



INDIAN PRAIRIE SCHOOL DISTRICT

IAQ INSPECTION – FIRST RESPONSE

Building: _____ Building Contact: _____ Inspection Date: _____

Outdoor Temperature: _____ Outdoor Humidity: _____ Inspection Start Time: _____

Inspection End Time: _____ Inspection Completed By: _____

Location(s)/Description of Concern _____

INSTRUCTIONS: Complete each question or circle the correct response and provide a detailed explanation for all deficiencies identified. Reference the question number at the beginning of each explanation at the end of the report in the space provided. See your supervisor if you have any questions prior to completing this form.

Temperature & Humidity:

Room Temperature: _____

Room humidity: _____

HVAC System Status: (Circle one)

Occupied Unoccupied

Identify the type of HVAC system controls: (Circle one)

Pneumatic DDC

1. The room temperature is within 3 degrees of set point:	Yes	No	N/A
2. The HVAC Unit is operating in Automatic:	Yes	No	N/A
3. The HVAC unit is currently running:	Yes	No	N/A
4. Does the HVAC Unit Appear to be Operating Correctly:	Yes	No	N/A
5. Drafts or direct sunlight is not the cause of discomfort:	Yes	No	N/A
6. The HVAC unit (internal and external) or other surfaces in the room are dry:	Yes	No	N/A

P R E P A R I N G A L L S T U D E N T S T O S U C C E E D

Buildings & Grounds Department

1665 Quincy Avenue, Suite 131, Naperville, IL 60540

phone: 630-428-6580 • fax: 630-428-6581 • web: www.ipspd.org



Outdoor Air Supply:

- | | | | |
|--------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 7. The room is dry (no evidence of moisture, debris or microbial growth is present in the room): | Yes | No | N/A |
| 8. The exhaust and/or return air is working correctly: | Yes | No | N/A |

Biological Sources:

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 9. There are no animals or plants in the room/area: | Yes | No | N/A |
| 10. There are no odors present:
(if no, try to Identify) _____ | Yes | No | N/A |
| 11. There is no visual presence of mold/mildew in the space, walls, floor, ceiling tiles, above the ceiling tiles, insulation, in the HVAC system and/or filters: | Yes | No | N/A |
| 12. There were no contagious occupants present:
(check with head custodian or building administrator) | Yes | No | N/A |

Housekeeping Sources:

- | | | | |
|--------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 13. There are no complaints during or just after housekeeping activities: (check with head custodian) | Yes | No | N/A |
| 14. No new products been used:
(check with head custodian) | Yes | No | N/A |
| 15. Cleaning products are being used according to instructions:
(check with head custodian) | Yes | No | N/A |
| 16. Are cleaning products are stored properly: | Yes | No | N/A |

Outdoor Sources:

- | | | | |
|----------------------------------------------------------------------------------------------|------------|-----------|------------|
| 17. There is no standing water directly outside room/area: | Yes | No | N/A |
| 18. There are no stored chemicals, trash, plumbing vents, etc. near fresh air supply: | Yes | No | N/A |



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19. There are **no** combustion byproducts from traffic, loading docks, exhaust flues, lawn care, manufacturing, agriculture, or construction nearby or upwind: **Yes** **No** **N/A**

20. Pollen levels are **not** high: (check with supervisor) **Yes** **No** **N/A**

Building Sources:

21. There have been **no** recent projects, i.e. painting, roofing, etc.: **Yes** **No** **N/A**

22. There have been **no** pesticides/herbicides applied recently in or near the area: (check with head custodian) **Yes** **No** **N/A**

23. There are **no** new furnishings or equipment present: (check with head custodian) **Yes** **No** **N/A**

24. All drain traps in the area are OK: **Yes** **No** **N/A**
(if no, provide locations) _____

25. There is **no** visual evidence of excessive airborne or surface dust: **Yes** **No** **N/A**

COMMENT SECTION:

_____:

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