

NATIONAL COLLABORATIVE WORK GROUP ON GREEN CLEANING

BUILDING EVALUATION CHECK LIST

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

SURVEY QUESTIONS

COMMENTS, NOTES

Indoor Air/Environmental Quality (IAQ-IEQ)	
Do you have a Health and Safety Committee that includes all stakeholders, parents? Y <input type="checkbox"/> N <input type="checkbox"/>	
Have there been any IAQ complaints? Y <input type="checkbox"/> N <input type="checkbox"/> Do you have a system to log complaints? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have leaks and/or mold problems? Y <input type="checkbox"/> N <input type="checkbox"/> Are there leaks or complaints about musty smells? Y <input type="checkbox"/> N <input type="checkbox"/> Do all the lavatories and sinks operate? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have pest problems? Y <input type="checkbox"/> N <input type="checkbox"/> Is an IPM (integrated pest management) policy in place? 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 there problems with temperature/humidity in rooms or areas? 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? _____ MERV rating for filters? _____	
Is there a lot of clutter? Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Does clutter interfere with the HVAC system or daily 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"/>	
Have you renovated your building? Y <input type="checkbox"/> N <input type="checkbox"/> Are you planning to renovate? Y <input type="checkbox"/> N <input type="checkbox"/> If so, when? _____	
Cleaning Products and Practices	
Do building occupants bring in their own cleaning products? Y <input type="checkbox"/> N <input type="checkbox"/> Are they supplied with the approved cleaning product? Y <input type="checkbox"/> N <input type="checkbox"/>	

Where are the cleaning products stored? _____	
Is this area properly ventilated? Can you locate the exhaust outlet?	Y <input type="checkbox"/> N <input type="checkbox"/> 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? LIST: _____	
Does the facility use micro-fiber cloths?	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 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 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"/>
Are high filtration vacuums in use?	Y <input type="checkbox"/> N <input type="checkbox"/>
How often do you strip and recoat floors? _____	
Are floor mats in use inside and outside of entries? Are they multi-level scrapper 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 and sinks?	Y <input type="checkbox"/> N <input type="checkbox"/>
Solid Waste Practices	
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"/>
Environmental Health & Safety Policies and Practices	
Do you have a regularly scheduled H&S 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"/>
Has there been training on operation of the HVAC system?	Y <input type="checkbox"/> N <input type="checkbox"/>
OBSERVE/NOTE: practices in place to prevent dirt in the facility	