

## Walk-Through Inspection Check List

### FACILITY INFORMATION

Facility:	
Address:	
Main Contact:	Phone:
Square Footage:	Number of Buildings:
Purchasing Records Available? Y <input type="checkbox"/> N <input type="checkbox"/>	Number of Custodians:

### SURVEY QUESTIONS

### COMMENTS, NOTES

Have there been any IAQ complaints? Y <input type="checkbox"/> N <input type="checkbox"/>	
If so, what areas?	
What types of areas/surfaces need cleaning?	<input type="checkbox"/> Resilient Flooring <input type="checkbox"/> Carpet <input type="checkbox"/> Food Preparation Areas <input type="checkbox"/> Restrooms <input type="checkbox"/> Hard Surface <input type="checkbox"/> Other (Please specify)
Where are the cleaning products stored?	
Is this area properly ventilated? Y <input type="checkbox"/> N <input type="checkbox"/>	Is the exhaust outlet evident? Y <input type="checkbox"/> N <input type="checkbox"/>
What areas get disinfected? How often?	
Is there an IPM policy in place? Y <input type="checkbox"/> N <input type="checkbox"/>	
Is VCT present in the facility? Y <input type="checkbox"/> N <input type="checkbox"/> If so, what level of gloss finish is used?	
Does the buffer have a vacuum attached? Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the facility use dilution stations? Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the facility use micro-fiber mops and cloths? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are high-filtration vacuums in use? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are floor mats used inside and outside of entries? Y <input type="checkbox"/> N <input type="checkbox"/>	
Is food allowed in all areas (offices, classrooms)? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are animals allowed in the building? Y <input type="checkbox"/> N <input type="checkbox"/>	

