

## APPENDIX 13.1-D

<b>WALK-AROUND INSPECTION LIST</b>		Page 1 of 18
Command _____	Building _____.	
Completed By _____	Date _____.	
<b>BUILDING DESCRIPTION</b>		
Location of building in relation to potential sources (industry, landfills, emissions, outside renovations, etc.)		
Original construction date		
Original construction documents available		
Renovation date/Type of renovation		
Proximity and relation of renovation to complaint location		
Number of floors above grade		
Number of floors below grade		
Crawl space or slab construction		
Attic, basement or other unoccupied areas present		
Exterior wall construction material (wood, cinder block, brick, vinyl, vapor barriers, etc.) used		
Interior wall construction material (drywall, wallpaper, cinder block, etc.) used		
Flooring type (tile (asbestos, ceramic, etc.), carpet, vinyl, etc.) present		
Number of occupants		
Number of occupants building was designed for		
Times building occupied		
Types of work performed in different areas of the building		
Proximity and relation of types of work to complaint location		
Observations/Comments		
<b>OFFICE USE ONLY</b>		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 2 of 18
Command _____	Building _____.	
Completed By _____	Date _____.	
<b>HVAC GENERAL DESCRIPTION (USE SHORT AND LONG HVAC CHECKLISTS FOR MORE DETAILS)</b>		
Natural (windows open, etc.) or mechanical ventilation present and used		
HVAC system type/components present		
HVAC functioning properly		
HVAC controls (dampers, thermostats, humidistats, etc.) set properly		
Supply duct work insulation type (interior, exterior, fiberglass, etc.) present		
Filter type present		
HVAC system problems (component and description of problem - damper setting wrong, clogged drain, water in drip pan, missing or dirty filters, damaged or dirty duct insulation, thermostat not functioning properly, etc.)		
HVAC system turned off at times or when building not occupied		
Comfort or moisture problems caused if HVAC system turned off at times or when building not occupied		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 3 of 18
Command _____		Building _____.
Completed By _____		Date _____.
Supply, return, intake or exhaust vent locations		
Supply, return, intake or exhaust vent location problems (poorly located, blocked, etc.)		
Supply, return or exhaust vent condition (dirty, clean, etc.)		
Thermostat or humidistat locations		
Thermostat or humidistat location problems (poorly located, blocked, etc.)		
Thermostat or humidistat condition (functional, non-functional, etc.)		
Outdoor air intake locations in relation to exhaust vents and other potential sources		
HVAC system inspection and preventive maintenance schedule		
Observations/Comments		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 4 of 18
Command _____	Building _____	
Completed By _____	Date _____	
<b>POTENTIAL SOURCES – Building Use or Design</b>		
Industrial or chemical work areas present in/around building		
Proximity and relation of industrial or chemical work areas to complaint location		
Chemical hoods or other industrial exhausts are vented properly or outside		
Industrial or chemical work areas and exhausts are away from outdoor air intakes		
Renovations/construction occurring in the building		
Proximity and relation of renovations/construction to complaint location		
Cooking areas present in in/around building		
Proximity and relation of cooking areas to complaint location		
Cooking area exhausts are vented outside		
Cooking areas exhausts are away from outdoor air intakes		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 5 of 18
Command _____		Building _____.
Completed By _____		Date _____.
Bathrooms present in building		
Proximity and relation of bathroom to complaint location		
Bathroom exhausts vented outside or room has openable windows		
Bathroom exhausts are away from outdoor air intakes		
Bathroom fans are operational during occupied hours (independently of light switch)		
Bathroom under slight negative pressure		
Blocked drains		
Dry sanitary traps		
Smoking areas present in/around building		
Proximity and relation of smoking areas to complaint location		
Smoking areas are outside and away from outdoor air intakes		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 6 of 18
Command _____		Building _____.
Completed By _____		Date _____.
Garage or loading dock areas present in/around building		
Proximity and relation of garage or loading dock areas to complaint location		
Garage or loading dock areas under slight negative pressure if connected to building		
Garage or loading dock areas are away from outdoor air intakes		
Combustion appliances (gas furnaces, gas water heaters, etc.) present in building		
Proximity and relation of combustion appliances to complaint location		
Combustion appliances are properly vented/not leaking		
Combustion appliance exhausts are away from outdoor air intakes		
Animals or pests evident in/around building		
Observations/Comments		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 7 of 18
Command _____		Building _____.
Completed By _____		Date _____.
<b>POTENTIAL SOURCES - Equipment or Materials</b>		
SPECIFIC LOCATION IN BUILDING _____		
Types/Locations of office equipment or other equipment in/near complaint area		
Ancillary equipment (air cleaners, ionizers, humidifiers, dehumidifiers, portable fans, portable heaters, etc.) in/near complaint area		
Chemicals (cleaners, pesticides, toner, etc.) used in/near complaint area		
Frequency and duration chemicals are typically used		
New carpeting present in/near complaint area/Date of installation		
New materials, partitions or furnishings in/near complaint area/Date of installation		
Observations/Comments		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 8 of 18
Command _____		Building _____.
Completed By _____		Date _____.
<b>POTENTIAL SOURCES - Moisture Concerns</b>		
SPECIFIC LOCATION IN BUILDING _____		
Water leaks known		
Location of water leaks		
Proximity and relation of leaks to complaint location		
Time since last water leak		
Flooding occurrence known		
Location of flooding		
Proximity and relation of flooding to complaint location		
Time since last flooding occurrence		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 9 of 18
Command _____	Building _____.	
Completed By _____	Date _____.	
Water stained or discolored ceiling tiles present		
Missing ceiling tiles		
Water stained or discolored ceilings present		
Water stained or discolored walls present		
Missing wall panels		
Water stained or discolored carpet present		
Water stained or discolored stored items present		
Proximity and relation of water stained areas/items to complaint location		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 10 of 18
Command _____		Building _____.
Completed By _____		Date _____.
Musty/moldy odors present		
Vinyl wall covering present on exterior walls		
Condensation present on exterior windows during winter		
High humidity present		
Basement/crawl space damp or standing water present		
Roof leaking or damaged		
Roof flashings leaking or damaged		
Attic space leaks or damage present		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 11 of 18
Command _____		Building _____.
Completed By _____		Date _____.
Potted indoor plants in poor condition or standing in water		
Other interior standing water sources (humidifiers, dehumidifiers, etc.)		
Condition of interior water sources (dirty, stagnant, etc.) within building		
Proximity and relation of standing water sources to complaint location		
Presence of areas producing a lot of water vapor (e.g. – possibly showers, kitchens, etc.)		
Do these areas have exhaust fans or are any appliances producing water vapor vented to the outside		
Proximity and relation of these areas to complaint location		
Visible biological contaminants (mold, etc.) present		
Proximity and relation of visible biological contaminants to complaint location		
Observations/Comments		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 12 of 18
Command _____		Building _____.
Completed By _____		Date _____.
<b>OCCUPANT COMFORT - General</b>		
SPECIFIC LOCATION IN BUILDING _____		
Number of occupants in area		
Number of occupants area was designed for		
Times areas occupied		
Too hot/Too cold complaints		
Too humid/Too dry complaints		
Too stuffy/Too drafty complaints		
Odor complaints		
Observations/Comments		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 13 of 18
Command _____		Building _____.
Completed By _____		Date _____.
<b>OCCUPANT COMFORT - Cleanliness</b>		
SPECIFIC LOCATION IN BUILDING _____		
Cleanliness complaints		
General cleanliness of area		
Odor complaints		
Occupant floor space uncluttered		
Occupant work stations clean		
Entry mats present		
Floors swept, vacuumed or mopped		
Floor sweeping, vacuuming or mopping frequency		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 14 of 18
Command _____		Building _____.
Completed By _____		Date _____.
Carpets vacuumed		
Carpet vacuuming frequency		
Vacuums have high efficiency filtration		
Carpet cleaning		
Cleaning frequency		
Type of carpet cleaning (steam, hot water extraction, dry chemical clean, etc.) used		
Upholstered furniture vacuumed/cleaned		
Upholstered furniture vacuuming/cleaning frequency		
Type of upholstered furniture cleaning (vacuum only, steam, hot water extraction, dry chemical clean, etc.) used		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 15 of 18
Command _____		Building _____.
Completed By _____		Date _____.
Fleecy cubical walls vacuumed		
Fleecy cubical walls vacuuming frequency		
General area dusted		
General area dusting frequency		
Recycling services available		
Trash receptacles emptied daily		
Housekeeping/Cleaning service schedules		
Observations/Comments		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 16 of 18
Command _____		Building _____.
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<b>OCCUPANT COMFORT - Lighting</b>		
SPECIFIC LOCATION IN BUILDING _____		
Lighting complaints		
Type of lighting (fluorescent, incandescent, direct, indirect, general, task, etc.) present		
Lighting levels appropriate for work		
Light diffusers provide good dispersion of light		
Task lighting available and used if needed		
Outdoor lighting (windows, etc.) present		
Window treatments (blinds, shades) available and useable if needed		
Lighting problems (flickering lights, glare, etc.)		
Observations/Comments		
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<b>WALK-AROUND INSPECTION LIST</b>		Page 17 of 18
Command _____		Building _____.
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<b>OCCUPANT COMFORT - Noise</b>		
SPECIFIC LOCATION IN BUILDING _____		
Ambient noise levels complaints		
HVAC noise noticeable		
Employees in common work areas/cubicles or private offices		
Music system or personal radios used in common work area		
Speaker phones or computer programs (training, etc.) with sound on speaker routinely used in common work area		
Other noise sources present		
Employees use headphones/earphones for listening to telephone conversations, personal radios, computer programs (training, etc.) with sound, etc. in common areas		
White noise used in building		
Observations/Comments		
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Command _____		Building _____.
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<b>OCCUPANT COMFORT - Workstations</b>		
SPECIFIC LOCATION IN BUILDING _____		
Workstation complaints		
Multi user workstation and chair adjustability		
Single user workstation and chair adjustability		
Workstations and chairs adjusted properly to the users		
Employees routinely perform work of ergonomic concern (large amounts of lifting, repetitive motion, awkward postures, etc.)		
Site has established a formal ergonomics program		
Employees received appropriate ergonomic training for their work		
Observations/Comments		
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