



ROOM WALK-THROUGH DATA FORM

rg. ___/___

School ID _____

Date _____

Location _____

Investigators _____

Comments _____

- LOOK FOR THESE CONDITIONS AND RECORD AS >OBSERVATIONS= FOR EACH ROOM:**
- \$ Odors: Identifiable or General Stiffness
 - \$ Persons with Asthma
 - \$ Peeling/Flaking Paint for Buildings Older than 1980
 - \$ Moisture or Mold Damage: Ceiling Tile, Carpets, Walls, Windows
 - \$ Signs of Pests: Cockroaches, Rodents
 - \$ Carpet: % of Room, Age, Condition
 - \$ General Cleanliness: Dust/dirt, Food Debris, Clutter
 - \$ Animals: Gerbils, Mice
 - \$ Many Plants
 - \$ Copiers, Printers
 - \$ Supplies & Chemicals: Cleaning, Pesticides, Arts & Crafts
 - \$ Ventilation: Drafts, Supply or Return Obstructed
 - \$ Exhausts: Laboratory, Chemical Storage, Bathroom,
 - \$ Thermostat Location: Near Drafts or Heat Sources
 - \$ Lighting: Glare, Inadequate
 - \$ Noise: Ventilators, Outside
 - \$ Physical Injury Hazards: Electrical, Trip & Fall, Broken Glass
 - \$ Unusual Activities

ROOM #	TIME	CO ₂ (ppm) Best: < 1000 ppm		TEMPERATURE		RH (%) Best: 30-60%	CO (ppm) Best: <3 ppm	OCCUPANT S	DOORS/WINDO WS
		ROOM	SUPPLY	ROOM	SUPPLY	ROOM	ROOM	# RECENTLY	# OPEN
Observations (see above list of examples):									
+ Air Clean + Asthma + Cleaning + HazMat + Lead + Log of Activities + Mold & Moist + Occup. Diary + Occup. Interview + Pests + Safety + Vent. Log									
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