

CLEANING PRODUCTS AND PRACTICES

EVALUATION FORM

Facility:		Date:	
Address:			
Main Contact: Title:		Phone: Nurse:	
Total Square Footage:		Email:	
Hard Floor Areas SF:	%	Carpeted Areas SF:	%
Number of Students:		Number of Custodians:	
Year Built:		Number of Buildings:	

SURVEY QUESTIONS

COMMENTS, NOTES

Environmental Health & Safety Policies and Practices	
Are you enrolled in a TfS Program? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have a Health and Safety Committee Y <input type="checkbox"/> N <input type="checkbox"/> Are meetings regularly scheduled? Y <input type="checkbox"/> N <input type="checkbox"/>	
Is a Hazard Communications Program in place? Y <input type="checkbox"/> N <input type="checkbox"/> Is it current? Y <input type="checkbox"/> N <input type="checkbox"/>	
Is an IPM (integrated pest management) policy in place? Do you have pest problems? Y <input type="checkbox"/> N <input type="checkbox"/> Do you use a pest control company? Y <input type="checkbox"/> N <input type="checkbox"/> If so, can we review your service tickets? Y <input type="checkbox"/> N <input type="checkbox"/>	
Is the No-idling Policy enforced? Y <input type="checkbox"/> N <input type="checkbox"/> Signs posted? Y <input type="checkbox"/> N <input type="checkbox"/>	
Is a policy in place prohibiting animals in the building? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have a policy for environmentally preferable purchasing of: Cleaning products? Y <input type="checkbox"/> N <input type="checkbox"/> Art products? Y <input type="checkbox"/> N <input type="checkbox"/> Office products? Y <input type="checkbox"/> N <input type="checkbox"/> Others? Y <input type="checkbox"/> N <input type="checkbox"/> Is there an Infection Control Plan in place? Y <input type="checkbox"/> N <input type="checkbox"/>	

The Plain Facts

Indoor Air/Environmental Quality		
Have there been any IAQ complaints?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are sensitive populations being accommodated?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have mold problems?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are there leaks, repairs scheduled or complaints about musty smells?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there clutter in the classrooms?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does it interfere with the HVAC system or cleaning procedures?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does carpet or VCT need replacing?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Would you like information on alternatives?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Has the facility been tested for Radon?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is the maintenance of the HVAC system contracted out?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there a schedule for changing HVAC filters?	Y <input type="checkbox"/> N <input type="checkbox"/>	
How often are filters changed?	Y <input type="checkbox"/> N <input type="checkbox"/>	
MERV rating for filters? _____		
Are there problems with temperature/humidity in the classrooms?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Has there been training on operation of the HVAC system?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Have you renovated your school?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you planning to renovate?	Y <input type="checkbox"/> N <input type="checkbox"/>	
If so, when?		
Does the custodial closet have an exhaust outlet?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is the drinking water tested for lead and/or coliform?	Y <input type="checkbox"/> N <input type="checkbox"/>	
How many students have asthma?		
Do you keep records of incidences?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have asthma action plans?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Verifiable Integrated Pest Management (IPM) Program		
Does your school have a notebook that contains all pest related information including a Pest Sighting Log, a Pesticide Use Log and any Service Tickets from Pest service providers?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does your school inspect and monitor for pest problems?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does your school use spot treatments and baits?	Y <input type="checkbox"/> N <input type="checkbox"/>	

The Plain Facts

Does your school mark the area that is being treated?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does school staff bring in their own pesticides from home?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is food allowed in areas not designed as dining areas?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there an IPM program in effect for turf management?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Solid Waste Practices		
Is there a recycling program?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you recycle your e-waste (computers, cell phones etc.)?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you properly storing and recycling fluorescent bulbs?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is a composting program in effect?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Cleaning Products and Practices		
What is your schedule for ordering cleaning products?		
Do you order from State Contracts?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Who are your vendors?		
May we contact them for additional information if needed?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the facility use dilution stations?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is Personal Protective Equipment in use?	Y <input type="checkbox"/> N <input type="checkbox"/>	
What areas get disinfected? How often?		
Do you combine cleaning and disinfecting?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the facility use micro-fiber cloths?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is a color-coded system in place?	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"/>	
Does the floor care equipment have a vacuum attachment?	Y <input type="checkbox"/> N <input type="checkbox"/>	
If so, is it high filtration?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are high filtration vacuums in use?	Y <input type="checkbox"/> N <input type="checkbox"/>	

The Plain Facts

How often do you strip and recoat floors?	
Are floor mats in use inside and outside of entries? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are they multi-level scrapper mats? 15' - 20'? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are they vacuumed daily? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are recycled content paper products in use? Y <input type="checkbox"/> N <input type="checkbox"/> Paper towels, toilet paper, tissues etc.	
Do you have auto-flush valves on toilets? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you planning on installing these? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you supply your classroom teachers with products? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do they bring in their own products? Y <input type="checkbox"/> N <input type="checkbox"/>	
Custodial closets kept closed and locked? Y <input type="checkbox"/> N <input type="checkbox"/>	

The Plain Facts

EXISTING MAINTENANCE PRODUCTS

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

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