



Building Re-Occupancy Checklist

Date: _____ Inspector: _____

Building #: _____ Location: _____

Using the comments section, comment on each item below that is marked as "not acceptable", identify a corrective action, and assign priority of "1", "2", or "3".

Building Records Review

- 1) Mechanical and plumbing plans.
- 2) Building maintenance records (prior to and during reduced occupancy).
- 3) Occupancy records.

Inspected	Acceptable	Not Acceptable
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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Priority:

Comments:

1	2	3
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Using the comments section, comment on each item below that is marked as "not acceptable", identify a corrective action, and assign priority of "1", "2", or "3".

Building Water Systems – Potable and Recreational

- 4) Point-of-use fixtures are free of biofilm, scale, and debris.
- 5) Water system has not been stagnant or under low-usage or flow conditions for >1 week.
- 6) Water heaters and tempering devices are free of biofilm, excessive scale, and debris.
- 7) Domestic hot water storage temperatures (e.g., heaters, heat exchangers) are $\geq 120^{\circ}\text{F}$.
- 8) Domestic hot water temperatures at points of use are $\geq 120^{\circ}\text{F}$.
- 9) Domestic hot water return temperatures are ideally $\geq 113^{\circ}\text{F}$.
- 10) Residual oxidant (free chlorine, monochloramine) in hot and cold water is acceptable.
- 11) Internal and external components of ice machines are free of biofilm, scale, and debris.
- 12) Eyewashes and safety showers have been flushed and tested according to schedule.
- 13) Pools and spas have been continuously circulated with ongoing treatment.
- 14) Pools and spas are free of biofilm, algae, debris, and excessive scale.

Inspected	Acceptable	Not Acceptable
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Priority:

Actions:

1	2	3
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Building Water Systems – Cooling Towers/Evaporative Coolers

- | | Inspected | Acceptable | Not Acceptable |
|---|--------------------------|--------------------------|--------------------------|
| 15) Cooling towers have been operating continuously with at least daily sump circulation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Cooling towers are free of visible damage, leaks, or overflows. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Cooling tower treatment system has been operating per specifications. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Cooling water treatment parameters are within acceptable ranges. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Adequate chemical supply is present to serve the cooling tower treatment system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Interior/exterior cooling tower components are free of biofilm, algae, and excessive scale. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Priority:

Actions:	1	2	3
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HVAC Units

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 21) Ventilation units are on and being run according to occupancy load. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) Outdoor air intake and exhaust fans are free from obstructions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23) Air flowing into the outdoor air intake. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) Outdoor air intake dampers functional and properly set. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25) Area around outdoor air intake free of excessive vegetation, dirt, moisture, bird nests/droppings, or other contaminants. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26) Potential pollution sources in the vicinity of the outdoor air intake (e.g., trash dumpsters, vehicle exhaust, maintenance activities, plumbing/other vents). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27) Cooling coil and drip pan are clean and draining properly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28) Filters fit tightly, are the appropriate efficiency, and are in good condition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29) Insulation within unit is in good condition (i.e., not damaged and frayed). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Priority:

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Building Interior

	Inspected	Acceptable	Not Acceptable
30) Area is free of objectionable odors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Evidence of moisture intrusion (e.g., stained ceiling tiles, carpets, walls, under sinks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) Evidence of microbial/mold growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) Room is generally clean without excessive dust loading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) No perishable food products stored outside of approved areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35) Stored food (vending, food prep areas) appear fresh and are within their expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36) Trash receptacles are clean and free of objectionable odors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37) Area is free of evidence of pest infestation (e.g., droppings, termite dust, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38) Chemical products are properly stored and within their expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39) Areas with office reproduction equipment are well ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40) Drain traps are full of water and no objectionable restroom odors are present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41) Supply and return air vents clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42) Supply and return air vents free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) Air flowing out of supply vents and into return vents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44) Ventilation system providing adequate ventilation according to ASHRAE guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45) Thermostat set to intended temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46) Ventilation system is providing intended temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47) Ventilation system is providing intended humidity range (30-60%).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48) Ventilation system providing adequate outside air.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49) Exhaust fans, where installed, are operational (air flowing in).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50) Special ventilation (e.g., lab fume hoods, hazmat areas) are operating per specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Priority:

Actions:

1 2 3
