7. COMBUSTION APPLIANCES

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 7a. Checked for odors from combustion appliances .....                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7b. Checked appliances for backdrafting (using chemical smoke) .....               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7c. Inspected exhaust components for leaks, disconnections, or deterioration ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7d. Inspected flue components for corrosion and soot .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

— ? chemical smoke not used

#### 8. PEST CONTROL

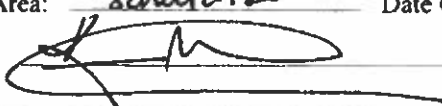
- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 8a. Completed the <i>Integrated Pest Management Checklist</i> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

#### NOTES

- See notes above
- Contracted services will be explored for items not taken care of directly by in-house staff (example — chemical smoke)



# Ventilation Checklist

Name: Krishna Martineau  
 School: Westbrook High School  
 Unit Ventilator/AHU No: n/a  
 Room or Area: Schoolville Date Completed: 1/10/2024  
 Signature: 

## Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of this checklist for each ventilation unit in your school, as well as a copy 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. OUTDOOR AIR INTAKES

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1a. Marked locations of all outdoor air intakes on a small floor plan (for example, a fire escape floor plan) ..... <u>map updated</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that the ventilation system was on and operating in "occupied" mode .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 1: OBSTRUCTIONS

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1c. Ensured that outdoor air intakes are clear of obstructions, debris, clogs, or covers .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1d. Installed corrective devices as necessary (e.g., if snowdrifts or leaves frequently block an intake) ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 2: POLLUTANT SOURCES

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1e. Checked ground-level intakes for pollutant sources (dumpsters, loading docks, and bus-idling areas) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1f. Checked rooftop intakes for pollutant sources (plumbing vents; kitchen, toilet, or laboratory exhaust fans; puddles; and mist from air-conditioning cooling towers) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1g. Resolved any problems with pollutant sources located near outdoor air intakes (e.g., relocated dumpster or extended exhaust pipe) .....                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### ACTIVITY 3: AIRFLOW

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 1h. Obtained chemical smoke (or a small piece of tissue paper or light plastic) .. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Confirmed that outdoor air is entering the intake appropriately .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS

### ACTIVITY 4: AIR FILTERS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Replaced filters per maintenance schedule .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Shut off ventilation system fans while replacing filters (prevents dirt from blowing downstream) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Vacuumed filter areas before installing new filters .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Confirmed proper fit of filters to prevent air from bypassing (flowing around) the air filter .....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Confirmed proper installation of filters (correct direction for airflow) .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. SYSTEM CLEANLINESS (continued)

### ACTIVITY 5: DRAIN PANS

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 2f. Ensured that drain pans slant toward the drain (to prevent water from accumulating) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Cleaned drain pans .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2h. Checked drain pans for mold and mildew .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 6: COILS

- |   |                             |                                     |                          |                          |
|---|-----------------------------|-------------------------------------|--------------------------|--------------------------|
| 2i. Ensured that heating and cooling coils are clean .. | <i>cleaned every summer</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-----------------------------|-------------------------------------|--------------------------|--------------------------|

### ACTIVITY 7: AIR-HANDLING UNITS, UNIT VENTILATORS

- |   |   |                                     |                          |
|---|---|-------------------------------------|--------------------------|
| 2j. Ensured that the interior of air-handling unit(s) or unit ventilator (air-mixing chamber and fan blades) is clean ..... | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2k. Ensured that ducts are clean ..   | <i>deep cleaning of ducts scheduled for summer 2024</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 8: MECHANICAL ROOMS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2l. Checked mechanical room for unsanitary conditions, leaks, and spills .....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2m. Ensured that mechanical rooms and air-mixing chambers are free of trash, chemical products, and supplies ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

recent visit from fire marshal manual visit also confirms walkthrough findings.

## 3. CONTROLS FOR OUTDOOR AIR SUPPLY

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3a. Ensured that air dampers are at least partially open (minimum position) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that minimum position provides adequate outdoor air for occupants ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 9: CONTROLS INFORMATION

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 3c. Obtained and reviewed all design inside/outside temperature and humidity requirements, controls specifications, as-built mechanical drawings, and controls operations manuals (often uniquely designed) ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

follow up planned to address this item

### ACTIVITY 10: CLOCKS, TIMERS, SWITCHES

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3d. Turned summer-winter switches to the correct position .....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Set time clocks appropriately .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3f. Ensured that settings fit the actual schedule of building use (including night/weekend use) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITY 11: CONTROL COMPONENTS

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| 3g. Ensured appropriate system pressure by testing line pressure at both the occupied (day) setting and the unoccupied (night) setting .....                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3h. Checked that the line dryer prevents moisture buildup .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3i. Replaced control system filters at the compressor inlet based on the compressor manufacturer's recommendation (for example, when you blow down the tank) ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3j. Set the line pressure at each thermostat and damper actuator at the proper level (no leakage or obstructions) .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

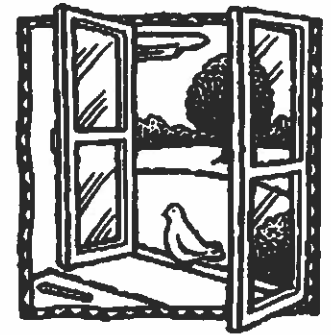
Outside contractor will need to be scheduled for these items for most updated service.

### ACTIVITY 12: OUTDOOR AIR DAMPERS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3k. Ensured that the outdoor air damper is visible for inspection .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3l. Ensured that the recirculating relief and/or exhaust dampers are visible for inspection .....                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3m. Ensured that air temperature in the indoor area(s) served by each outdoor air damper is within the normal operating range ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

monitored by ABS system and maintenance personnel.

NOTE: It is necessary to ensure that the damper is operating properly and within the normal range to continue.







### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

- |   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 3n. Checked that the outdoor air damper fully closes within a few minutes of shutting off appropriate air handler .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3o. Checked that the outdoor air damper opens (at least partially with no delay) when the air handler is turned on .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3p. If in heating mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 85°F .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3q. If in cooling mode, checked that the outdoor air damper goes to its minimum position (without completely closing) when the room thermostat is set to 60°F and mixed air thermostat is set to 45°F <i>planned for later - summer</i> ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3r. If the outdoor air damper does not move, confirmed the following items:   |                                     |                                     |                          |
| • The damper actuator links to the damper shaft, and any linkage set screws or bolts are tight .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Moving parts are free of impediments (e.g., rust, corrosion) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Electrical wire or pneumatic tubing connects to the damper actuator .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • The outside air thermostat(s) is functioning properly (e.g., in the right location, calibrated correctly) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

*Proceed to Activities 13–16 if the damper seems to be operating properly.*

#### ACTIVITY 13: FREEZE STATS

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 3s. Disconnected power to controls (for automatic reset only) to test continuity across terminals .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OR  |                                     |                          |                                     |
| 3t. Confirmed (if applicable) that depressing the manual reset button (usually red) trips the freeze stat (clicking sound indicates freeze stat was tripped) .....            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3u. Assessed the feasibility of replacing all manual reset freeze-stats with automatic reset freeze-stats <i>Manual reset replaced with automatic as failure occurs</i> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

*NOTE: HVAC systems with water coils need protection from the cold. The freeze-stat may close the outdoor air damper and disconnect the supply air when tripped. The typical trip range is 35°F to 42°F*

#### ACTIVITY 14: MIXED AIR THERMOSTATS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3v. Ensured that the mixed air stat for heating mode is set no higher than 65°F .....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3w. Ensured that the mixed air stat for cooling mode is set no lower than the room thermostat setting ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### ACTIVITY 15: ECONOMIZERS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3x. Confirmed proper economizer settings based on design specifications or local practices ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

*NOTE: The dry-bulb is typically set at 65°F or lower:*

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3y. Checked that sensor on the economizer is shielded from direct sunlight .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3z. Ensured that dampers operate properly (for outside air, return air, exhaust/relief air, and recirculated air), per the design specifications ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: Economizers use varying amounts of cool outdoor air to assist with the cooling load of the room or rooms. There are two types of economizers, dry-bulb and enthalpy. Dry-bulb economizers vary the amount of outdoor air based on outdoor temperature, and enthalpy economizers vary the amount of outdoor air based on outdoor temperature and humidity level.*

### 3. CONTROLS FOR OUTDOOR AIR SUPPLY (continued)

#### ACTIVITY 16: FANS

- 3aa. Ensured that all fans (supply fans and associated return or relief fans) that move outside air indoors continuously operate during occupied hours (even when room thermostat is satisfied)..... 

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: If fan shuts off when the thermostat is satisfied, adjust control cycle as necessary to ensure sufficient outdoor air supply.*

### 4. AIR DISTRIBUTION

#### ACTIVITY 17: AIR DISTRIBUTION

- 4a. Ensured that supply and return air pathways in the existing ventilation system perform as required..... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------
- 4b. Ensured that passive gravity relief ventilation systems and transfer grilles between rooms and corridors are functioning..... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

*NOTE: If ventilation system is closed or blocked to meet current fire codes, consult with a professional engineer for remedies.*

- 4c. Made sure every occupied space has supply of outdoor air (mechanical system or operable windows)..... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------
- 4d. Ensured that supply and return vents are open and unblocked..... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

*NOTE: If outlets have been blocked intentionally to correct drafts or discomfort, investigate and correct the cause of the discomfort and reopen the vents.*

- 4e. Modified the HVAC system to supply outside air to areas without an outdoor air supply..... 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	-------------------------------------
- 4f. Modified existing HVAC systems to incorporate any room or zone layout and population changes..... 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	-------------------------------------
- 4g. Moved all barriers (for example, room dividers, large free-standing blackboards or displays, bookshelves) that could block movement of air in the room, especially those blocking air vents..... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------
- 4h. Ensured that unit ventilators are quiet enough to accommodate classroom activities..... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------
- 4i. Ensured that classrooms are free of uncomfortable drafts produced by air from supply terminals..... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

#### ACTIVITY 18: PRESSURIZATION IN BUILDINGS

*NOTE: To prevent infiltration of outdoor pollutants, the ventilation system is designed to maintain positive pressurization in the building. Therefore, ensure that the system, including any exhaust fans, is operating on the "occupied" cycle when doing this activity.*

- 4j. Ensured that air flows out of the building (using chemical smoke) through windows, doors, or other cracks and holes in exterior wall (for example, floor joints, pipe openings)..... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------

*summer 2021*

### 5. EXHAUST SYSTEMS

#### ACTIVITY 19: EXHAUST FAN OPERATION

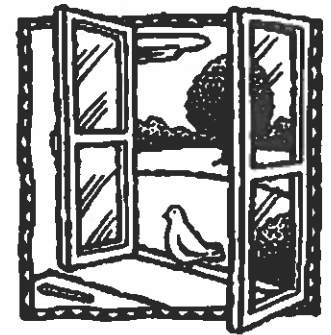
- 5a. Checked (using chemical smoke) that air flows into exhaust fan grille(s)..... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------

*If fans are running but air is not flowing toward the exhaust intake, check for the following:*

- Inoperable dampers
- Obstructed, leaky, or disconnected ductwork
- Undersized or improperly installed fan
- Broken fan belt

*schedule summer 2021  
when school is not in session.*





## 5. EXHAUST SYSTEMS (continued)

### ACTIVITY 20: EXHAUST AIRFLOW

*NOTE: Prevent migration of indoor contaminants from areas such as bathrooms, kitchens, and labs by keeping them under negative pressure (as compared to surrounding spaces).*

- 5b. Checked (using chemical smoke) that air is drawn into the room from adjacent spaces ..... Chemical smoke not used Yes No N/A  
☐ ☒ ☐

*Stand outside the room with the door slightly open while checking airflow high and low in the door opening (see "How to Measure Airflow").*

- 5c. Ensured that air is flowing toward the exhaust intake chemical smoke not used Yes No N/A  
☐ ☐ ☒

### ACTIVITY 21: EXHAUST DUCTWORK

- 5d. Checked that the exhaust ductwork downstream of the exhaust fan (which is under positive pressure) is sealed and in good condition ..... ☒ ☐ ☐

## 6. QUANTITY OF OUTDOOR AIR

### ACTIVITY 22: OUTDOOR AIR MEASUREMENTS AND CALCULATIONS

*NOTE: Refer to "How to Measure Airflow" for techniques.*

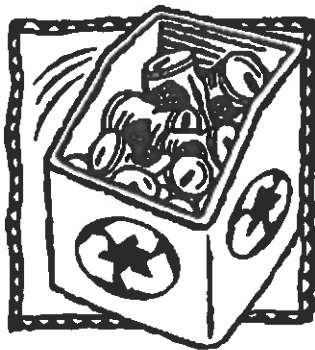
- 6a. Measured the quantity of outdoor air supplied (22a) to each ventilation unit ..... ☐ ☒ ☐  
 6b. Calculated the number of occupants served (22b) by the ventilation unit under consideration ..... ☐ ☒ ☐  
 6c. Divided outdoor air supply (22a) by the number of occupants (22b) to determine the existing quantity of outdoor air supply per person (22c) ..... ☐ ☒ ☐

### ACTIVITY 23: ACCEPTABLE LEVELS OF OUTDOOR AIR QUANTITIES

- 6d. Compared the existing outdoor air per person (22c) to the recommended levels in Table 1 ..... ☐ ☒ ☐  
 6e. Corrected problems with ventilation units that supplied inadequate quantities of outdoor air to ensure that outdoor air quantities (22c) meet the recommended levels in Table 1 ..... ☐ ☒ ☐

Outside contractor  
will be scheduled  
to conduct this  
testing during  
summer 2024

## NOTES



# Waste Management Checklist

Name: Krishna Martineau  
 School: Westbrook High School  
 Room or Area: school Date Completed: 1/4/2021  
 Signature: [Signature]

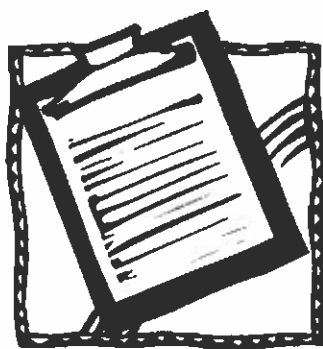
## Instructions

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. WASTE MANAGEMENT

	Yes	No	N/A
1a. Ensured that waste containers are appropriate for use (for example, food waste containers should have lids) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Ensured that waste containers are lined .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that waste from art, science, vocational classes, etc., are handled separately .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Labeled recycling bins clearly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ensured number of bins and dumpsters is adequate .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured appropriate location of dumpsters (i.e., away from air intakes, doors, and operable windows in relation to prevailing winds) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured waste containers are emptied regularly .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Ensured appropriate waste removal schedule .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Ensured waste is stored in a well-ventilated room .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j. Ensured any exhaust fans in the room are operating properly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1k. Checked waste storage areas for odors, contaminants, or signs of vermin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## NOTES



# Walkthrough Inspection Checklist

Name: Kristina Martineau  
 School: Westbrook High School  
 Room or Area: schoolwide Date Completed: January 4, 2024  
 Signature: [Signature]

## Instructions

1. Read the *IAQ Background* 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 ..... <u>sprinklers are in open field</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 ..... <u>monitoring leaks + corrective</u>	<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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6c. Ensured that portable fuel containers are properly closed .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6d. Ensured that power equipment, like snowblowers and lawn mowers, have been serviced and maintained according to manufacturers' guidelines ..... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

*chemical/storage needs  
supply ventilation.*

#### 7. COMBUSTION APPLIANCES

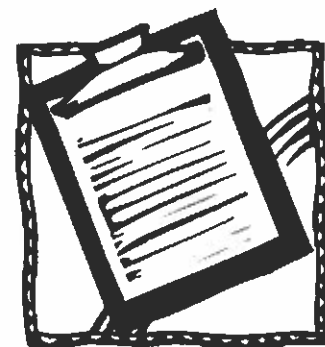
- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 7a. Checked for combustion gas and fuel odors .....                        | <input checked="" type="checkbox"/> | <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"/> |

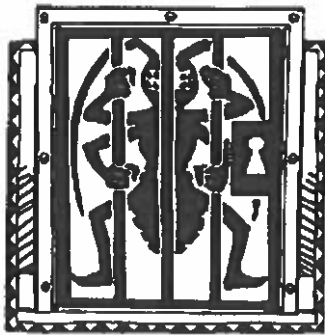
#### 8. OTHER

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 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"/> |

#### NOTES

*\* some peeling and flaking of paint — will address summer 2024*





# Integrated Pest Management Checklist

Name: Kristina Martineau  
 School: Westbrook High School  
 Room or Area: school wide Date Completed: January 4, 2024  
 Signature: [Signature]

## 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. OFFICIAL POLICY STATEMENT

- |  | Yes                      | No                                  | N/A                      |
|--|--------------------------|-------------------------------------|--------------------------|
| 1a. Developed or located the school's official policy statement for integrated pest management (IPM)..... <u>IPM needs to be developed</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## 2. DESIGNATING PEST MANAGEMENT ROLES

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 2a. Assigned and trained a qualified person to be the pest manager .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2b. Involved decision makers in the IPM program .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c. Educated students and staff (the occupants of the building) about IPM and asked them to keep their areas clean and free of clutter ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2d. Encouraged parents to learn about IPM practices and implement them at home .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2e. Developed a program to educate and train all IPM participants .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2f. Included language about IPM into contracts with pest management professionals .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## 3. SETTING PEST MANAGEMENT OBJECTIVES

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3a. Set appropriate pest management objectives for school buildings (such as preventing pests from interfering with students' learning environment and preserving the integrity of the building structure) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Set appropriate pest management objectives for school grounds (such as providing safe playing areas and the best athletic surfaces possible) .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 4. INSPECTING, IDENTIFYING, AND MONITORING

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 4a. Inspected all buildings and grounds for pest evidence, entry points, food, water, and harborage sites .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Identified potential pest habitats in buildings and grounds .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Pinpointed the source of any current pest problems <u>no current issues</u> .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Monitored to determine the extent of pest problems and to estimate pest populations .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Developed plans to modify habitat (for example, exclusion, repair, and sanitation efforts) to prevent or resolve any pest problems .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Established a monitoring program that consists of routine inspections to estimate pest population levels and identify evidence of pests and potential habitat <u>contracted with EB</u> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- exterminating in all three schools - monthly inspection and as call as needed

## 5. SETTING ACTION THRESHOLDS

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 5a. Evaluated all available data obtained through inspecting, identifying, and monitoring ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Determined how many pests the school buildings, grounds, and occupants can tolerate .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Set action thresholds .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 6. PREVENTIVE STRATEGIES

### INDOOR SITES

6a. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Entryways .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Classrooms .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Gymnasiums .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Locker rooms .....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Offices .....                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Staff lounges .....                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Bathrooms .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Food preparation and serving areas ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Rooms with extensive plumbing .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Maintenance areas .....                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Other .....                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### OUTDOOR SITES

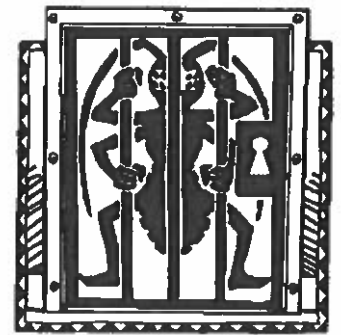
6b. Implemented appropriate strategies to prevent pests from inhabiting the following areas:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Playgrounds .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Parking lots .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Lawns and athletic fields <i>working on solution for grasses</i> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Teaching gardens or greenhouses .....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Loading docks .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Dumpsters .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Areas with ornamental shrubs and trees .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Other .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

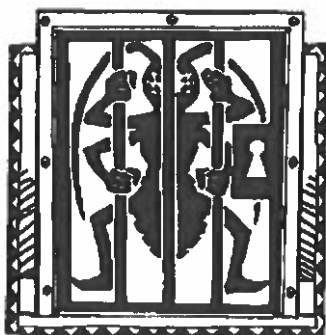
## 7. PESTICIDE USE AND STORAGE

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 7a. Explored alternative pest management methods before concluding that pesticides were necessary .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7b. Ensured that pest management professionals integrate IPM into their pest management methods <i>IPM needs to be developed</i> .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7c. Identified the least toxic, target-specific chemical (or pesticide formulation) that is the most effective to address the pest problem, preferably as baits and granules ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7d. Reviewed and followed all label instructions on pesticides and learned how to properly apply and handle these chemicals .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7e. Used spot-treatment (or bait, crack, and crevice applications) to apply pesticides whenever possible and only treated the obviously infested plants in the area .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7f. Used protective clothing or equipment when applying pesticides .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7g. Placed all pesticides in tamper-resistant bait boxes or locations that are inaccessible to children and non-target species .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Contracted  
with EB Exterminating







## 7. PESTICIDE USE AND STORAGE (cont.)

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 7h. Locked or fastened lids of all bait boxes and placed bait away from the runway of the box .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7i. Applied pesticides when occupants were not present or in areas where they would not be exposed to the chemicals .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7j. Ensured that school occupants (students and staff) are notified of upcoming pesticide applications through posted notices and/or letters .....                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7k. Ensured that parents are notified of upcoming pesticide applications through letters .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7l. Kept copies of current pesticide labels and information on pesticides easily accessible .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7m. Stored pesticides off site or in areas that are locked and accessible only to designated personnel .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7n. Ensured that storage areas are adequately ventilated and are located away from areas prone to flooding or where spills or leaks may contaminate the environment ..... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7o. Ensured that flammable liquids are stored away from ignition sources .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7p. Ensured that pesticides are stored in their original containers and all lids are securely fastened .....  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7q. Ensured that air in the storage space cannot mix with the air in the central ventilation system .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## 8. EVALUATING RESULTS AND RECORD KEEPING

- |   |                          |                                     |                                     |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 8a. Ensured that accurate, up-to-date records of IPM practices and a pest management log for each property are kept <u>contractor records</u> ..... | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8b. Ensured that pesticide records necessary to meet all state, local, and school board requirements are maintained .....                           | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8c. Ensured that each log book contains the following items:  |                          |                                     |                                     |
| • Copy of the pest management plan .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Service schedules for maintenance of buildings and grounds .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Current EPA-registered labels .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Current Material Safety Data Sheets (MSDS) for each pesticide project ....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Pest surveillance data sheets .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Diagram noting the location of pest activity, traps, and bait stations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

## NOTES

IPM needs to be developed



# Food Service Checklist

Name: Kristina Martineau  
 School: Westbrook High School  
 Room or Area: school wide Date Completed: January 4, 2024  
 Signature: [Signature]

## 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. COOKING AREA

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Checked for odors near cooking, preparation, and eating areas .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that gas appliances function properly .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Verified that gas appliances are vented outdoors .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Ensured that kitchen is clean after use .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. FOOD HANDLING AND STORAGE

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Disposed of food scraps properly and removed crumbs .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) .....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Swept and wet mopped floors .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. WASTE MANAGEMENT

- |  |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 3a. Selected and placed waste in appropriate containers .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3b. Ensured that containers' lids are securely closed .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3d. Stored waste containers in a well-ventilated area .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

#### 4. DELIVERIES

- |  | Yes                                 | No                                  | N/A                      |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 4a. Instructed vendors to avoid idling their engines during deliveries .....               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



---

#### NOTES

Westbrook Public Schools							2024-2025 School Calendar							DRAFT						
July '24							August '24							September '24						
Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	23	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28	29	30	31	29	30					
October '24							November '24							December '24						
u	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S
		1	2	3	4	5						1	2	1	2	3	4	5	6	7
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				
														31						
January '25							February '25							March '25						
Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S
			1	2	3	4							1							1
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29
														30	31					
April '25							May '25							June '25						
Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30				25	26	27	28	29	30	31	29	30					



First & \*Last Day of School



Teacher PD (no school for students)



Teacher Convocation



School Closed/Holidays



WHS Graduation 6/13/23



Early Dismissal for All



Early Dismissal for Students

**Professional Development:**

Aug 26 -28 –Full Day PD, Nov. 5, Mar. 7, May 23

**Early Dismissal PD**

Oct. 11  
Jan. 17  
Feb. 13  
Mar. 6  
May 22

**Conferences:**

Oct. 22 – (Daisy/WMS)  
Oct. 24 – (Daisy/WMS/WHS)  
Mar. 11 – (Daisy/WMS)  
Mar. 13 – (Daisy/WMS/WHS)

**Holidays:** Sept. 2– Labor Day

Oct. 14 – Columbus Day  
Nov. 27-29 – Thanksgiving Break  
Dec. 23-Jan. 1- Holiday Recess  
Jan. 20 – Martin Luther King Jr. Day  
Feb. 14 –18 – February Break  
April 18 – Good Friday  
Apr. 4-18 – April Break  
May 26 – Memorial Day

\*Calendar is subject to change based on unscheduled school closings due to weather or unforeseen circumstances

**WESTBROOK BOARD OF EDUCATION  
EDUCATE, CHALLENGE, & INSPIRE**

**ENCLOSURE 5**

**WESTBROOK BOARD OF EDUCATION  
Tuesday, December 12, 2023 @ 7:00 p.m.  
BOE Regular Meeting  
WHS Library**

**Members Present:** K. Walker, E. Fernandes, M. Luft, S. Greaves, C. Kuehlewind, D. Perreault, A. Miesse, H. Jalil

**Absent:** M. Esposito

**Also Present:** Superintendent Kristina Martineau; Administrators T. Winch, M. Talmadge, F. Lagace; Director of Finance A. Burke; Technology Director, B. Russell

**MINUTES**

**I. CALL TO ORDER** – The regular BOE meeting of December 12, 2023 was called to order at 7:00 p.m. by Superintendent Kristina Martineau.

**II. PLEDGE OF ALLEGIANCE**

**III. WELCOME AND INTRODUCTION OF NEW BOARD OF EDUCATION MEMBERS:** Elizabeth Fernandes and Haifa Jalil were welcomed as new Board members

**IV. BOARD OF EDUCATION ELECTION OF OFFICERS**

**A. Election of BOE Officers**

Superintendent Martineau conducted the nomination process for officers of the Board of Education. Voting for nominated candidates was done by paper ballot to the Board Recording Clerk and the results are as follows:

MOTION by C. Kuehlewind to nominate Kim Walker as Chair  
No other nominations were made.

Vote: Aye(s) E. Fernandes, M. Luft, S. Greaves, C. Kuehlewind, K. Walker, D. Perreault, Miesse, H. Jalil

MOTION by A. Miesse to nominate D. Perreault as Vice Chair.

MOTION by S. Greaves to nominate M. Luft as Vice Chair.

Votes for D. Perrault 5 ayes

Votes for M. Luft: 3 ayes

Result: D. Perreault, Vice Chair

MOTION by K. Walker to nominate Christine Kuehlewind as Board Secretary

No other nominations were made.

Vote: Aye(s): E. Fernandes, M. Luft, S. Greaves, C. Kuehlewind, K. Walker, D. Perreault, A. Miesse, H. Jalil

Final results of the Election of Officers for 2024-25: Chair, Kim Walker; Vice chair – Don Perreault; Christine Kuehlewind, Board Secretary

B. Subcommittee Assignments: Policy: C. Kuehlewind, M. Luft, K. Walker  
Teaching & Learning: C. Kuehlewind, K. Walker, H. Jalil  
Fiscal and Facilities (formerly LRP): A. Miesse, D. Perreault, S. Greaves, H. Jalil, K. Walker (ex-officio)  
Communications: M. Luft, S. Greaves, E. Fernandes, K. Walker  
Negotiations: D. Perreault, A. Miesse, S. Greaves, K. Walker  
LEARN: TBD  
Town Energy: A. Miesse  
WHS PTO: D. Perreault  
WMS PTO: A. Miesse  
Daisy PTO: M. Luft

V. **BOARD OF EDUCATION ACKNOWLEDGMENTS:** Kim Godfrey, Computer Science Teacher at Daisy Ingraham, was presented with a plaque from the BOE acknowledging her retirement effective December 31, 2023 and years of service to Westbrook Public Schools since 2003.

VI. **STUDENT REPRESENTATIVE REPORT** – Ana Dias Heringer and Elliot Koplas reported on school activities which included SADD and FBLA participation in the Westbrook Tree Lighting; The Bake Shop (Mrs. Bancroft's classes), the performance of *One Stoplight Town* on December 15 and 16, Concert and Jazz band performance on Dec. 20, and winter sports. The athletic captains attended a CAS/CIAC Leadership conference at Lyme/Old Lyme High School about sportsmanship and teamwork and the Interact Club made paper wreaths for the holiday, and the Giving Tree located in the main lobby. Also, on Pajama Day approximately \$900 was raised for Children with Cancer. Also, National Honor Society held the Induction ceremony.

VII. **PUBLIC COMMENT:** No public comments

VIII. **OLD BUSINESS:** No old business

IX. **ADMINISTRATOR(S) COMMENTS**

1. WHS Music Dept. Trip to Boston - T. Winch provided details of the Music Department's trip to Boston on March 15 to visit Faneuil Hall and to attend the 200<sup>th</sup> anniversary of Beethoven's 9<sup>th</sup> Symphony.
2. WMS School of Distinction – Principal Talmadge was pleased to inform the BOE of Westbrook Middle School having received the award of School of Distinction and the criteria for the award. To summarize, he acknowledged the students, teachers, support

staff, and parents for their part in the accomplishment. Board members were complimentary to this achievement. Superintendent Martineau also reported the US News ranking of WMS 20<sup>th</sup> in the State of Connecticut based on spring data; primarily student growth in math and ELA.

#### **X. NEW BUSINESS**

- A. WPS District 2024-25 Calendar – The Board reviewed the proposed 2024-25 district calendar, which will be brought to the January meeting for a vote. The AFT and WEA have also reviewed the proposed calendar.
- B. BOE Meeting Times- After discussion there was a MOTION by S. Greaves and SECOND by M. Luft to change the meeting times of the regular BOE meetings from 7 pm to 6 pm as a Pilot beginning with the January meeting. MOTION CARRIES - Vote unanimous.
- C. January Regular BOE meeting –The Board discussed a change of date of the regular meeting in January to accommodate a budget workshop on Jan. 9. The regular meeting will be changed to January 16. Both meetings will be scheduled for 6:00 p.m. MOTION by Perreault and SECOND by M. Luft to change the regular meeting to a special meeting on January 16 and the Budget Workshop #1 to January 9<sup>th</sup>. MOTION CARRIES- Vote unanimous.
- D. Virtual BOE Meetings – Superintendent Martineau presented data on the use of the virtual option for the public to view the regular BOE meetings. Based on limited public interest, a MOTION by S. Greaves and SECOND by A. Miesse was made to eliminate virtual meetings unless there is a topic of great interest on the agenda. MOTION CARRIES - Vote unanimous.
- E. Review and approve curriculum –1. ELA – Grades 3-8 2. Social Studies Grades 3-4.  
Mr. Saba, PreK-12 Curriculum Coordinator for Teaching and Learning presented the completed ELA Grades 3-8 and Social Studies Grades 3-4 curriculum. Mr. Saba reported on the diligent work that went into the curriculum work and stated that Westbrook is a model for the state and other districts have reached out to him. The curriculum is available to the public on the website. Mr. Saba was appreciative to the BOE for support and resources and the Board acknowledged Mr. Saba and the staff involved in the curriculum writing. A MOTION was made by D. Perreault and SECOND by A. Miesse to approve the ELA grades 3-8 and Social Studies Grades 3-4. A roll call vote was taken – MOTION CARRIES. Vote unanimous.

#### **XI. SUPERINTENDENT'S REPORT**

- A. Enrollment – Superintendent Martineau reported December enrollment is currently 598 students which includes 3 out-placed students. (Daisy 261; WMS 161; WHS 173)
- B. HVAC Grant Update- Educational Specifications for Electrical Upgrade for New HVAC System at High School - Superintendent Martineau reported on the progress of the HVAC grant – She submitted the grant for the Daisy and High Schools last week and recently for the middle school, well before the December 31 deadline. The Board of Finance and Board of Selectman have partnered with the Board of Education. An HVAC Building Committee has been formed with Chris Ehlert as

the Chair and members, Lester Scott, Andrew Miesse, Don Perreault, Kim Walker (ex-officio) and Superintendent Martineau (ex officio). She is investigating the possibility of more grants.

A handout was given for the Board's review and Superintendent Martineau asked for a vote at the next meeting. A MOTION by D. Perreault and SECOND by S.

Greaves was made to approve the Educational Specifications for Westbrook High School Upgrade to Electrical System for new HVAC. MOTION CARRIES – Vote unanimous. The Board consented to authorize Superintendent Martineau to utilize capital funds of up to \$200,000 for upgrading the Westbrook High School Electrical System for new HVAC. MOTION by D. Perreault and SECOND by A. Miesse.

MOTION CARRIES – Vote unanimous.

- C. Budget Process Update – Preliminary work on the budget is at 5.32 percent. Some deductions have been made. Dr. Martineau talked about the major budget drivers and more information and discussion will continue at the Budget workshop #1.
- D. Health Insurance Update – Superintendent Martineau and First Selectman Hall attend monthly insurance consortium meetings. At this time, the ECHMC is determining premium rate increases for 2024-25. Superintendent Martineau will report back at the next BOE meeting.

## **XII. CONSENT AGENDA**

Approval of Minutes:

- 1. Regular Meeting – November 14, 2023 – MOTION by M. Luft and SECOND by S. Greaves to approve the minutes of the November 14, 2023 regular BOE meeting. Vote unanimous.

## **XIII. FINANCIAL REPORTS**

- A. Review of Check Listing: Board members reviewed check listings for November 10, 2023 in the amount of \$380,263 and for November 15, 2023 in the amount of \$25,017.16.
- B. Budget Narrative/Review of Expenditure Report: Ann Burke provided an overview of the current budget as it stands and had no concerns. She reported there will be a Food Service audit which requires a large amount of preparatory work. She will keep the Board updated.
- C. Line Item Transfer - none

## **XIV. BOARD COMMITTEE REPORTS**

- A. Policy– K. Walker (policy has not met)
- B. Long Range Planning – A. Miesse (did not meet)
- C. Fiscal & Budget (did not meet)
- D. Teaching & Learning – C. Kuehlewind reported that the T & L meeting met and current curriculum projects are Math K-8 and Forensics and Chemistry.
- E. Communications & Marketing – M. Luft (no meeting)
- F. Negotiations – D. Perreault (will meet to discuss non-union contracts)
- G. Town Energy Ad Hoc Committee – A. Miesse (did not meet)
- H. LEARN – Cecilia will contact LEARN for meeting dates
- I. PTSO Representatives - M. Luft (Daisy), K. Walker (WHS), WMS – M. Luft



reported on Daisy activities including Holiday Fair, gift wrapping and Dec. 22 Sing Along at 10:00 a.m. WMS will have a Holiday Concert. WHS PTO meeting is scheduled for December 13.

**XV. BOARD GOALS**

- A. CABE Convention; Several board members attended the CABE/CAPPS convention in November and talked about their take-aways. Artificial Intelligence was a topic of interest.
- B. Professional Development Update: K. Walker attended the Delegate Assembly ; M. Luft and D. Perrault attended a workshop on Roles and Responsibilities; new Board members, H. Jalil and E. Fernandes attended CABE's New Board member conference. with K. Walker and K. Walker also attended the Leadership Conference. K. Walker announced the Legislative Breakfast will be held in Westbrook. She also advised Board members of a webinar on January 24 - The Boards Role in Advocacy – contact Cecilia to register.

**XVI. PERSONNEL**

**A. Professional Resignation(s)**

- 1. Kim Godfrey – Computer Science Teacher (Daisy) submitted a notice of her retirement effective December 31, 2023.

**B. Non-Certified Resignation(s)**

- 1. Joseph Talarczyk – Paraprofessional
- 2. Brianna Banach – WMS Secretary

**C. Non-Certified New Hires**

- 1. Carlye Haverkamp – WMS Secretary

**XVII. ADJOURN:** MOTION by D. Perreault and SECOND by M. Luft to adjourn at 9:11 p.m. Vote unanimous.

Respectfully submitted:

Christine Kuehlewind, Board Secretary

Cecilia S. Lester, Board Recording Clerk

Approval: TBD at next meeting

**WESTBROOK BOARD OF EDUCATION  
EDUCATE, CHALLENGE, & INSPIRE**

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**WESTBROOK BOARD OF EDUCATION  
Tuesday, January 9, 2024 @ 6:00 p.m.  
WHS Library  
Special Board of Education Meeting**

**MINUTES**

Members Present: K. Walker, D. Perreault, C. Kuehlewind, M. Luft, E. Fernandes, S. Greaves, A. Miesse, H. Jalil

Also Present: Superintendent Kristina J. Martineau; Director of Finance, Ann Burke

- I. CALL TO ORDER – The Special meeting of January 9, 2024 was called to order at 6:08 p.m. by K. Walker, Chair.
- II. ACCEPTANCE OF BOE MEMBER RESIGNATION – MOTION by M. Luft and SECOND by S. Greaves to accept the resignation of Board member, Mike Esposito. Vote unanimous
- III. DISCUSSION OF PROCESS AND NEXT STEPS TO FILL BOE VACANCY: A timeline for filling the BOE vacancy was discussed. The Board will communicate the vacancy through *Harbor News* and School Messenger and on the town website. Applicants will apply to Cecilia Lester at the BOE office: [Clester@westbrookctschools.org](mailto:Clester@westbrookctschools.org). The deadline for applying is February 5, 2024. A meeting will be scheduled for February 6 to discuss the next steps.
- IV. BUDGET DEVELOPMENT WORKSHOP #1: The Board of Education reviewed the Superintendent's proposed budget for the 2024-25 school year and the major budget drivers and considerations, bringing the budget to a 5.32% increase over the 2023-24 budget. The budget will be presented at the January 16 BOE meeting and allow for public input.
- V. ADJOURN: MOTION by A. Miesse and SECOND by S. Greaves to adjourn at 7:26 p.m. Vote unanimous.

Respectfully submitted,

Christine Kuehlewind, Board Secretary

Cecilia S. Lester, Board Recording Clerk

TBA at next meeting

**Salary**

We continue to review and update payroll encumbrances as needed. We currently have a number of unfilled teaching positions, but some of this is offset by teaching overload compensation (6th class), substitute coverage, and the addition of two paraprofessional positions (unanticipated, unbudgeted and due to student need).

**Benefits**

Costs associated for social security/medicare costs and health insurance are current and will continue to be updated monthly. Currently running as expected. Increased plan contracts currently offset by changes and premium percentage increase (8% vs 10%) that was budgeted.

**Transportation**

Transportation information has been updated based on current known information and will be updated monthly.

**Purchased Services (operational and building)**

Annual building maintenance contracts and other service contracts have been processed to date and are reflected in these lines.

**Tuition**

Tuition information has been updated based on current known information and will be updated monthly.

**Supplies**

All supplies for the start of school have been processed. This is updated monthly to reflect purchases.

**Property/Equipment**

All requests to date have been processed. This line will continue to be updated monthly.

AEB 1/11/2024

# Westbrook Public Schools

## Financial Statement For the Period 07/01/2023 through 12/31/2023

Fiscal Year: 2023-2024

☐ Include Pre Encumbrance

	<u>Budget</u>	<u>Range To Date</u>	<u>Year To Date</u>	<u>Balance</u>	<u>Encumbrance</u>	<u>Budget Balance</u>	
<b>EXPENSES</b>							
Salaries							
All Wages (+)	\$11,571,242.10	\$5,402,252.85	\$5,402,252.85	\$6,168,989.25	\$5,967,781.69	\$201,207.56	1.7%
Sub-total : Salaries	\$11,571,242.10	\$5,402,252.85	\$5,402,252.85	\$6,168,989.25	\$5,967,781.69	\$201,207.56	1.7%
Benefits							
All Benefits (+)	\$3,739,965.02	\$1,697,607.82	\$1,697,607.82	\$2,042,357.20	\$2,013,854.20	\$28,503.00	0.8%
Sub-total : Benefits	\$3,739,965.02	\$1,697,607.82	\$1,697,607.82	\$2,042,357.20	\$2,013,854.20	\$28,503.00	0.8%
Professional Services							
Professional Services (+)	\$695,793.59	\$361,251.73	\$361,251.73	\$334,541.86	\$170,820.96	\$163,720.90	23.5%
Sub-total : Professional Services	\$695,793.59	\$361,251.73	\$361,251.73	\$334,541.86	\$170,820.96	\$163,720.90	23.5%
Purch. Services- BLDG							
Bldg Services (+)	\$396,821.52	\$217,563.48	\$217,563.48	\$179,258.04	\$112,908.03	\$66,350.01	16.7%
Sub-total : Purch. Services- BLDG	\$396,821.52	\$217,563.48	\$217,563.48	\$179,258.04	\$112,908.03	\$66,350.01	16.7%
Transportation							
Transportation Services (+)	\$995,392.84	\$319,933.90	\$319,933.90	\$675,458.94	\$609,875.71	\$65,583.23	6.6%
Sub-total : Transportation	\$995,392.84	\$319,933.90	\$319,933.90	\$675,458.94	\$609,875.71	\$65,583.23	6.6%
Purchased Services							
Other Services (+)	\$142,192.46	\$79,740.53	\$79,740.53	\$62,451.93	\$27,011.05	\$35,440.88	24.9%
Sub-total : Purchased Services	\$142,192.46	\$79,740.53	\$79,740.53	\$62,451.93	\$27,011.05	\$35,440.88	24.9%
Tuition							
All Tuitions (+)	\$557,196.35	\$219,652.12	\$219,652.12	\$337,544.23	\$256,872.88	\$80,671.35	14.5%
Sub-total : Tuition	\$557,196.35	\$219,652.12	\$219,652.12	\$337,544.23	\$256,872.88	\$80,671.35	14.5%
Supplies							
All Supplies (+)	\$1,101,587.75	\$403,352.66	\$403,352.66	\$698,235.09	\$281,065.24	\$417,169.85	37.9%
Sub-total : Supplies	\$1,101,587.75	\$403,352.66	\$403,352.66	\$698,235.09	\$281,065.24	\$417,169.85	37.9%
Property							
Equipment (+)	\$213,927.98	\$95,975.21	\$95,975.21	\$117,952.77	\$30,518.73	\$87,434.04	40.9%

Operating Statement with Encumbrance

# Westbrook Public Schools

## Financial Statement For the Period 07/01/2023 through 12/31/2023

Fiscal Year: 2023-2024

☐ Include Pre Encumbrance

	<u>Budget</u>	<u>Range To Date</u>	<u>Year To Date</u>	<u>Balance</u>	<u>Encumbrance</u>	<u>Budget Balance</u>	
Sub-total : Property	\$213,927.98	\$95,975.21	\$95,975.21	\$117,952.77	\$30,518.73	\$87,434.04	40.9%
<b>Total : EXPENSES</b>	\$19,414,119.61	\$8,797,330.30	\$8,797,330.30	\$10,616,789.31	\$9,470,708.49	\$1,146,080.82	5.9%
<b>NET ADDITION/(DEFICIT)</b>	\$19,414,119.61	\$8,797,330.30	\$8,797,330.30	\$10,616,789.31	\$9,470,708.49	\$1,146,080.82	5.9%

End of Report

Operating Statement with Encumbrance

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Report: rptGLOperatingStatementwithEnc

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# Westbrook Public Schools

## Check Listing

Fiscal Year: 2023-2024

### Criteria:

Bank Account: GEN FUND AP 211170114

From Date: 12/20/2023

From Check: 40366

From Voucher: 1068

To Date: 12/20/2023

To Check: 40407

To Voucher: 1068

Check Number	Date	Payee	Amount	Voucher	Status	Type	Cleared?	Clear Date	Void Date
40366	12/20/2023	ALLSTON SUPPLY CO., INC.	\$400.48	1068	Printed	Expense	<input type="checkbox"/>		
40367	12/20/2023	AMAZON CAPITAL SERVICES	\$1,546.36	1068	Printed	Expense	<input type="checkbox"/>	- misc. supplies - all schools	
40368	12/20/2023	AMERICAN TIME & SIGNAL	\$352.45	1068	Printed	Expense	<input type="checkbox"/>		
40369	12/20/2023	CDWG GOVERNMENT, INC.	\$1,100.50	1068	Printed	Expense	<input type="checkbox"/>	- Computer equipment	
40370	12/20/2023	CITIZENS BANK-MASTERCARD	\$349.00	1068	Printed	Expense	<input type="checkbox"/>		
40371	12/20/2023	COMMERCIAL BANKING	\$79.71	1068	Printed	Expense	<input type="checkbox"/>		
40372	12/20/2023	DEBOW MECHANICAL SERVICES	\$1,960.00	1068	Printed	Expense	<input type="checkbox"/>	- HVAC Repairs	
40373	12/20/2023	DELTA-T GROUP HARTFORD, INC.	\$4,043.94	1068	Printed	Expense	<input type="checkbox"/>	- Para Coverage	
40374	12/20/2023	DIAMOND LANDSCAPES & ATHLETIC FIELDS,	\$5,735.50	1068	Printed	Expense	<input type="checkbox"/>	- Grands Maintenance	
40375	12/20/2023	DINN BROS	\$59.50	1068	Printed	Expense	<input type="checkbox"/>		
40376	12/20/2023	ELECTRICAL WHOLESALERS	\$220.14	1068	Printed	Expense	<input type="checkbox"/>		
40377	12/20/2023	FLOW TECH	\$700.00	1068	Printed	Expense	<input type="checkbox"/>		
40378	12/20/2023	FOLLETT CONTENT SOLUTIONS, LLC.	\$663.74	1068	Printed	Expense	<input type="checkbox"/>		
40379	12/20/2023	FRONTIER	\$811.39	1068	Printed	Expense	<input type="checkbox"/>		
40380	12/20/2023	GROVE GARDENS	\$290.00	1068	Printed	Expense	<input type="checkbox"/>		
40381	12/20/2023	GUMDROP BOOKS	\$1,011.40	1068	Printed	Expense	<input type="checkbox"/>	- Supplies - Ingraham	
40382	12/20/2023	HUGH O'BRIAN YOUTH LEADERSHIP	\$700.00	1068	Printed	Expense	<input type="checkbox"/>		
40383	12/20/2023	INFINITY MUSIC THERAPY SERVICES	\$225.00	1068	Printed	Expense	<input type="checkbox"/>		
40384	12/20/2023	J.W. PEPPER & SON INC.	\$84.99	1068	Printed	Expense	<input type="checkbox"/>		
40385	12/20/2023	M & J BUS, INC.	\$24,277.01	1068	Printed	Expense	<input type="checkbox"/>	- Transportation	
40386	12/20/2023	M.D. STETSON COMPANY INC.	\$101.70	1068	Printed	Expense	<input type="checkbox"/>		
40387	12/20/2023	MADISON PUBLIC SCHOOLS	\$1,430.00	1068	Printed	Expense	<input type="checkbox"/>	- Fee to participate Girls Hockey	

# Westbrook Public Schools

## Check Listing

Fiscal Year: 2023-2024

### Criteria:

Bank Account: GEN FUND AP 211170114

From Date: 12/20/2023

From Check: 40366

From Voucher: 1068

To Date: 12/20/2023

To Check: 40407

To Voucher: 1068

Check Number	Date	Payee	Amount	Voucher	Status	Type	Cleared?	Clear Date	Void Date
40388	12/20/2023	MMSGs	\$51.30	1068	Printed	Expense	<input type="checkbox"/>		
40389	12/20/2023	NATIONAL AUTO PARTS	\$53.68	1068	Printed	Expense	<input type="checkbox"/>		
40390	12/20/2023	NEWSELA	\$5,324.00	1068	Printed	Expense	<input type="checkbox"/>		- Software license
40391	12/20/2023	OLD SAYBROOK PIZZA PALACE	\$160.50	1068	Printed	Expense	<input type="checkbox"/>		
40392	12/20/2023	PAUL PESSONI	\$91.57	1068	Printed	Expense	<input type="checkbox"/>		
40393	12/20/2023	[REDACTED]	\$2,784.00	1068	Printed	Expense	<input type="checkbox"/>		- spec. ed tuition
40394	12/20/2023	SAYBROOK HARDWARE	\$253.47	1068	Printed	Expense	<input type="checkbox"/>		
40395	12/20/2023	SCHOLASTIC, INC.-2	\$375.80	1068	Printed	Expense	<input type="checkbox"/>		
40396	12/20/2023	SCHOOL NURSE SUPPLY, INC	\$30.45	1068	Printed	Expense	<input type="checkbox"/>		
40397	12/20/2023	SCHOOL NURSE SUPPLY, INC.	\$248.92	1068	Printed	Expense	<input type="checkbox"/>		
40398	12/20/2023	SCHOOL SPECIALTY	\$72.48	1068	Printed	Expense	<input type="checkbox"/>		
40399	12/20/2023	SHIPMAN & GOODWIN	\$37.50	1068	Printed	Expense	<input type="checkbox"/>		
40400	12/20/2023	SHOPRITE OF WEST HAVEN	\$735.52	1068	Printed	Expense	<input type="checkbox"/>		
40401	12/20/2023	SHORELINE CONFERENCE PRINCIPAL'S ASSOC.	\$895.84	1068	Printed	Expense	<input type="checkbox"/>		
40402	12/20/2023	SOUTHERN CT GAS CO	\$6,148.20	1068	Printed	Expense	<input type="checkbox"/>		- Utilities
40403	12/20/2023	STEWART'S MUSIC	\$10.20	1068	Printed	Expense	<input type="checkbox"/>		
40404	12/20/2023	SUBURBAN STATIONERS	\$61.77	1068	Printed	Expense	<input type="checkbox"/>		
40405	12/20/2023	SUPER DUPER SCHOOL CO.	\$158.93	1068	Printed	Expense	<input type="checkbox"/>		
40406	12/20/2023	VERIZON WIRELESS	\$165.11	1068	Printed	Expense	<input type="checkbox"/>		
40407	12/20/2023	XEROX FINANCIAL SERVICES	\$8,003.36	1068	Printed	Expense	<input type="checkbox"/>		- copier leases

Total Amount: \$71,805.41

End of Report

# Westbrook Public Schools

## Check Listing

Fiscal Year: 2023-2024

Criteria:

Bank Account: GEN FUND AP 211170114

From Date: 12/7/2023  
From Check: 40289  
From Voucher: 1060

To Date: 12/7/2023  
To Check: 40365  
To Voucher: 1060

Check Number	Date	Payee	Amount	Voucher	Status	Type	Cleared?	Clear Date	Void Date
40289	12/07/2023	ADA BADMINTON & TENNIS	\$335.00	1060	Printed	Expense	<input type="checkbox"/>		
40290	12/07/2023	ALEXANDER OPORTO	\$33.40	1060	Printed	Expense	<input type="checkbox"/>		
40291	12/07/2023	ALL WASTE, INC.	\$2,842.45	1060	Printed	Expense	<input type="checkbox"/>		
40292	12/07/2023	AMAZON CAPITAL SERVICES	\$1,719.75	1060	Printed	Expense	<input type="checkbox"/>		
40293	12/07/2023	AMERICAN CHORAL DIRECTORS ASSN.	\$125.00	1060	Printed	Expense	<input type="checkbox"/>		
40294	12/07/2023	AMP YOUR GOOD, INC.	\$1,214.96	1060	Printed	Expense	<input type="checkbox"/>		
40295	12/07/2023	ARBITERSPORTS LLC.	\$1,744.76	1060	Printed	Expense	<input type="checkbox"/>		
40296	12/07/2023	ASHA	\$506.00	1060	Printed	Expense	<input type="checkbox"/>		
40297	12/07/2023	BEARD LUMBER	\$44.10	1060	Printed	Expense	<input type="checkbox"/>		
40298	12/07/2023	BRADLEY & WALL	\$90.00	1060	Printed	Expense	<input type="checkbox"/>		
40299	12/07/2023	BSNSPORTS	\$712.38	1060	Printed	Expense	<input type="checkbox"/>		
40300	12/07/2023	CAROLINA BIOLOGICAL SUPPLY CO.	\$560.61	1060	Printed	Expense	<input type="checkbox"/>		
40301	12/07/2023	CBS BLOOM'S BUSINESS SYSTEMS, INC.	\$213.00	1060	Printed	Expense	<input type="checkbox"/>		
40302	12/07/2023	CDWG GOVERNMENT, INC.	\$957.00	1060	Printed	Expense	<input type="checkbox"/>		
40303	12/07/2023	CHSCA	\$440.00	1060	Printed	Expense	<input type="checkbox"/>		
40304	12/07/2023	CITIZENS BANK-MASTERCARD	\$608.98	1060	Printed	Expense	<input type="checkbox"/>		
40305	12/07/2023	CLINTON GLASS, LLC.	\$350.00	1060	Printed	Expense	<input type="checkbox"/>		
40306	12/07/2023	COLLINS SPORTS MEDICINE	\$1,479.46	1060	Printed	Expense	<input type="checkbox"/>		
40307	12/07/2023	COMMON CENTS EMS SUPPLY	\$38.28	1060	Printed	Expense	<input type="checkbox"/>		
40308	12/07/2023	CONN.WATER CO.	\$1,060.24	1060	Printed	Expense	<input type="checkbox"/>		
40309	12/07/2023	COORDINATED TRANSPORTATION SOLUTIONS INC	\$250.00	1060	Printed	Expense	<input type="checkbox"/>		
40310	12/07/2023	CSCA	\$60.00	1060	Printed	Expense	<input type="checkbox"/>		

- Waste Removal  
- misc. purchases - All Schools

- Phys Ed Supplies - HS  
- Athletics Software Subscription  
HS/MS

- Athletic Supplies - HS

- Utilities



# Westbrook Public Schools

## Check Listing

Fiscal Year: 2023-2024

Criteria:

Bank Account: GEN FUND AP 211170114

From Date: 12/7/2023  
From Check: 40289  
From Voucher: 1060

To Date: 12/7/2023  
To Check: 40365  
To Voucher: 1060

Check Number	Date	Payee	Amount	Voucher	Status	Type	Cleared?	Clear Date	Void Date
40311	12/07/2023	CURTIN MOTOR LIVERY SERV.	\$18,910.00	1060	Printed	Expense	<input type="checkbox"/>	- Spec. Ed transportation	
40312	12/07/2023	DBO-TSG, LLC.	\$2,684.15	1060	Printed	Expense	<input type="checkbox"/>	- phone service	
40313	12/07/2023	DELTA-T GROUP HARTFORD, INC.	\$7,002.18	1060	Printed	Expense	<input type="checkbox"/>	- Para Coverage	
40314	12/07/2023	DIFFERENT ROADS TO LEARNING	\$149.99	1060	Printed	Expense	<input type="checkbox"/>		
40315	12/07/2023	EB EXTERMINATING CO.	\$113.00	1060	Printed	Expense	<input type="checkbox"/>		
40316	12/07/2023	ELITE SPORTSWEAR, LP	\$1,220.70	1060	Printed	Expense	<input type="checkbox"/>	- Athletic Supplies HS	
40317	12/07/2023	EMPOWER LEADERSHIP	\$101.00	1060	Printed	Expense	<input type="checkbox"/>		
40318	12/07/2023	FILTER SALES & SERV., INC	\$1,828.96	1060	Printed	Expense	<input type="checkbox"/>	- maintenance Supplies	
40319	12/07/2023	FOLLETT CONTENT SOLUTIONS, LLC.	\$60.00	1060	Printed	Expense	<input type="checkbox"/>		
40320	12/07/2023	FRONTIER	\$780.47	1060	Printed	Expense	<input type="checkbox"/>		
40321	12/07/2023	GROVE GARDENS	\$200.00	1060	Printed	Expense	<input type="checkbox"/>		
40322	12/07/2023	[REDACTED]	\$12,630.00	1060	Printed	Expense	<input type="checkbox"/>	- spec. Ed tuition	
40323	12/07/2023	[REDACTED]	\$6,767.69	1060	Printed	Expense	<input type="checkbox"/>	- spec. Ed tuition	
40324	12/07/2023	J.W. PEPPER & SON INC.	\$212.00	1060	Printed	Expense	<input type="checkbox"/>		
40325	12/07/2023	JENNY SZEWCZYK	\$237.97	1060	Printed	Expense	<input type="checkbox"/>		
40326	12/07/2023	JOHNSON CONTROLS	\$48.55	1060	Printed	Expense	<input type="checkbox"/>		
40327	12/07/2023	JOSTENS	\$1,877.97	1060	Printed	Expense	<input type="checkbox"/>	- Graduation Supplies HS	
40328	12/07/2023	KRISTINA MARTINEAU	\$500.00	1060	Printed	Expense	<input type="checkbox"/>		
40329	12/07/2023	LANGUAGE LINE SERVICES, INC.	\$172.06	1060	Printed	Expense	<input type="checkbox"/>		
40330	12/07/2023	[REDACTED]	\$12,171.00	1060	Printed	Expense	<input type="checkbox"/>	- spec. Ed tuition	
40331	12/07/2023	M & J BUS, INC.	\$9,939.17	1060	Printed	Expense	<input type="checkbox"/>	- Transportation	
40332	12/07/2023	M.D. STETSON COMPANY INC.	\$1,621.87	1060	Printed	Expense	<input type="checkbox"/>	- maintenance Supplies	
40333	12/07/2023	MAKEMYNEWSPAPER.COM INC.	\$246.62	1060	Printed	Expense	<input type="checkbox"/>		

# Westbrook Public Schools

## Check Listing

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To Date: 12/7/2023  
To Check: 40365  
To Voucher: 1060

Check Number	Date	Payee	Amount	Voucher	Status	Type	Cleared?	Clear Date	Void Date
40334	12/07/2023	MARC DUBE	\$49.78	1060	Printed	Expense	<input type="checkbox"/>		
40335	12/07/2023	MICHAEL A. THOMAS	\$161.13	1060	Printed	Expense	<input type="checkbox"/>		
40336	12/07/2023	MMSGGS	\$115.44	1060	Printed	Expense	<input type="checkbox"/>		
40337	12/07/2023	MUTUAL OF OMAHA	\$4,489.22	1060	Printed	Expense	<input type="checkbox"/>		
40338	12/07/2023	N2Y	\$1,094.97	1060	Printed	Expense	<input type="checkbox"/>		
40339	12/07/2023	NAT'L ENERGY CONTROL CORP	\$994.39	1060	Printed	Expense	<input type="checkbox"/>		
40340	12/07/2023	NATIONAL SCHOOL FORMS	\$180.43	1060	Printed	Expense	<input type="checkbox"/>		
40341	12/07/2023	PITNEY BOWES	\$342.24	1060	Printed	Expense	<input type="checkbox"/>		
40342	12/07/2023	[REDACTED]	\$3,770.00	1060	Printed	Expense	<input type="checkbox"/>		
40343	12/07/2023	REALLY GOOD STUFF	\$82.86	1060	Printed	Expense	<input type="checkbox"/>		
40344	12/07/2023	S&S WORLDWIDE	\$249.99	1060	Printed	Expense	<input type="checkbox"/>		
40345	12/07/2023	SAYBROOK HARDWARE	\$527.84	1060	Printed	Expense	<input type="checkbox"/>		
40346	12/07/2023	SAYBROOK PIZZA & RESTAURANT	\$178.25	1060	Printed	Expense	<input type="checkbox"/>		
40347	12/07/2023	SCHOOL NURSE SUPPLY, INC	\$67.30	1060	Printed	Expense	<input type="checkbox"/>		
40348	12/07/2023	SCHOOL SPECIALTY	\$1,087.92	1060	Printed	Expense	<input type="checkbox"/>		
40349	12/07/2023	SHOPRITE OF WEST HAVEN	\$966.57	1060	Printed	Expense	<input type="checkbox"/>		
40350	12/07/2023	SOUTHERN CT GAS CO	\$41.23	1060	Printed	Expense	<input type="checkbox"/>		
40351	12/07/2023	SPRAGUE OPERATING RESOURCES LLC LOCKBOX	\$4,378.23	1060	Printed	Expense	<input type="checkbox"/>		
40352	12/07/2023	STERICYCLE, INC	\$395.47	1060	Printed	Expense	<input type="checkbox"/>		
40353	12/07/2023	STEWART'S MUSIC	\$240.00	1060	Printed	Expense	<input type="checkbox"/>		
40354	12/07/2023	STOP & SHOP SUPERMARKET	\$200.00	1060	Printed	Expense	<input type="checkbox"/>		
40355	12/07/2023	SUBURBAN STATIONERS	\$337.11	1060	Printed	Expense	<input type="checkbox"/>		
40356	12/07/2023	SUPERTECH	\$126.50	1060	Printed	Expense	<input type="checkbox"/>		

- Life Insurance  
- Special Ed Software  
- spec. Education  
- Supplies - Elementary  
- Utilities

# Westbrook Public Schools

## Check Listing

Fiscal Year: 2023-2024

### Criteria:

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From Date: 12/7/2023

From Check: 40289

From Voucher: 1060

To Date: 12/7/2023

To Check: 40365

To Voucher: 1060

Check Number	Date	Payee	Amount	Voucher	Status	Type	Cleared?	Clear Date	Void Date
40357	12/07/2023	TARA WINCH	\$125.48	1060	Printed	Expense	<input type="checkbox"/>		
40358	12/07/2023	TEACHER SYNERGY LLC.	\$93.71	1060	Printed	Expense	<input type="checkbox"/>		
40359	12/07/2023	TEXTHELP INC.	\$1,665.79	1060	Printed	Expense	<input type="checkbox"/>		- Special Ed Software
40360	12/07/2023	<del>XXXXXXXXXXXX</del>	\$8,100.00	1060	Printed	Expense	<input type="checkbox"/>		
40361	12/07/2023	Tyler Technologies, Inc	\$9,831.52	1060	Printed	Expense	<input type="checkbox"/>		- Software Support Renewal
40362	12/07/2023	VERIZONWIRELESS	\$87.71	1060	Printed	Expense	<input type="checkbox"/>		
40363	12/07/2023	WALMART - CAPITAL ONE	\$413.32	1060	Printed	Expense	<input type="checkbox"/>		
40364	12/07/2023	XEROX FINANCIAL SERVICES	\$8,003.36	1060	Printed	Expense	<input type="checkbox"/>		- Copier Leases
40365	12/07/2023	ZELEK ELECTRIC	\$745.16	1060	Printed	Expense	<input type="checkbox"/>		

Total Amount: \$144,003.64

End of Report

New Vendors-December 2023

Empower Leadership ~ Training

Highland Bowl – Unified sports event location

Old Saybrook Pizza Palace –Event meals

Epic Logo Products ~ Drama tee shirts

AB 1/11/2024