

Jeffrey S. Moquin, Director
Risk Management Department

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July 13, 2005

TO: Ms. Vera Ginn, Director
Special Programs - Title I

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

SUBJECT: Indoor Air Quality (IAQ) Assessment
FISH 105 and 120D

On June 30, 2005 the IAQ Assessment Team conducted an assessment of FISH 105 and 120D at **Special Programs - Title I**. The evaluation consisted of a walkthrough of the identified areas to assess the current condition of the location with regard to indoor air quality. This assessment included observations of the carpet, floor tile, ceiling tile, interior walls, false ceiling plenum, and accessible ventilation equipment.

Attached are the findings of this assessment along with recommendations for further assessment, remediation, or corrective actions, if needed.

Generally, the IAQ Assessment did not identify any existing conditions significantly impacting IAQ and thereby presenting immediate health and safety concerns 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: Dr. Earlean Smiley, Deputy Superintendent
Leah Kelly, Executive Director, Student Support Services/ESE
Jeffrey S. Moquin, Director, Risk Management
Rodney Williams, Project Manager II, Facilities and Construction Management
Jerrod Neal, Broward Teachers Union
Mark Dorsett, Manager 1, Physical Plant Operations Division, Zone 1
Roy Norton, Manager Custodial/Grounds, Physical Plant Operations Division

RK/tc
Enc.

IAQ Assessment

Special Programs Title I

Evaluation Requested

Time of Day

Evaluation Date

Outdoor Conditions Temperature Relative Humidity Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="105"/>	<input type="text" value="73.8"/>	<input type="text" value="72 - 78"/>	<input type="text" value="48.6"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="643"/>	<input type="text" value="Max 700 > Ambient"/>	<input type="text" value="2"/>
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="2x4 Lay In"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Wall Type	<input type="text" value="Wood Paneling"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Flooring	<input type="text" value="12 x 12 Vinyl"/>		<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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="N/A (through door)"/>
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:

- Live plant in room in wicker basket inside ceramic container. Visible microbial growth on wicker basket. Facilities Serviceperson discarded at time of assessment.
- Roof of building is in poor condition - 7 of the roofing insulation vents are missing covers allowing water to enter insulation under roofing material. Expansion joint on roof is deteriorated.
- Conduit for old unused antenna is rusted and open allowing water to enter building
- Standing water found under HVAC fresh air intake grills above roof deck
- Visible microbial growth near several of the air intakes and two sewer vent stacks are within 10' of the intakes

Site Based Maintenance:

- Remove all live plants from facility
- 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 Division:

- Temporarily repair roof leaks, repair roof vents and remove/repair unused antenna conduit
- Raise HVAC fresh air intakes away from roof level to allow for fresh air intake without picking up contaminants from standing water and microbial growth on roof.

Project Manager:

- Expedite roofing project - Building Department returned drawings on March 28, 2005 for revisions.

IAQ Assessment

Special Programs Title I

Evaluation Requested

Time of Day

Evaluation Date

Outdoor Conditions Temperature Relative Humidity Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="120D"/>	<input type="text" value="75"/>	<input type="text" value="72 - 78"/>	<input type="text" value="49.1"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="663"/>	<input type="text" value="Max 700 > Ambient"/>	<input type="text" value="2"/>
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="2x4 Lay In"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Wall Type	<input type="text" value="Wood Paneling"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Flooring	<input type="text" value="12 x 12 Vinyl"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		

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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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="N/A (through door)"/>
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