

## GECDSB Indoor Air Quality Protocol

1. When a staff member has an initial concern regarding Indoor Air Quality ("IAQ"), they are required to complete first page of the IAQ form that is available in the main office of the school. The information requested on this form is important in assisting the Health & Safety Officer and Facility Services in identifying causes of indoor air quality problems.
2. Once completed, with all the necessary information, the staff member should submit this form to the Principal. The principal must review and sign the form to ensure that he/she is aware of the concern and that the internal responsibility system is being followed. The principal will then forward the form to the Health & Safety Officer (Fax: 255-1514).
3. The Health & Safety Officer will track the IAQ form and provide each form with a unique log number. The form will be forwarded to Facility Services for investigation by appropriate Facility Services Staff within one week of receipt of IAQ form.
4. The Initial Assessment of the Mechanical Systems will be conducted by the Facility Services Preventative Maintenance Department within three weeks of receipt of IAQ form. Any deficiencies, remedial work completed and recommendations will be recorded on the IAQ form by the appropriate Facility Services Staff.
5. If any cleaning or remedial maintenance follow-up is required, the IAQ form will be forwarded to the appropriate Facility Services Operations Department staff who will follow-up recording the date and actions taken.
6. If any maintenance follow-up is required, the IAQ form will be forwarded to the Facility Services Maintenance Department who will record any actions taken and completion dates.
7. The completed form will be returned to the Health & Safety Officer and shared with the Principal of the School and the Joint Health & Safety Committee for the Board. A copy will be returned to the concerned staff member by the Principal.
8. If the concerns raised by the staff member remained unresolved, the staff member may be asked to seek a medical opinion to document any physical symptoms and possible causes which may provide the Board with further direction. The staff member is encouraged to contact the H&S Officer or their Joint Health & Safety Committee worker member to clarify the type of information that is required.
9. Input and consultation by the JH&SC will be provided to the Health & Safety Officer to determine as to whether IAQ air testing is required or necessary to further investigate any unresolved concerns.

**School:**

**Room Number**

**Log #**

**Received by H&S Office:**

**Forwarded to Facility Services:**

**Returned to H&S Office:**

**Returned to Principal by H&S Office:**

**Assessment of Mechanical Systems**

**Assigned to:**

**Date Assessment Completed:**

**Signature:**

**Work Requests Generated: YES NO**

**Assessment of Water Damage on Porous Material**

**Assigned to:**

**Date Assessment Completed:**

**Signature:**

**Work Requests Generated: YES NO**

**Cleaning Follow up**

**Assigned To:**

**Date Work Completed:**

**Signature:**

**Maintenance Follow up**

**Assigned To:**

**Date Work Completed:**

**Signature:**

**Indoor Air Quality Form**

**Log #**

**School:**

**Room Number**

**Teacher Checklist**

Describe Your Indoor Air Quality Concern

Are You Experiencing Health Effects?                      Yes                      No

Have You Visited A Doctor Regarding These?                      Yes                      No

Describe Any Health Effects Below:

**Room Description:**

Type Of Floor(Circle)      Tile                      Carpet                      Tile With Area Rug

Type of Drapery (Circle)      None                      Cloth                      Vinyl

Are You Experiencing Temperature Fluctuations?      NO      Too Hot                      Too Cold

Are There Plants In The Room?    Yes                      No

Are There Animals In Cages?    Yes                      No

Are There Aquariums?    Yes                      No

Is There A Sink In Room?    Yes                      No

Any Visible Water Leaks?  
Where?    Yes                      No

Any Stained Building Materials (Ceiling, Walls Etc.)  
Where?    Yes                      No

Do You Use/Store Chemicals In Room?  
If Yes, Circle All That Apply:    Yes                      No  
Art Supplies  
Science Supplies  
Technical Supplies

Concerned Staff Member:    Date Submitted to Principal

Principal Signature:    Date Principal Submitted to H&S