

# RISK MANAGEMENT...

managing risk with responsibility

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**Signature on File**

TO: Mr. Jonathan Williams, Principal  
**Northeast High School**

FROM: Edward See, Project Manager  
Risk Management Department

SUBJECT: Indoor Air Quality (IAQ) Assessment  
**FISH 148F**

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

On October 11, 2007 I conducted an assessment of FISH 148F at **Northeast High School**. 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.

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.

*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 754-321-3200.

cc: Dr. Leontine Butler, Area Superintendent  
Toni Weissberg, Area Director  
Jeffrey S. Moquin, Director, Risk Management  
Robert Goode, Project Manager, Facilities and Construction Management  
Dane Ramson, Broward Teachers Union  
Roy Jarrett, Federation of Public Employees  
Mark Dorsett, Manager 1, Physical Plant Operations Division, Zone 1  
Roy Norton, Manager Custodial/Grounds, Physical Plant Operations Division  
Robert Krickovich, Coordinator, LEA, Facilities and Construction Management

ES/tc  
Enc.

# IAQ Assessment

Location Number

Northeast High School

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="148F"/> | <input type="text" value="73"/>            | <input type="text" value="72 - 78"/> | <input type="text" value="55.1"/> | <input type="text" value="30% - 60%"/> | <input type="text" value="1043"/>           | <input type="text" value="Max 700 &gt; 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="Yes"/>     |                                   | <input type="text" value="Yes"/>       |   | <input type="text" value="1 ceiling tile"/>       |                                |
| Ceiling Type                      | <input type="text" value="2 x 4 Lay In"/>  |                                      | <input type="text" value="Yes"/>  | <input type="text" value="Yes"/>       | <input type="text" value="1 ceiling tile"/> |   |                                |
| Wall Type                         | <input type="text" value="Plaster"/>       |                                      | <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="No"/>  | <input type="text" value="Yes"/> | <input type="text" value="Yes"/> | <input type="text" value="Remove and replace ceiling tile"/> |
| 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:**

- Door to custodial mop sink missing
- Missing ceiling tiles and 1 stained ceiling tile
- Site initiated a work order to address roof leak

**Recommendations:**

**Site Based Maintenance:**

- Contact COMPASS to generate a work order to replace door
- Remove and replace stained ceiling tile and replace missing ceiling tiles
- Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate