

# RISK MANAGEMENT...

managing risk with responsibility

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**Signature on File**

TO: Mr. Alan Strauss, Principal  
**South Broward High School**

FROM: Edward See, Project Manager  
Risk Management Department

SUBJECT: Indoor Air Quality (IAQ) Assessment  
**FISH 604**

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

On February 19, 2010, I conducted an assessment of FISH 604 at **South Broward 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. In an attempt to separate IAQ issues from general maintenance items, the attached assessment may contain direction for site based staff to generate a work order through COMPASS. 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 754-321-1900.

cc: Dr. Joel Herbst, Area Superintendent  
Valerie Wanza, Area Director  
Jeffrey S. Moquin, Executive Director, Support Operations  
Aston Henry, Supervisor, Risk Management  
Bob Sharps, Project Manager, Facilities and Construction Management  
Jamie Daniels, 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   
 Evaluation Requested   
 Evaluation Date

South Broward High School

Time of Day

Outdoor Conditions      Temperature       Relative Humidity       Ambient CO2

Fish	Temperature	Range	Relative Humidity	Range	CO2	Range	# Occupants
<input type="text" value="604"/>	<input type="text" value="71.7"/>	<input type="text" value="72 - 78"/>	<input type="text" value="30.9"/>	<input type="text" value="30% - 60%"/>	<input type="text" value="959"/>	<input type="text" value="Max 700 &gt; Ambient"/>	<input type="text" value="30"/>
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="Drywall/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="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="No"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Clean as appropriate"/>

**Observations**

**Findings**

- Non-approved chemicals in room - 1 can of Kilz
- Dust and debris on environmental surfaces throughout the room due to clutter
- Occupant advised of an odor. No odor detected in FISH 604 or adjacent room FISH 608

**Site Based Maintenance:**

- Remove non-approved chemicals from room and store as appropriate
- Encourage occupant to reduce clutter to assist with cleaning efforts
- Continue to monitor this location for any signs of microbial growth as well as dust and debris accumulation and clean as appropriate