

# Environmental Walk-Through Checklist

School: \_\_\_\_\_ Room # area: \_\_\_\_\_

Return to: \_\_\_\_\_ By: \_\_\_\_\_

Please use this checklist to survey your classroom or area. \_\_\_\_\_ will summarize the results and create an action plan for our school.

Observations (sources for asthma triggers)	Yes	No	Please describe (give dates, time of day, duration of problem if applicable)
Excessive dryness			
Humidity			
Visible mold			
Leaks, dampness			
Water stains on walls, floors, carpets, ceilings			
Old/ damaged rugs			
Excessive dust			
Signs of bugs or rodents			
Other:			
Ventilation	Yes	No	Please describe (give dates, time of day, duration of problem if applicable)
Stuffiness			
Extreme temperature changes (hot and cold)			
Dirty air vents			
Air vents blocked by supplies, furniture			
Air flows through vent into room			
Air exhausts from room into vent			
Windows are operable			
Other:			
Odors and Fumes from:	Yes	No	Specify what has strong fumes or odors
Renovations or repairs			
Bus or vehicle exhaust			
Copiers, printers, laminating equipment			
Cleaning supplies			
Perfumes, air fresheners			
Other:			
Health	Yes	No	Please describe (give dates, time of day, duration of problem if applicable)
Student health complaints			
Teacher health complaints/comments			