

RISK MANAGEMENT...

managing risk with responsibility

Jeffrey S. Moquin, Director
Risk Management Department

Telephone: 754-321-3200
Facsimile: 754-321-3290

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Signature on File

TO: Ms. Tracy Lockhart-Talley, Principal
Drew Family Resource Center

FROM: Robert Krickovich, Coordinator, LEA
Facilities and Construction Management

SUBJECT: Indoor Air Quality (IAQ) Assessment
Portable 141N

For Custodial Supervisor Use Only	
<input type="checkbox"/>	Custodial Issues Addressed
<input type="checkbox"/>	Custodial Issues Not Addressed

On November 6, 2007 I conducted an assessment of Portable 141N at **Drew Family Resource Center**. 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.

Please ensure that your Head Facilities Serviceperson receives a copy of this correspondence so that the recommendations requiring their attention can be addressed. Within two weeks a representative from the Custodial/Grounds Department will conduct a follow-up visit to ensure that all issues have been appropriately addressed.

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. Leontine Butler, Area Superintendent
Desmond Blackburn, Area Director
Jeffrey S. Moquin, Director, Risk Management
Robert Goode, Project Manager, Facilities and Construction Management
Lynn Cavall, Broward Teachers Union
Roy Jarrett, National Federation of Public and Private Employees
Mark Dorsett, Manager 1, Physical Plant Operations Division, Zone 1
Roy Norton, Manager Custodial/Grounds, Physical Plant Operations Division

RK/tc
Enc.

IAQ Assessment

Location Number
 Evaluation Requested
 Evaluation Date

Drew Family Resource Center

Time of Day

Outdoor Conditions Temperature Relative Humidity Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="P-141N"/>	<input type="text" value="73"/>	<input type="text" value="72 - 78"/>	<input type="text" value="42.2"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="499"/>	<input type="text" value="Max 700 > Ambient"/>	<input type="text" value="2"/>
Noticeable Odor	<input type="text" value="No"/>		Visible water damage / staining?	Visible microbial growth?	Amount of material affected		
Ceiling Type	<input type="text" value="Homasote"/>		<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="None"/>		
Wall Type	<input type="text" value="Homasote"/>		<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="Under A/C Unit"/>		
Flooring	<input type="text" value="Carpet"/>		<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="No"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Clean and sanitize"/>
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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="N/A"/>
Surfaces in Room	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text"/>

Observations

Findings:
 - Wall under A/C unit is severely water damaged

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 cause of water intrusion and repair as appropriate. Remove and replace wall material as appropriate.

NOTE: EQ01088 was generated to address concerns