

Name: _____

Room/Location: _____

School: _____

Teacher and Staff Classroom/Area Checklist

Directions: Assess the status of the following and complete the checklist by checking the "Yes" or "No," or "Not applicable" box beside each item. "No" requires further attention. Add comments as necessary. Please include if and when you have reported the concern to your administration or head custodian. Please be sure to sign the document at the bottom and submit it to the IEQ Leader in your school or assigned Assistant Principal.

General Cleanliness				
	Yes	No	N/A	Comments
1. My room is dusted and floor cleaned regularly				
2. My room is free of clutter, boxes, stuffed animals, excessive paper				
3. The trash is removed daily				
4. All food is stored in a tightly sealed container				
5. Any animal food is stored in a tightly sealed container				
6. My room is free of pests and vermin				
7. I have/use unscented HCPSS approved cleaners				
8. Fish tanks and animal areas are maintained/ clean /without odor				
9. Windows, windowsills, and window frames are free of moisture/condensation				
10. Indoor surfaces of exterior walls are free of condensate				
11. Areas around and under classroom sinks are free of leaks				

Teacher's Signature: _____

Date: _____

	Yes	No	N/A	Comments
12. Classroom lavatories are free of leaks				
13. Any spills are cleaned promptly				
14. Ceiling tiles and walls are free of water stains				
15. There are no water stains anywhere in the classroom				
16. Plants have waterproof barriers in place and no standing water				
17. I know the location of heating, ventilation, and air conditioning units				
18. My room is comfortable.				
19. Air supply pathway and return are not obstructed				
20. There are no vehicle , kitchen/food, and/or chemical odors in the classroom				
Educational Supplies (Art, Science, Technology Education, FACS)				
21. Any necessary Safety Data Sheets are accessible				
22. All chemicals labeled accurately with date of receipt/preparation and pertinent precautionary information				
23. All supplies are stored according to manufactures' recommendations				

	Yes	No	N/A	Comments
24. I understand and follow recommended procedures for disposal of used substances				
25. All compressed gas cylinders are stored securely				
26. Fume hoods capture respirable particles, gases, and vapors released within them				
27. Adjacent rooms or halls are free of odor				
Locker Rooms				
28. Lockers and showers (if used) are cleaned regularly and properly				
29. There are no soiled clothes				
30. There are no wet clothing/towels in locker room				
Additional Comments				

T_