

IAQ Management Plan Checklist

IAQ Coordinator _____ School _____ Date Completed _____

Use the checklist below to record and monitor the steps you have taken to activate the IAQ Management Plan.

Steps Taken	Date	Comments/Notes
1. Selected IAQ Coordinator Name:		
2. Read Guidance		
3. Obtained Administrative Support		
4. Indicated Problems with: <input type="checkbox"/> Radon		
<input type="checkbox"/> Hazardous Materials		
<input type="checkbox"/> Asbestos		
<input type="checkbox"/> Pest Management		
<input type="checkbox"/> Lead		
<input type="checkbox"/> Idling Vehicles		
<input type="checkbox"/> Smoking		
5. Established IAQ Checklist Interval Number of times each year:		
6. Prepared Emergency Response <input type="checkbox"/> Contacted local health agency		
<input type="checkbox"/> Identified and contacted IAQ professional(s)		

Steps Taken	Date	Comments/Notes
6. Prepared Emergency Response (cont.) <input type="checkbox"/> Prepared or identified equipment and supplies for wet carpets or contacted local professional cleaning firm		
<input type="checkbox"/> Completed local IAQ Service Providers form		
7. Procedures Established for:		
<input type="checkbox"/> Cleaning and Chemicals		
<input type="checkbox"/> Flooring and Furnishings		
<input type="checkbox"/> Preventive Maintenance and Operations		
<input type="checkbox"/> Construction and Renovation		
<input type="checkbox"/> Microbial Management		
<input type="checkbox"/> Staff Education		
<input type="checkbox"/> Communication		
<input type="checkbox"/> Others:		
8. Prepared and Distributed IAQ Policies		
<input type="checkbox"/> Nonsmoking		
<input type="checkbox"/> Integrated Pest Management		
<input type="checkbox"/> Asbestos		
<input type="checkbox"/> Painting		
<input type="checkbox"/> Lead		
<input type="checkbox"/> Radon		
<input type="checkbox"/> Anti-Idling		
<input type="checkbox"/> Others:		