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November 6, 2006

**Signature on File**

TO: Ms Debra R. Friedman, Director, Program Development and Alignment  
**Rock Island Annex**

FROM: Robert J. Krickovich, Coordinator, LEA  
Facilities and Construction Management, Environmental Division

SUBJECT: Indoor Air Quality (IAQ) Assessment  
**FISH 601, 601B, 603, 606, 607 and 608**

On October 23, 2006 I conducted an assessment of FISH 601, 601B, 603, 606, 607 and 608 at **Rock Island Annex**. This evaluation included observations of the flooring system, ceiling tiles, false ceiling plenum, environmental surfaces, interior and exterior walls, and the accessible ventilation equipment. Additionally, environmental parameter measurements were taken to include temperature, relative humidity, and carbon dioxide. The detailed findings, along with the recommended corrective action can be found on the attached IAQ Assessment Worksheets.

The IAQ assessment did identify one or more existing conditions impacting IAQ and has generated appropriate work orders to correct deficiencies in systems and maintenance that could contribute to decreased indoor air quality. At the time of the assessment, these concerns were not an immediate health or safety concern to building occupants. However, due to individual sensitivities and predisposing health factors, it is possible that some building occupants may elicit a health response to agents and / or conditions identified during the evaluation. Therefore, to further improve IAQ, prevent development of future IAQ-related problems, and to reduce the potential for IAQ-related complaints by building occupants, the IAQ Assessment Team recommends appropriate follow up of each item identified and listed in the attached evaluation.

Should any questions arise, or if the current concerns continue after the attached recommendations have been addressed, please feel free to contact me at 754-321-1638.

cc: Jeffrey S. Moquin, Director, Risk Management  
Israel Canales, Manager, Administrative Sites  
Henry Verdugo, Project Manager, Facilities and Construction Management  
Mark Dorsett, Manager 1, Physical Plant Operations Division, Zone 1  
Roy Norton, Manager Custodial/Grounds, Physical Plant Operations Division

RK/tc  
Enc.

# IAQ Assessment

Rock Island Elementary Annex - Admin

Location Number   
 Evaluation Requested   
 Evaluation Date

Time of Day

Outdoor Conditions      Temperature       Relative Humidity       Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="601"/>	<input type="text" value="73.8"/>	<input type="text" value="72 - 78"/>	<input type="text" value="55.1"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="524"/>	<input type="text" value="Max 700 &gt; Ambient"/>	<input type="text"/>
Noticeable Odor	<input type="text" value="No"/>		Visible water damage / staining?	Visible microbial growth?	Amount of material affected		
Ceiling Type	<input type="text" value="2 x 4 Lay In"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Wall Type	<input type="text" value="Plaster"/>		<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="Around Windows"/>		
Flooring	<input type="text" value="Tile"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		

	Clean	Minor Dust / Debris	Needs Cleaning	Corrective Action Required
Ceiling	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Walls	<input type="text" value="No"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Repair/replace as appropriate"/>
Flooring	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Return Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Ceiling at Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Surfaces in Room	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>

**Observations**

**Findings:**  
 - Walls are wet under and around windows

**Recommendations:**

**Site Based Maintenance:**  
 - Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate

**Physical Plant Operations:**  
 - Evaluate for leaks and repair as appropriate. Remove and replace wall material as appropriate.

# IAQ Assessment

Location Number

Rock Island Elementary Annex - Admin

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Evaluation Date

Outdoor Conditions      Temperature       Relative Humidity       Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="601B"/>	<input type="text" value="74.6"/>	<input type="text" value="72 - 78"/>	<input type="text" value="54.4"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="511"/>	<input type="text" value="Max 700 &gt; Ambient"/>	<input type="text"/>
Noticeable Odor		Visible water damage / staining?		Visible microbial growth?		Amount of material affected	
<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="None"/>	
Ceiling Type	<input type="text" value="2 x 4 Lay In"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="Around Windows &amp; Under A/C"/>		
Wall Type	<input type="text" value="Tackable"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Flooring	<input type="text" value="Tile"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		

	Clean	Minor Dust / Debris	Needs Cleaning	Corrective Action Required
Ceiling	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Walls	<input type="text" value="No"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Repair/replace as appropriate"/>
Flooring	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Return Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Ceiling at Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Surfaces in Room	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>

**Observations**

**Findings:**  
 - Walls are wet under and around windows and under A/C

**Recommendations:**

**Site Based Maintenance:**  
 - Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate

**Physical Plant Operations:**  
 - Evaluate for leaks and repair as appropriate. Remove and replace wall material as appropriate.

# IAQ Assessment

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Outdoor Conditions      Temperature       Relative Humidity       Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="603"/>	<input type="text" value="74.8"/>	<input type="text" value="72 - 78"/>	<input type="text" value="54.9"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="522"/>	<input type="text" value="Max 700 &gt; Ambient"/>	<input type="text"/>
Noticeable Odor		Visible water damage / staining?		Visible microbial growth?		Amount of material affected	
<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="None"/>	
Ceiling Type	<input type="text" value="2 x 4 Lay In"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="Around Windows &amp; Under A/C"/>		
Wall Type	<input type="text" value="Tackable"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Flooring	<input type="text" value="Tile"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		

	Clean	Minor Dust / Debris	Needs Cleaning	Corrective Action Required
Ceiling	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Walls	<input type="text" value="No"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Repair/replace as appropriate"/>
Flooring	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Return Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Ceiling at Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Surfaces in Room	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>

**Observations**

**Findings:**  
 - Walls are wet under and around windows and under A/C

**Recommendations:**

**Site Based Maintenance:**  
 - Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate

**Physical Plant Operations:**  
 - Evaluate for leaks and repair as appropriate. Remove and replace wall material as appropriate.

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Outdoor Conditions      Temperature       Relative Humidity       Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="606"/>	<input type="text" value="74.2"/>	<input type="text" value="72 - 78"/>	<input type="text" value="53.2"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="546"/>	<input type="text" value="Max 700 &gt; Ambient"/>	<input type="text"/>
Noticeable Odor	<input type="text" value="No"/>		Visible water damage / staining?		Visible microbial growth?		Amount of material affected
Ceiling Type	<input type="text" value="2 x 4 Lay In"/>		<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="None"/>
Wall Type	<input type="text" value="Tackable"/>		<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="None"/>
Flooring	<input type="text" value="Tile"/>		<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="None"/>

	Clean	Minor Dust / Debris	Needs Cleaning	Corrective Action Required
Ceiling	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Walls	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Flooring	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Return Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Ceiling at Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Surfaces in Room	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>

**Observations**

**Findings:**

- Room has cloth furnishings
- No visible signs of water intrusion or microbial growth

**Recommendations:**

**Site Based Maintenance:**

- Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate

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Time of Day

Outdoor Conditions      Temperature       Relative Humidity       Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="607"/>	<input type="text" value="74.6"/>	<input type="text" value="72 - 78"/>	<input type="text" value="54.9"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="527"/>	<input type="text" value="Max 700 &gt; Ambient"/>	<input type="text"/>
Noticeable Odor		Visible water damage / staining?		Visible microbial growth?		Amount of material affected	
<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="Yes"/>		<input type="text" value="Around Supply Grills"/>	
Ceiling Type	<input type="text" value="2 x 4 Lay In"/>		<input type="text" value="No"/>	<input type="text" value="Yes"/>		<input type="text" value="Around Windows"/>	
Wall Type	<input type="text" value="Plaster"/>		<input type="text" value="Yes"/>	<input type="text" value="Yes"/>		<input type="text" value="None"/>	
Flooring	<input type="text" value="Tile"/>		<input type="text" value="No"/>	<input type="text" value="No"/>		<input type="text" value="None"/>	

	Clean	Minor Dust / Debris	Needs Cleaning	Corrective Action Required
Ceiling	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Walls	<input type="text" value="No"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Repair/replace as appropriate"/>
Flooring	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Return Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Ceiling at Supply Grills	<input type="text" value="No"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Replace ceiling tile as appropriate"/>
Surfaces in Room	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>

**Observations**

**Findings:**

- Walls are wet under and around windows with visible microbial growth
- Door on window wall has a hole in the bottom
- Visible microbial growth on ceiling tiles around HVAC supply grills

**Recommendations:**

**Site Based Maintenance:**

- Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate

**Physical Plant Operations:**

- Evaluate for leaks and repair as appropriate. Remove and replace wall material as appropriate.
- Evaluate and repair/replace door
- Remove and replace ceiling tiles around HVAC supply grills

# IAQ Assessment

Rock Island Elementary Annex - Admin

Location Number   
 Evaluation Requested   
 Evaluation Date

Time of Day

Outdoor Conditions      Temperature       Relative Humidity       Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="608"/>	<input type="text" value="75.1"/>	<input type="text" value="72 - 78"/>	<input type="text" value="55.2"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="548"/>	<input type="text" value="Max 700 &gt; Ambient"/>	<input type="text"/>
Noticeable Odor		Visible water damage / staining?		Visible microbial growth?		Amount of material affected	
<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="No"/>		<input type="text" value="None"/>	
Ceiling Type	<input type="text" value="2 x 4 Lay In"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Wall Type	<input type="text" value="Tackable"/>		<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="Around Windows"/>		
Flooring	<input type="text" value="Tile"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		

	Clean	Minor Dust / Debris	Needs Cleaning	Corrective Action Required
Ceiling	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Walls	<input type="text" value="No"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Repair/replace as appropriate"/>
Flooring	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
HVAC Return Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Ceiling at Supply Grills	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>
Surfaces in Room	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>

**Observations**

**Findings:**  
 - Walls are wet under and around windows  
 - Door is rusted on bottom  
 - HVAC supply grills is hanging from the ceiling

**Recommendations:**

**Site Based Maintenance:**  
 - Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate

**Physical Plant Operations:**  
 - Evaluate for leaks and repair as appropriate. Remove and replace wall material as appropriate.  
 - Evaluate and repair/replace door  
 - Repair HVAC supply grill