

## 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

SURVEY QUESTIONS	COMMENTS, NOTES
<b>Indoor Air/Environmental Quality (IAQ-IEQ)</b>	
Do you have a Health and Safety Committee that includes all stakeholders, parents? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	
Have there been any IAQ complaints? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> Do you have a system to log complaints? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	
Do you have leaks and/or mold problems? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> Are there leaks or complaints about musty smells? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> Do all the lavatories and sinks operate? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	
Do you have pest problems? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> Is an IPM (integrated pest management) policy in place? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> Is food allowed in all areas (offices, classrooms)? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	
Are there problems with temperature/humidity in rooms or areas? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>  Is there a schedule for changing HVAC filters? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> How often are filters changed? _____ MERV rating for filters? _____	
Is there a lot of clutter? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> <input type="checkbox"/>	
Does clutter interfere with the HVAC system or daily cleaning procedures? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	
Does carpet or VCT need replacing? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> Would you like information on alternatives? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	
Have you renovated your building? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> Are you planning to renovate? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> If so, when? _____	
<b>Cleaning Products and Practices</b>	
Do building occupants bring in their own cleaning products? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> Are they supplied with the approved cleaning product? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	

Where are the cleaning products stored? _____		
Is this area properly ventilated?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Can you locate the exhaust outlet?	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?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are they multi-level scrapper mats?	Y <input type="checkbox"/> N <input type="checkbox"/>	
15' – 20'? Covering the width of entry?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are they vacuumed daily?	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"/>	
<b>Solid Waste Practices</b>		
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"/>	
<b>Environmental Health &amp; Safety Policies and Practices</b>		
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?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is it current?	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"/>	
<b>OBSERVE/NOTE: practices in place to prevent dirt in the facility</b>		