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## Sample Memo for School Staff

Forest Lake School

[Date]

Dear Staff Member,

This month, [Forest Lake] begins a new program to monitor and improve indoor air quality in our school. This letter accompanies specific guidance prepared by the U.S. Environmental Protection Agency (EPA) that shows how you can make this program a success.

[Forest Lake] is proud to be taking a leadership role in providing a safe, comfortable, and productive environment for our students and staff so that we achieve our core mission - educating students. Our school will follow the EPA guidance to improve our indoor air quality (IAQ) by preventing as many IAQ problems as possible, and by quickly responding to any IAQ problems that may arise.

Good air quality requires an ongoing commitment by everyone in our school, because each of us daily makes decisions and performs activities that affect the quality of the air we breathe. You can make an important contribution to this IAQ improvement program by reading the background information and applying the simple, yet important, activities in your Checklist, which is attached.

When you have read the IAQ Backgrounder and completed the Checklist, return the Checklist to our IAQ Coordinator [Name], so that [he or she] can follow up on any unresolved IAQ problems you may have. [Name] has agreed to administer the IAQ Management Plan, which includes taking a team leadership role, coordinating emergency response, and serving as our information resource on IAQ. [Name] may be contacted at [phone and room number]. Please return the Checklist to [him or her] by [date].

The school newsletter will carry progress reports as we learn more about indoor air quality in our school.

Sincerely,

[Name]

[Principal or Superintendent]

# Sample Memo for Parents

Forest Lake School

[Date]

Dear [Parent]:

This month, [Forest Lake] begins a new program to improve indoor air quality in our school. [Forest Lake] is proud to be taking a leadership role in providing a safe, comfortable, and productive environment for our students and staff so that we achieve our core mission - educating students. Our school will follow the EPA guidance to improve our indoor air quality (IAQ) by preventing as many IAQ problems as possible, and by quickly responding to any IAQ problems that may arise.

I thought that you would be interested in what we are doing, so with this letter I have enclosed a copy of the IAQ Backgrounder, which is part of the EPA guidance that we are using in our school. Not only is this basic information useful to schools, you may also find it useful for application in your own home, which is where most people spend most of their time.

[Name] has agreed to administer the IAQ program for our school. [Name] may be contacted at [phone and room number]. If you have any questions or concerns, please do not hesitate to contact [him or her].

The school newsletter will carry progress reports as we learn more about indoor air quality in our school.

Sincerely,

[Name]

[Principal or Superintendent]

# Sample Memo for Contract Service Providers

Forest Lake School

[Date]

Dear [Name of Contract Service Provider],

[Forest Lake] now has in place a program to monitor and improve indoor air quality in our school. Since the work you will perform in our school can have an impact on the quality of air within our school, this letter accompanies specific guidance prepared by the U.S. Environmental Protection Agency (EPA) that shows how you can make this program a success.

[Forest Lake] is proud to be taking a leadership role in providing a safe, comfortable, and productive environment for our students and staff so that we achieve our core mission - educating students. Our school will follow the EPA guidance to improve our indoor air quality (IAQ) by preventing as many IAQ problems as possible.

You can make an important contribution in preventing IAQ problems by reading the IAQ Backgrounder and applying the simple, yet important, activities in your Checklist, which is attached.

If you have any questions or concerns about how your activities may affect the air within our school, please contact me at [phone and room number].

Sincerely,

[Name]

IAQ Coordinator

# Sample Memo for Local News Media

Forest Lake School

[Date]

Dear [Local News Media Person]:

This month, [Forest Lake] begins a new program to improve indoor air quality in our school. [Forest Lake] is proud to be taking a leadership role in providing a safe, comfortable, and productive environment for our students and staff so that we achieve our core mission - educating students. Our school will follow the EPA guidance to improve our indoor air quality (IAQ) by preventing as many IAQ problems as possible, and by quickly responding to any IAQ problems that may arise.

As a prominent source of information on events in our local area, you can be helpful in assuring that timely and accurate information regarding IAQ in our school reaches the parents of students and other concerned constituents. I have enclosed a copy of the IAQ Backgrounder, which is one part of a package which the staff in our school has received.

If you have any questions regarding IAQ in our school, please contact our IAQ Coordinator [Name]. [Name] has agreed to administer the IAQ Management Plan, which includes taking a team leadership role, coordinating emergency response, and serving as our information resource on IAQ. [Name] may be contacted at [phone].

Sincerely,

[Name]

[Principal or Superintendent]

# Activating the IAQ Management Plan

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. IAQ Coordinator Selected		
Name:		
2. Guidance Read		
3. Administrative Support Obtained		
4. Requested Additional Information on Radon		
5. Requested Additional Information on Integrated Pest Management		
6. Requested Additional Information on Lead		
7. IAQ Checklist Interval Established		
# of times each year:		
Dates:		

## Activating the IAQ Management Plan (page 2)

Steps Taken	Date	Comments/Notes
8. Emergency Response Prepared		
<input type="checkbox"/> Local health agency contacted		
<input type="checkbox"/> IAQ professional(s) identified and contacted		
<input type="checkbox"/> Equipment and supplies for wet carpets ready or local professional cleaning firm ready		
<input type="checkbox"/> Local IAQ Service Providers form filled in		
9. Committees and Groups Informed		
<input type="checkbox"/> Health and safety committee(s)		
<input type="checkbox"/> Building committee(s)		
<input type="checkbox"/> PTA		
<input type="checkbox"/> Others:		
10. IAQ Policies Prepared and Distributed		
<input type="checkbox"/> Smoking		
<input type="checkbox"/> Pest control		
<input type="checkbox"/> Ventilation system operation		
<input type="checkbox"/> Painting		
<input type="checkbox"/> Others:		

# IAQ Coordinator's Checklist

IAQ Coordinator

School

Date Completed

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

Steps Taken	Date	Comments/Notes
1. Start Action Packets Log		
2. Distribute Action Packets		
<input type="checkbox"/> All appropriate people have received an Action Packet		
<input type="checkbox"/> Each Action Packet type has been distributed		
3. Receive and Summarize IAQ Checklists		
<input type="checkbox"/> Receive all IAQ Checklists		
<input type="checkbox"/> Review IAQ Checklists		
<input type="checkbox"/> Transfer data to Checklists Log		
<input type="checkbox"/> List things to review during walk-through inspection		
4. Perform Walkthrough with walkthrough checklist		
5. Assess Radon Status		
<input type="checkbox"/> Testing completed		
<input type="checkbox"/> Control system installed (if needed)		
<input type="checkbox"/> Control system properly operating		
6. Assess Pest Control		
7. Assess Lead Status		
8. Identify Recent Changes		
<input type="checkbox"/> Flooding/water damage		
<input type="checkbox"/> Night or weekend classes		
<input type="checkbox"/> New staff		
<input type="checkbox"/> Other		

# IAQ Coordinator's Checklist (page 2)

Steps Taken	Date	Comments/Notes
9. Set Repair and Upgrade Priorities		
<input type="checkbox"/> Make to-do list		
10. Gain Approval for Repairs and Upgrades		
11. Distribute Status Report		
12. Perform Repairs and Upgrades		
13. Conduct Follow-up Inspections		
14. Develop Calendar of IAQ Events		
<input type="checkbox"/> Set next date for applying IAQ checklist		
<input type="checkbox"/> Note upcoming renovation and repairs		
<input type="checkbox"/> Note future addition of staff		
15. Assess Problem Solving Performance		
16. Establish and Update IAQ Policies		
17. Distribute Final Report		
<input type="checkbox"/> Students and staff		
<input type="checkbox"/> Parents		
<input type="checkbox"/> School administration		
18. Check Contacts List		
19. File Checklists, Reports, and Notes		





## Local IAQ Service Providers List

<b>Hazardous Materials Hotline</b>	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
<b>Local Health Department</b>	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
<b>State Health Department</b>	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
<b>Carpet Cleaner</b>	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
<b>IAQ Consultant</b>	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
<b>Mechanical Systems Operator</b>	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	
	FIRM	CONTACT	PHONE	ADDRESS
		TITLE	EMERGENCY	

# Problem Solving Checklist

Use this Checklist with the IAQ Problem Solving Wheel to resolve a single IAQ complaint, or several complaints occurring at the same time that seem related. Mark a copy of the fire escape floorplan or use other means of recording and reviewing information. Since this Checklist becomes a record of your activities in resolving an IAQ complaint(s), date it and file it for future reference. Involve additional staff, such as engineers, during the problem solving process.

IAQ Coordinator \_\_\_\_\_

School \_\_\_\_\_

## Complaint Data

Record complaints below at the beginning of your problem solving process. Interview the complainant(s) to get a complete and accurate description of the complaint symptoms, times, and locations.

Complainant Name	Date Received	Description of Complaint (symptoms or explanation)	Location(s) or Room Number(s)	Is Problem Ongoing?	Occurrence Date(s) & Time(s)
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----
-----	-----	-----	-----	<input type="checkbox"/> Y <input type="checkbox"/> N	-----

## Problem Solving Steps

Follow the directions on the IAQ Problem Solving Wheel to investigate potential causes of the symptoms recorded above. Use the steps below to help keep your investigation organized and documented.

Step	Date Completed	Notes
1. Relate the symptoms from the complaint data box to a group of symptoms in the Notes column to the right		<input type="checkbox"/> Odors <input type="checkbox"/> Temperature or humidity problems (occupant discomfort) <input type="checkbox"/> Headache, lethargy, nausea, drowsiness, and dizziness <input type="checkbox"/> Swelling, itching, or irritated eyes, nose, or throat; congestion <input type="checkbox"/> Cough; congestion; chest tightness; shortness of breath; fever; chills and/or fatigue <input type="checkbox"/> Diagnosed infection or clusters of serious health problems

Step	Date Completed	Notes
<p><b>2.</b> Is this an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No See the Wheel sectors "Identifying an emergency" and "What to do in an emergency"</p> <p><b>3.</b> Place a checkmark next to the potential causes in Step 4 below that are shown at 2 on the Wheel.</p>		Actions Taken: <input type="checkbox"/> Evacuation <input type="checkbox"/> Notification <input type="checkbox"/> Other:

**4.** Each section below corresponds to a section of the IAQ Problem Solving Wheel. Use this area to record diagnostics you perform. Three spaces are provided below for each diagnostic step to allow you to record information for more than one location or piece of equipment. Make extra copies of this form as necessary. Please note that some of the steps may not apply to your building.

Step	Date completed (for each location if more than one location or piece of equipment is involved)			Notes
	1	2	3	
<p><input type="checkbox"/> <b>Temperature &amp; Humidity</b></p> <ul style="list-style-type: none"> <li>■ Is thermostat properly set?</li> <li>■ Is air flowing from the vent warm (for heat) or cool (for air conditioning)?</li> <li>■ Are drafts or direct sunlight causing discomfort?</li> <li>■ Is humidity too high or low (best if between 30-60% rel. humidity)?</li> <li>■ Is condensation often present on windows or other cold surfaces?</li> <li>■ Is there an objectionable odor?</li> </ul> <p><input type="checkbox"/> <b>Outdoor Air Supply</b></p> <ul style="list-style-type: none"> <li>■ Is ventilation system turned on?</li> <li>■ Is outdoor intake blocked?</li> <li>■ Are supply vent(s) blocked?</li> <li>■ Is air flowing from supply vent(s)?</li> <li>■ Is air flowing into outdoor intake?</li> <li>■ Are outdoor air or supply ducts blocked?</li> <li>■ Is outdoor air supply at least 15 cfm per person?</li> <li>■ Is CO<sub>2</sub> in the area higher than 1000 ppm?</li> </ul> <p><input type="checkbox"/> <b>Air Handling Unit</b></p> <ul style="list-style-type: none"> <li>■ Is the system turned on?</li> <li>■ Is the air flowing from vent(s)?</li> <li>■ Is the fan operating?</li> <li>■ Is the filter(s) clean &amp; properly installed?</li> <li>■ Are dampers operating properly?</li> <li>■ Is there moisture, debris or microbial growth in or around the unit?</li> <li>■ Is the drain pan clean &amp; draining?</li> <li>■ Are the coils clean?</li> <li>■ Is combustion equipment properly vented (no flue leaks, spillage, or backdrafting)?</li> </ul>				

Step	Date completed (for each location if more than one location or piece of equipment is involved)			Notes
	1	2	3	
<input type="checkbox"/> <b>Local Exhaust</b> <ul style="list-style-type: none"> <li>■ Does exhaust turn on?</li> <li>■ Is the exhaust used when needed?</li> <li>■ Is air flowing out the exhaust vent?</li> <li>■ Is exhaust duct work blocked?</li> <li>■ Is a sufficient amount of air being exhausted?</li> <li>■ If everything works, but not enough air is being exhausted, can make up air easily enter the room (e.g., through spaces under doors)?</li> </ul>				
<input type="checkbox"/> <b>Biological Sources</b> <ul style="list-style-type: none"> <li>■ Are animals or fungi (mold) present?</li> <li>■ Is there an odor of mold or mildew in or near the complaint area?</li> <li>■ Is there standing water near the complaint area or in the air handling unit?</li> <li>■ Is condensation often present on window or cold surfaces?</li> <li>■ Is indoor relative humidity above 60%?</li> <li>■ Are contagious occupants present?</li> </ul>				
<input type="checkbox"/> <b>Housekeeping Sources</b> <ul style="list-style-type: none"> <li>■ Do complaints occur during or just after housekeeping activities?</li> <li>■ Do housekeeping activities take place near the complainants?</li> <li>■ Are any new products in use?</li> <li>■ Are housekeeping products being used according to directions?</li> <li>■ Are products stored in sealed containers or in a vented room(s)?</li> </ul>				
<input type="checkbox"/> <b>Outdoor Sources</b> <ul style="list-style-type: none"> <li>■ Are sources of odor or pollutants (e.g., vehicles, stored chemicals, trash, plumbing vents) located near outdoor air intakes?</li> <li>■ Are there sources nearby or upwind: <ul style="list-style-type: none"> <li>● Combustion byproducts from traffic, loading docks, or flue exhausts?</li> <li>● Industrial, agricultural, or lawn care activity?</li> <li>● Construction activity?</li> </ul> </li> <li>■ Are pollen levels high?</li> </ul>				
<input type="checkbox"/> <b>Building Sources</b> <ul style="list-style-type: none"> <li>■ Has there been recent painting, roofing, or other remodeling or construction?</li> <li>■ Were pesticides applied recently near the complaint area?</li> <li>■ Are new furnishings or equipment in place?</li> <li>■ Are drain traps dry?</li> <li>■ Are chemicals stored in poorly sealed containers?</li> <li>■ Is it overly dusty?</li> </ul>				

Step	Date Completed	Notes
<p><b>5.</b> Repeat all diagnostics for each potential cause in all affected locations.</p>		
<p><b>6.</b> If the diagnostics for the recommended potential causes did not identify the problem(s), investigate remaining potential causes in Step 4 until the cause(s) of the complaint(s) are identified and corrected.</p>		
<p><b>7.</b> If problem remains unidentified or uncorrected, obtain professional assistance.</p>		<p>Company: Person: Phone:</p>
<p><b>8.</b> Provide notice if problem is not quickly resolved.</p>		<p><input type="checkbox"/> Notice to Occupants <input type="checkbox"/> Notice to parents of minors</p>
<p><b>9.</b> Problem resolved and preventive measures taken.</p>		<p>Describe solution:</p>
<p><b>10.</b> Provide a final report.</p>		<p><input type="checkbox"/> Preventive measures taken:</p>
<p><b>11.</b> To prevent future problems implement an IAQ Management Plan.</p>		<p><input type="checkbox"/> Final report to occupants <input type="checkbox"/> Final report to parents of minors</p>
<p><b>12.</b> File this Checklist and related information.</p>		<p><input type="checkbox"/> Done</p>