

# Minnesota Department of Health Asthma Program Asthma Environmental School Walkthrough

Date of Walkthrough \_\_\_\_\_

School/District Contact \_\_\_\_\_

Participants \_\_\_\_\_

\_\_\_\_\_

## School Building Information

School name \_\_\_\_\_

Address \_\_\_\_\_

Number of students \_\_\_\_\_ Grades in school \_\_\_\_\_ Number of floors \_\_\_\_\_

Year built \_\_\_\_\_ Renovations (years if known) \_\_\_\_\_

HVAC type \_\_\_\_\_ Air conditioning (all / sections) \_\_\_\_\_

Most common pests \_\_\_\_\_

Cleaning staff per square feet, if known \_\_\_\_\_

Cleaning frequency (times per week) \_\_\_\_\_ Walk-off mats at all entrances (Y/N) \_\_\_\_\_

Proximity of air intake locations to sources \_\_\_\_\_

Proximity to busy roads or other air quality concerns \_\_\_\_\_

## District Information

Indoor Air Quality Management Plan (Y/N) \_\_\_\_\_

Indoor Air Quality Coordinator (Name) \_\_\_\_\_

Integrated Pest Management notification (Y/N) \_\_\_\_\_ Tobacco policy posted (Y/N) \_\_\_\_\_

School bus idling policy (Y/N) \_\_\_\_\_ Use "green" cleaning products" (Y/N) \_\_\_\_\_

Air Quality Index electronic notification (Y/N) \_\_\_\_\_

Policy on items from home such as furniture, cleaning products, appliances (Y/N) \_\_\_\_\_