



## GOLETA UNION SCHOOL DISTRICT

### INDOOR AIR QUALITY CONTROL ACTION PROCEDURE

The Indoor Air Quality action procedure establishes a standard operating procedure with respect to safety and environmental precautions for Goleta Union School District. We believe that safety and health must be an integral part of every task and must be given the highest priority.

Each identified unsafe or unhealthful condition, procedure or work practice will be addressed in a timely manner. The Director of Maintenance, Operations and Transportation (MOT) shall determine the appropriate corrective action to abate, eliminate or correct identified condition.

The Employee will:

- Report any air quality concerns in a timely fashion to the Department of MOT Director, Shawn Dahlen.

CONTACT	TITLE	PHONE
Shawn Dahlen	Director of MOT	(805) 681-1231 x2210

The District will:

- Investigate all complaints to determine the underlying causes of the incident. Conduct a thorough inspection of immediate and surrounding areas to verify the underlying causes. Proceed with corrective action to prevent a recurrence.
- Assure adequate follow up of all improvement ideas brought to their attention.
- Request technical and medical support from appropriate companies when needed to evaluate the incident in the workplace.
- Communicate health and safety issues to employees through written communications including, but not limited to, the results from inspection and follow up procedure.

### Corrective Action

When MOT receives an Indoor Air Quality Concern or Complaint, the following steps will be taken:

1. MOT will respond to any concerns and complaints
2. MOT will review HVAC units in question. MOT will check for optimal operation, the ability of the system to properly complete air exchanges, look for any closed or sealed vents or returns, and will engage appropriate outside mechanical consultants when appropriate.
3. MOT will review the results of their findings with the affected building occupants. When necessary, MOT will engage the services of industrial hygienists and safety personnel and conduct necessary air sampling to assure that the building/occupancy is safe for all staff, students, and visitors.
4. If a hazard is discovered which poses an imminent danger to employees or building occupants and the hazard cannot be immediately abated, mitigated or corrected without endangering personnel and/or property, then all exposed personnel will follow evacuation and reunification procedures and reassemble at a pre-established assembly site.

Priorities for correction will be based on the severity of the hazard when observed or discovered. Priorities will always be given to safeguarding employees from serious injury or illness. Employees remaining to correct the identified hazard condition may do so only if they are properly trained and safeguarded and are fully aware of the condition and precautions necessary to protect themselves. If immediate corrective action cannot be implemented to abate, mitigate or correct the danger, then notification about the hazard must be given to all employees having the potential for exposure to the concealed hazard.

The appropriate companies will be contacted to evaluate and test the identified hazard. The billing generated to correct unsafe and unhealthful conditions shall be given to the Business Office.

The maintenance of a safe and healthy working environment and compliance with applicable regulations and standards are of the utmost importance to the successful operation of Goleta Union School District.

The Safety Committee is responsible for an annual review of this program and revising it as needed.

#### ACCIDENT INVESTIGATION - GENERAL INFORMATION

Timely and thorough accident investigation is an integral part of the overall Air Quality Control Plan. The first report of an accident is intended to fact-find not fault-find. The purpose is to determine the primary and contributing causes of the accident so that appropriate action can be taken to prevent recurrence or further exposure. With this in mind, when conducting an accident investigation the following guidelines should be observed:

1. If possible, discuss the accident privately at the scene
2. Show concern for the employee's injury, no matter how minor it is
3. Explain why the investigation is necessary
4. Allow the injured or involved employee to relate his or her account of the accident without interruption (Indoor Air Quality Interview form).

5. Reiterate a summary of the accident to assure proper and complete understanding of the employee's story
6. Use tact in resolving any discrepancies in the employee's story
7. Discuss means of solving the exposure
8. Discuss means of preventing recurrence
9. If the MOT Department cannot abate, eliminate or correct identified condition, an outside source will be consulted.

The Indoor Air Quality Plan was approved by the Safety Committee on \_\_\_\_\_



**GOLETA UNION SCHOOL DISTRICT**

**INDOOR AIR QUALITY FORMS**

**GOLETA UNION SCHOOL DISTRICT  
INDOOR AIR QUALITY INTERVIEW**

Name

Date

Location

Phone

Location in Building

General statement of concern:

How long has this been a problem?

How many employees are involved?

Type of work conducted by the employees?

Was there a specific incident which may have caused the initial onset of the complaints?

Are flu or cold problems present? \_\_\_\_\_

How often does the problem occur? \_\_\_\_\_

How long do the occurrences last? \_\_\_\_\_

Do the occurrences happen at any particular time of the day? \_\_\_\_\_

Do the occurrences happen in any particular portion of the building? \_\_\_\_\_

Are there any specific operations or activities associated with the occurrence? \_\_\_\_\_

\_\_\_\_\_

Do feelings of poor health go away after leaving the building? \_\_\_\_\_

General description of building \_\_\_\_\_

Renovations within last year \_\_\_\_\_

Type of heating system \_\_\_\_\_

Type of cooling system \_\_\_\_\_

Range of temperature \_\_\_\_\_

Range of humidity \_\_\_\_\_

Any visual contamination of ventilation ducts? o yes o no

Total number of workers in the building or operation of concern \_\_\_\_\_

Type of filtration system for HVAC unit \_\_\_\_\_

Any possibility of contaminants entering the fresh air intakes from outside the building? o yes o no

Are there contaminants sources within the building which may be causing problems? o yes o no

Are these sources exhaust ventilated? o yes o no

Are cleaning and pest control activities responsible for concerns? o yes o no

## Check off list for Evaluator(s)

### General questions:

1. What is the urgency of the situation? \_\_\_\_\_
2. Are there any regulatory agencies involved? \_\_\_\_\_
3. What are these rooms used for? \_\_\_\_\_
4. Are the rooms portable or permanent? \_\_\_\_\_

### Temperature & Humidity

- Is thermostat properly set?  yes  no
- Is air flowing from the vent warm (for heat) or cool (for air conditioning)?  yes  no
- Are drafts or direct sunlight causing discomfort?  yes  no
- Is humidity too high or low (best if between 30 - 60% rel. humidity)?  yes  no
- Is condensation often present on windows or other cold surfaces?  yes  no
- Is there an objectionable odor?  yes  no

### Outside Air Supply

- Is ventilation system turned on?  yes  no
- Is outdoor intake blocked?  yes  no
- Are supply vent(s) blocked?  yes  no
- Is air flowing from supply vent(s)?  yes  no
- Is air flowing into outdoor intake?  yes  no
- Are outdoor air or supply ducts blocked?  yes  no
- Is outdoor air supply at least 15 cfm per person?  yes  no
- Is CO<sub>2</sub> in the area higher than 1000 ppm?  yes  no

### Air Handling Unit

- Is the system turned on?  yes  no
- Is the air flowing from vent(s)?  yes  no
- Is the fan operating?  yes  no
- Is the filter(s) clean & properly installed?  yes  no
- Are dampers operating properly?  yes  no
- Is there moisture, debris or microbial grown in or around the unit?  yes  no

Is the drain pan clean & draining?  yes  no

Are the coils clean?  yes  no

Is combustion equipment properly vented (no flue leaks, spillage, or back drafting)?  yes  no

### **Local Exhaust**

Does exhaust turn on?  yes  no

Is the exhaust used when needed?  yes  no

Is air flowing out the exhaust vent?  yes  no

Is exhaust duct work blocked?  yes  no

Is a sufficient amount of air being exhausted?  yes  no

If everything works, but not enough air is being exhausted, can make up air easily enter the room (e.g. through spaces under doors)?  yes  no

### **Biological Sources**

Are animals or fungi (mold) present?  yes  no

Is there an odor of mold or mildew in or near the area of concern?  yes  no

Is there standing water near the complaint area or in the air handling unit?  yes  no

Is condensation often present on window or cold surfaces?  yes  no

Is indoor relative humidity above 60%?  yes  no

### **Housekeeping Sources**

Do complaints occur during or just after housekeeping activities?  yes  no

Do housekeeping activities take place near the complainants?  yes  no

Are any new products in use?  yes  no

Are housekeeping products being used according to direction?  yes  no

Are products stored in sealed containers or in a vented room(s)?  yes  no

### **Outdoor Sources**

Are sources of odor or pollutants (e.g., vehicles, stored chemicals, trash, plumbing vents) located near outdoor air intakes?  yes  no

Are there sources nearby or upwind:  
Combustion byproducts from traffic, loading docks or flue exhausts?  yes  no



Industrial, agricultural, or lawn care activity? o yes o no

Construction activity? o yes o no

Are pollen levels high? o yes o no

**Building Sources**

Has there been recent painting, roofing, or other remodeling or construction? o yes o no

Were pesticides applied recently near the complaint area? o yes o no

Are new furnishings or equipment in place? o yes o no

Are drain traps dry? o yes o no

Are chemicals stored in poorly sealed containers? o yes o no

Is it overly dusty? o yes o no

**Comments:**

Form completed by:

## Communication to employee and site/department supervisor

Date:

To:

From:

The committee received a report from your site. The safety and wellbeing of our employees are of the utmost importance to us. We would like to share with you the following information. Please contact the Safety Committee if you have further questions.

Reported concern:

Employee(s) in area of concern:

Room(s) in area of concern:

Committee members contacted:

Date:

Analysis:

Date:

Actions Taken:

Date:

Recommendations:

Date:

Referred to outside source:

Date:

Follow Up:

Date:

cc: