



Indoor Air Quality Investigation Process	
Adopted: February 9, 2016	September 3, 2024
Next Scheduled Review: 2027-2028	
Associated Policies & Procedures: I-19 Occupational Health & Safety II-17 Medical Conditions VI-66 Asthma	

Purpose

The air quality within the schools and refers to Halton Catholic District School Board (HCDSB) buildings as it relates to the health and comfort of building occupants. The source of occupant complaints can involve many factors such as chemical, microbiological, physical, and mechanical environmental conditions. Indoor air quality concerns are a common issue. Concerns regarding non-specific symptoms related to IAO may include:

- Irritation of the mucous membranes
- Headache
- Dry eyes, nose, and throat (mucous membranes)
- Asthma symptoms
- Increased respiratory infections

Application and Scope

Indoor Air Quality (IAQ) refers to the air quality within the schools and HCDSB buildings as it relates to the health and comfort of building occupants.

Principles

Building occupants, including workers, must report any health and safety concerns to their supervisor (Principal/Site Manager).

Principal/Site Manager must take action on any health and safety concerns.

Principal/Site Manager is responsible for communicating with all the occupants including workers.

The Facility Mechanical System (HVAC) must be inspected and the HVAC System is in good working order.

Facility Mechanical System must be inspected for ventilation, air filters and HVAC controls and portable inspections as per equipment specifications, industry best practices, and Ministry of Education guidance.



APPENDIX "A"

~~INDOOR ENVIRONMENTAL QUALITY INVESTIGATION CUSTODIAN CHECKLIST~~

As part of the Halton Catholic District School Board's ~~Indoor Environmental Quality Concerns~~, it is necessary that the Custodian performs a preliminary investigation. Please review the items listed below. Once completed, please sign and submit this form to the Principal/Site Manager.

School/Facility: _____	Location within Building: _____
Principal / Site Manager: _____	Date: _____
Custodian: _____	

1. ~~Are the air handling unit(s) running? / Is running: _____~~
2. (a) Change or clean filters as required.
 (b) Date of _____
 (c) Regular changing / cleaning schedule: _____
3. ~~Are switches for air handling unit(s) in the "on" position, where applicable?~~
4. ~~Check for obstructions to include removal of air purifiers, ceiling tiles, boxes, furniture, blocking units, food scraps in "problem" location, standing water / moisture damage, etc.)~~

Comments:

Custodian's ~~Signature~~: _____ Date: _____



5. Do the symptoms improve or worsen at certain times of the day? Explain: _____

Are you experiencing these symptoms in any other location? Yes No

Explain: _____

7. Are symptoms experienced during certain weather conditions? Yes No

Explain: _____



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Yes _____ No _____ Not sure _____ Explain: _____

