

## Cleaning for Health Cleaning Products and Practices Evaluation CheckList

Facility:	Date:
Address:	Email:
Main Contact:	Phone:
Total Square Footage:	Number of Buildings:
Hard Floor Areas SF:	Carpeted Areas SF:
Number of Students/Occupants:	Number of Custodians:
Age of Buildings:	

Survey questions	Y / N	Comments / Notes
<b>Environmental Health &amp; Safety Policies and Practices</b>		
Are you using an IAQ program (Tools for Schools etc.)?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have a regularly scheduled EHS training program in place?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is a Hazard Communications Program in place? Is it current?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Is an IPM (integrated pest management) policy in place? Do you have pest problems? Is food allowed in all areas (offices, classrooms)?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Is a No Vehicle Idling Policy in place?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Has there been training on operation of the HVAC system? Is there a schedule for changing HVAC filters? How often are filters changed? MERV rating for filters? _____	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have a policy for environmentally preferable purchasing of cleaning products? art products? office products?  others? _____	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

Indoor Air/Environmental Quality		
Have there been any IAQ complaints? Do you have a system to log complaints?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have leaks and/or mold problems? Are there leaks or complaints about musty smells?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there a lot of clutter? Does it interfere with the HVAC system or cleaning procedures?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Does carpet or VCT need replacing? Would you like information on alternatives?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Have you renovated your building? Are you planning to renovate? If so, when? Would you like information on protecting building occupants' health while renovations take place?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Cleaning Products and Practices		
Does the custodial closet have an exhaust outlet?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is a flammable cabinet in use?	Y <input type="checkbox"/> N <input type="checkbox"/>	
What areas get disinfected? How often?		
Does the facility use micro-fiber cloths? Is a color coded cloth system in place?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the facility use micro-fiber mops?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are mop buckets in use that separate clean and dirty water or require separate mop heads for each area?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are high filtration (HEPA) vacuums in use?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the buffer/burnisher have a vacuum attachment? If so, is it a high filtration vacuum?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Are post consumer recycled content paper products in use?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the facility use dilution stations?	Y <input type="checkbox"/> N <input type="checkbox"/>	
How often do you strip and recoat floors?	Y <input type="checkbox"/> N <input type="checkbox"/>	

Are floor mats in use inside and outside of entries? Are they multi-level scraper mats? 15' – 20'? Covering the width of entry? Are they vacuumed daily?	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"/>	
Do you have auto-flush valves on toilets? Do you have automatic operating valves on sinks?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Solid Waste Practices</b>		
Do you have a recycling program?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you recycle your e-waste?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you properly storing and recycling fluorescent bulbs?	Y <input type="checkbox"/> N <input type="checkbox"/>	

**EXISTING MAINTENANCE PRODUCTS**

List the manufacturer as well as the complete name of the product.

Air Freshener	Graffiti Remover
All-purpose Cleaners	
	Gum Remover
Bathroom Cleaners	
	Hand Soaps
Carpet Cleaners	Heavy Duty Cleaner
	Miscellaneous
Disinfectant	
Enzymes/Bacterial	
	Pesticides
Floor Care	
	Toilet Cleaner
Furniture Polish	
Glass Cleaners	

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