

Indoor Environmental Quality Room-by-Room Checklist

Observer: _____ Date: _____ Building: _____ Floor: _____ Page ____ of ____

Area or Room Number	Number of occupants	Temperature (hot/cold/ comfortable)	Odors (Y/N)	Moisture and/or mold (Y/N)	Ceiling stains (Y/N)	Carpet (Y/N)	Windows (Y/N)	Bathroom facilities	Pest/vermin evidence (Y/N)	Cleaning products, chemicals, fragrance products	Plants (Y/N) number	Upholstered furniture, partitions, curtains	Appliances - mini-refrigerator air cleaner microwave dehumidifier	Office equipment - printers copiers computers	Overall Cleanliness (clutter/dust)
Comments including room use / activities:															

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North Carolina Department of Health and Human Services, Division of Public Health,
Occupational and Environmental Epidemiology Branch

The following abbreviations may be used: NP = No Problem; NA =Not Applicable

Number of occupants: Average number of persons per day in the room.

Temperature: Is the room too hot, too cold or comfortable?

Odors: Does the room have noticeable odors such as food, chemicals or fragrances (Y/N)? Record the type of odor.

Moisture/Mold: Does the room have visible mold or a noticeable mold odor (Y/N)? Record the location of the mold.

Ceiling Stains: Does the ceiling have water stains (Y/N)? If yes, record the approximate number and size.

Carpet: Is the room carpeted (Y/N)? If yes, what is the condition of the carpet (dirty, worn, or stained)?

Window: Does the room have windows (Y/N)? If yes, are they operable?

Bathroom: Is the room adjacent to bathroom facilities (Y/N)? If yes, is the bathroom clean? Is there a noticeable odor?

Pests: Is there evidence of mice, cockroaches, ants, flies or other pests (Y/N)? What type of pest? Are traps or baits present?

Cleaning Products/Chemicals/Fragrance Products: Are cleaning products/chemicals/scented products in the room (Y/N)? List types. Scented products include air fresheners, diffusion sticks, and scented candles.

Plants: Are live plants in the room (Y/N)? If yes, how many and does each container have a solid bottom or tray to catch water?

Upholstered Furniture/Partitions/Curtains: Are upholstered furniture, throw rugs or curtains present (Y/N)? If yes, record the type.

Appliances: Does the room have appliances such as mini-refrigerators, portable air cleaners, microwaves, humidifiers or dehumidifiers (Y/N)? If yes, record the type and number. In addition, record if the appliance is located on or near carpeting.

Office Equipment: Are printers, copiers, faxes and computers in use (Y/N)? If yes, list.

Cleanliness: Is there excessive clutter or dust in the room (Y/N)? If yes, record whether it is clutter, dust or both and the location.