



Health Officer/School Nurse Checklist

Name: _____

School: _____

Room or Area: _____ Date Completed: _____

Signature: _____

Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. MAINTAINING STUDENT HEALTH

	Yes	No	N/A
1a. Completed health records for each student.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Updated health records, as appropriate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Obtained necessary information about student allergies and other health factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Developed a system to log health complaints (note symptoms, location and time of symptom onset, and exposure to pollutant sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Monitored trends in health complaints (especially in timing or location of complaints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Investigated potential causes of health complaints (for example, school was renovated or refurbished recently; individual recently started working with new or different materials or equipment; new practices or products, such as cleaners or pesticides, were introduced into the school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured that the school prohibits smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Noted any new warm-blooded animals introduced into classrooms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Reviewed and understood indicators of IAQ-related problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. HEALTH, IAQ, AND HYGIENE EDUCATION

2a. Educated students and staff about the importance of good hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Arranged individual instruction/counseling where necessary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Developed information and education programs for parents and staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Established an information and counseling program for smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Provided literature on smoking and secondhand smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Educated school staff, students, and parents on the link between IAQ and health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. HEALTH OFFICER'S OFFICE

3a. Ensured the ventilation system operates properly and supplies adequate quantities of outdoor air (i.e., at least 25 cubic feet per minute of outdoor air per occupant).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that air filters are clean and properly installed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Ensured that air supply pathways are clear of any obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Determined that air removed from the health office is separated from the ventilation system to avoid affecting other occupied areas of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

