



# Health Officer/School Nurse Checklist

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## Instructions

1. Read the *IAQ Backgrounder* 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

