

Building Name: _____

Date: _____

Inspector: _____

1. EXTERIOR

	True	False	N/A
1a. Proper drainage away from the building (including roof downspouts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Storm drains free of debris and vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. No obstructions blocking air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. No nests or droppings near outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Dumpsters are located away from doors, windows, and outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Checked potential sources of air contaminants near the building (chimneys, stacks, industrial plants, exhaust from nearby buildings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Vehicles avoid idling near outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Sprinklers spray away from the building and outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Walk-off mats are used at exterior entrances and are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Window and door caulking intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1k. No leaking or visibly damaged equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1l. Designated smoking areas are away from air intakes/building entrances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ROOF

	Excellent	Good	OK	Poor
2a. General condition of the roof (visually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. No water ponding		True	False	N/A
2c. Ventilation units operate properly (air flows in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Exhaust fans operate properly (air flows out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Air intakes remain open, even at minimum setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. No nests or droppings near outdoor air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2g. Air from plumbing stacks and exhaust outlets flows away from air intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2h. All flashing/caulking/putty intact and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2i. Drains and gutters are open and free flowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2j. No leaves/branches/debris present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. GENERAL INTERIOR

	True	False	N/A
3a. Occupied spaces appear to be dusted and vacuumed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Trash is removed daily and stored outside or in isolated/ventilated areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. No food is stored in the building overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. No plug-in or aerosol air fresheners in use (except restrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e. Carpeting and furniture are clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3f. Live plants are properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3g. No unusual odors in occupied spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3h. No signs of mold, mildew or water damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3i. Ceiling tile are in place and free of stains and damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3j. All lighting appears to be functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3k. Kitchen/break room equipment is clean, drained and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3k. Office equipment – no odors, dust or toner buildup, or unusual noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. BATHROOMS, JANITORIAL CLOSETS & GENERAL PLUMBING

	True	False	N/A
4a. All bathrooms and restrooms have operating exhaust fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. All restrooms appear to maintain slight negative pressurization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Floor drains are operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. No odors coming from floor drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Floor drains and sink traps are periodically flushed with clean water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. No water leaks or stains present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Cabinets are clean, dry and free of water stains or mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4h. Chemical & clean supply storage areas are adequately ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. MOISTURE, LEAKS, AND SPILLS

	True	False	N/A
5a. No moldy or musty odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. No sign of leaks or discoloration on ceiling tiles, floors, and walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Kitchens, break rooms, etc. are free of moisture and condensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Windows, windowsills, and window frames are free of condensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5e. Entryway rugs and mats are effectively limiting tracked in moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. MECHANICAL SPACES

	True	False	N/A
6a. Spaces are clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Mechanical spaces are free of clutter, trash and stored chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Access is limited to authorized personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Mechanical equipment free of leaks of oil, water, refrigerants, or issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Cooling Tower sump clean, no slime/algae, biocide in use/working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f. Boiler flues tight, door gaskets tight, fuel system tight and no leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Chillers – no refrigerant leaks/stains, waste properly stored/disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6h. Chillers – condensation levels normal, proper drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6i. Piping – no leaks, stains or odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6j. All pipe, tank and vessel insulation intact and free of mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. VENTILATION SYSTEMS

	True	False	N/A
7a. HVAC system components free of leaks, stains or odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Filters are clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Replacement filters present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. No moisture, condensation or water stains in HVAC units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e. Dust levels in HVAC units and ductwork is minimal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f. Drip pans are dry, free of buildup and slime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g. Drains and traps are clear and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h. No signs of mold or mildew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7i. All unit doors close tightly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7j. Fan blades clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7k. Ductwork insulation intact and clean (interior & exterior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7l. All combustion equipment properly ventilated and exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7m. Vents in chemical and trash storage areas are operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



8. OTHER

	True	False	N/A
8a. Parking garage fans operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. Parking garage doors close tightly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c. Parking garages appear to maintain slight negative pressurization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d. Vestibule present and operational between garage and building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8e. Stairwells – clean, dry & free of debris and odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8f. Stairwells – all doors close and latch/no uncontrolled airflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. OCCUPANTS

	True	False	N/A
9a. System in place to allow occupants to submit air quality complaints/concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b. Reviewed recent occupant complaints and found all resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes (explain all “False” answers and other issues identified): _____

Inspector Signature

Date