

Town: 206-Regional District 6

School: 002-James Morris School

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Check box if this facility is no longer used for school purposes

Year facility closed

Section 1: Using the instruction booklet accompanying this survey, for questions 10 through 40 review the description of each item and respond accordingly.

1	Year of original construction:	1932	6	Number of portable classrooms:	0
2	Total square footage:	34870	6a	In use since (year):	0
3	Total site acreage:	10.00	7	Handicap accessibility (check one):	AllAreas
4	Year of last major renovation:	2000	8	Major code update since 1988:	Yes
5	Number of general classrooms (perm):	13	9	Building Capacity:	234

Section 2: Using the instruction booklet accompanying this answer sheet, review the description of the choices that are provided for each item and select the one that best describes your school. Select one answer only for each item and report the number associated with that choice in the space provided.

Building Features:		Rating		Rating	
(Scale: 4 = excellent, 3 = good, 2 = fair, 1 = poor, 0 = missing. See instructions for detailed explanation)					
Dedicated Specialty Areas					
10	Art Room(s):	<u>3</u>	18	Technology in the classroom	<u>4</u>
11	Music Room(s):	<u>3</u>	19	Science Lab(s)	<u>0</u>
12	All Purpose Room (Gym/Aud/Caf.)	<u>0</u>	20	Library Media Center	<u>4</u>
13	Gymnasium:	<u>3</u>	21	Language Lab(s)	<u>0</u>
14	Auditorium:	<u>0</u>	22	Technical/Career Education	<u>0</u>
15	Cafeteria:	<u>3</u>	23	Office/Administrative Space	<u>2</u>
16	Outdoor Play Area(s):	<u>3</u>	24	Guidance/Student Services	<u>3</u>
17	Outdoor Athletic Facilities	<u>0</u>			

Systems

25	Internal Communications	<u>2</u>	29	Interior Lighting	<u>4</u>
26	Technology Infrastructure	<u>4</u>	30	Exterior Lighting	<u>3</u>
27	Air Conditioning	<u>0</u>	31	Roadways and Walks	<u>3</u>
28	Heating	<u>4</u>	32	Plumbing/Lavatories	<u>3</u>

Appearance/Upkeep

33	Building Facade	<u>2</u>	37	Entrance/Hallways	<u>3</u>
34	Grounds/Landscaping	<u>3</u>	38	Lighting/Fixtures	<u>4</u>
35	Classrooms	<u>4</u>	39	Cafeteria	<u>3</u>
36	Lavatories/Fountains	<u>3</u>	40	Code Compliance	<u>4</u>

Building Conditions

Indoor Air Quality (IAQ)

41 Has this facility been constructed, extended, renovated or replaced on or after January 1, 2003? No
 If yes, please continue. If no, go to Question 45.

42 Has the district provided for a uniform inspection and evaluation program of the indoor air quality within this building, such as Environmental Protection Agency's Indoor Air Quality Tools for Schools? No
 (Not required until Jan. 1, 2008). If yes, please continue. If no, go to Question 45.

43 Please indicate the program chosen: x Tools for Schools
 Other Name of other program:

44 If Tools for Schools, please enter date (as mm/dd/yyyy) trained by State Dept. of Public Health 1/1/1900 or indicate here that training is pending. If "Other" was selected above, please indicate whether or not the selected program provides for reviews, inspections, and evaluations of each of the following:

<input type="checkbox"/> HVAC Systems	<input type="checkbox"/> Radon levels in water and air	<input type="checkbox"/> Degree of pesticide usage
<input type="checkbox"/> Ventilation systems	<input type="checkbox"/> Microbiological particles	<input type="checkbox"/> Chemical compounds
<input type="checkbox"/> Pest infestation	<input type="checkbox"/> Hazardous substances	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Structural elements	<input type="checkbox"/> Use of space	<input type="checkbox"/> Staff maintenance training
<input type="checkbox"/> Moisture incursion	<input type="checkbox"/> Overall cleanliness	

45 With respect to this facility and the Overall Indoor Air Quality rating, for each of the following issues, indicate either 1) was a problem but has been corrected; 2) identified as a problem but issue not addressed yet; 3) problem identified and scheduled for repair; or 4) not a problem.

<u>4</u> Obstructions of air vents	<u>4</u> Radon remediation needed	<u>4</u> Leaks (other than roof), spills, moisture
<u>4</u> Filters need upgrading or replacing	<u>4</u> Asbestos remediation needed	<u>4</u> Plumbing problems
<u>4</u> HVAC units/ventilators need cleaning	<u>4</u> General cleaning improvement	<u>3</u> Roof problems
<u>4</u> Arts/sciences room(s) need ventilating	<u>4</u> Carpet cleaning or removal needed	<u>4</u> Basement or crawlspace needs upgrading
<u>4</u> Outdoor air intakes need improving	<u>4</u> Pests or pesticide use remediation	<u>4</u> Removal of water-damaged materials needed
<u>4</u> Bus exhaust	<u>4</u> Classroom animal dander exposure	

46 Overall Indoor Air Quality 4
 (Scale: 4 = excellent, 3 = good, 2 = fair, 1 = poor. See instructions for detailed explanation)

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- 47 Has your district implemented a Green Cleaning Program for this facility? (Required by July 1, 2011) Yes
- 48 Has the facility selected the following general purpose cleaning products that meet current Department of Administrative Services standards and certified by Green Seal or EcoLogo? (Required by July 1, 2011)
- | | | | |
|--------------------------|------------|-----------------|------------|
| General purpose cleaners | <u>Yes</u> | Glass cleaners | <u>Yes</u> |
| Bathroom cleaners | <u>Yes</u> | Carpet cleaners | <u>Yes</u> |
| Floor finishes | <u>Yes</u> | Floor strippers | <u>Yes</u> |
| Hand cleaners and soaps | <u>Yes</u> | | |
- 49 Does the written statement of the school districts green cleaning program for this facility include the following?
- | | |
|--|------------|
| Types and names of environmentally preferable cleaning products | <u>Yes</u> |
| Locations of the application of cleaning products in the facility | <u>Yes</u> |
| Schedule of when such cleaning products are applied in the facility | <u>Yes</u> |
| Statement prohibiting parent, guardian, teacher or staff member bringing into the facility any consumer product which is intended to clean, deodorize, sanitize or disinfect | <u>Yes</u> |
| Name of school administrator or a designee who may be contacted for further information | <u>Yes</u> |
- 50 Concerning the written statement of the school district 's green cleaning program for this facility, has the district implemented the following?
- | | |
|--|------------|
| Provided the staff with a written statement of the school district 's green cleaning program | <u>Yes</u> |
| Provided the parents and guardians of each child enrolled upon request with a written statement of the school district 's green cleaning program | <u>Yes</u> |
- 51 Posted the policy on the school 's web site and the board of education web site
- | | |
|--|------------|
| Distributed the policy annually to staff | <u>Yes</u> |
| Distributed the policy to new staff hired during the school year and to parents or guardians of students transferred during the year | <u>Yes</u> |
| Posted the School Facility Survey (Form ED050) on the school web site and the board of education website | <u>Yes</u> |
| If the web site does not exist, the board shall make such notice otherwise publicly available | <u>Yes</u> |

Data has been certified.