

**NATIONAL COLLABORATIVE WORK GROUP ON GREEN CLEANING
BUILDING EVALUATION: GREEN CLEANING CHECK LIST**

For help with other green-rated facility products that help promote good Indoor Air, such as safer disinfectants, wall and ceiling paints, furnishings, office supplies and electronics, and instructional supplies, visit the Healthy Products Toolkit.

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

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

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

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EXISTING CLEANING PRODUCTS

Which products does your school use and why?
 Who uses them?
 Where are they stored? Are they current? Where are the SDS?

Air Freshener/Room or Toilet Deodorizer	Graffiti Remover
All-purpose Cleaners	
	Gum Remover
Bathroom Cleaners or Deodorizers	
	Hand Soaps
Carpet Cleaners	Heavy Duty Cleaner
Carpet Stain Removers	
Disinfectants, Sanitizers	Miscellaneous
Enzymes/Bacterial	Pesticides
Floor Care	
	Toilet Cleaner
Furniture Polish: wood, metal, laminate, plastic	Upholstery fabric cleaners

Glass Cleaners	