

# **APPENDIX A**

## Phase I Survey Instruments and Materials



Appendix A contains the following:

1. Facilities Questionnaire
2. Teacher Questionnaire
3. Superintendent Letter
4. Principal Letter
5. Postcard to Superintendent
6. Postcard to Principal
7. Introductory Letter to Principal
8. Introductory Letter to Teacher
9. Introductory Letter to Facility Manager
10. Introductory Letter to Study Coordinator
11. Instructions for Selecting Classrooms
12. Instructions for Formaldehyde Placement
13. Study Coordinator Checklist with Formaldehyde
14. Study Coordinator Checklist without Formaldehyde
15. Study Brochure
16. Preparation for Mailout
17. Thank You/Reminder Postcard
18. Non-response Conversion Letter



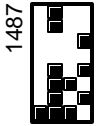
# California Portable Classroom Study: Facilities Questionnaire

Dear Facility Manager,

Thank you for participating in the California Portable Classrooms Study. Your support is critical to the success of obtaining useful statewide results. Results from this study will be used to identify potential environmental problems, determine if and to what extent they occur, and make recommendations to resolve current and future problems.

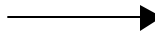
The following questionnaire is designed to be completed by the school's facility manager, who may be in the district office. The district facility manager has been notified that he/she may need to assist the schools in completing the questionnaire. Section B of the questionnaire asks about the school site as a whole, whereas Section C asks about the three sample classrooms. Before completing this questionnaire, please review the instructions below. To fill in boxes, use a black ink pen or the enclosed #2 pencil to apply dark marks to the questionnaire boxes. Please do not fold this questionnaire.

After you have finished the questionnaire, please seal it in the white envelope and return it and a copy of the school site map to the study coordinator. If you have any questions about the questionnaire, please call Mr. Michael Phillips, the RTI Survey Manager, at 1-800-334-8571, Ext. 6276. Call before 2:00 pm Pacific time or leave a voice mail message.



## FILLING IN BOXES:

It is important that you completely fill in (or make a dark X in) the boxes next to your answers and print clearly. Listed to the right are examples of correct and incorrect ways to mark your answers.



Correct Mark (Dark and thick)

Incorrect Marks (Light and thin)

## PRINTING NUMBERS IN BOXES:

Print one number per box. Listed to the right are examples of correct and incorrect ways to print text into the boxes. The numbers should be printed with solid connected lines and should not touch or cross any of the box lines. Do not cross zeroes or sevens.



Write digits like this:

1	2	3	4	5	6	7	8	9	0
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Do not write digits like this:

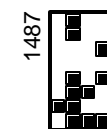
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# California Portable Classroom Study: Facilities Questionnaire



## Section A. Respondent Information

Please fill in today's date (mm-dd-yy)     
 

Month			/	Day			/	Year		
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1. Your job category:  facilities manager     assistant manager     maintenance staff     custodial staff     administrative staff     other
2. Your work location is:  district-wide     at this school only     at several sites
3. Years you have worked at this school (in years):  1     2-5     6+
4. May we contact you later to verify or clarify your responses, if necessary?  Yes     No
5. If Yes, please enter the following: Phone number 

				-				-				
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 E-mail address: \_\_\_\_\_

## B. School Site Characteristics and Maintenance Practices *(Fill in all that apply for the entire site)*

### School Site

6. Year of the school's original construction: 

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7. Total number of classrooms at this site: Portable- relocatable 

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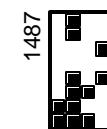
 Permanent- traditional 

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8. Building density near the school:  Urban     Suburban     Rural
9. Nearby areas or typical activities (within 1/4 mile) : ***(Mark all that apply)***

Roadways:	<input type="checkbox"/> busy intersection(s)	<input type="checkbox"/> congested streets	<input type="checkbox"/> freeways	<input type="checkbox"/> dirt or gravel roads	<input type="checkbox"/> serpentine road cover	<input type="checkbox"/> none
Commercial:	<input type="checkbox"/> service stations	<input type="checkbox"/> heavy industrial	<input type="checkbox"/> light industrial	<input type="checkbox"/> truck route or depot	<input type="checkbox"/> rail route or depot	<input type="checkbox"/> none
Agriculture:	<input type="checkbox"/> livestock	<input type="checkbox"/> row crops	<input type="checkbox"/> orchards	<input type="checkbox"/> open fields with exposed soil	<input type="checkbox"/> none	
Diesel engines:	<input type="checkbox"/> school buses	<input type="checkbox"/> transit buses	<input type="checkbox"/> trucks	<input type="checkbox"/> trains	<input type="checkbox"/> farm equipment	<input type="checkbox"/> generators <input type="checkbox"/> none
Waste facilities:	<input type="checkbox"/> sewage treatment	<input type="checkbox"/> municipal waste	<input type="checkbox"/> composting	<input type="checkbox"/> recycling	<input type="checkbox"/> none	

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## California Portable Classroom Study: Facilities Questionnaire



### HVAC Maintenance:

10. HVAC maintenance done by: **(Mark all that apply)**

- school staff    district staff    contractor    none    don't know    not applicable

11. Where are maintenance logs for HVAC kept? **(Mark all that apply)**

- not kept    on equipment    paper files    computer    contractor    other    don't know

12. Typical thermostat setting during classes (degrees F): Heating

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Cooling

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13. Are thermostats usually set back or shut down? **(Mark all that apply)**

- never    nights    weekends    holidays    summer vacation    don't know    not applicable

14. Daily start time of system on school days:  when first class starts    when teacher arrives    1-2 hours before classes start

- don't know    not applicable

15. Regular inspection and maintenance:  Yes    No    not applicable

→ If Yes, how frequently are the following items inspected and maintained (check one)?

Outdoor air damper setting:  monthly    quarterly    annually    more than annually    never    don't know    not applicable

Coils cleaned:  monthly    quarterly    annually    more than annually    never    don't know    not applicable

Condensate pan and drain:  monthly    quarterly    annually    more than annually    never    don't know    not applicable

HVAC filter replaced:  monthly    quarterly    annually    more than annually    never    don't know    not applicable

Heat exchanger checked:  monthly    quarterly    annually    more than annually    never    don't know    not applicable

### Other Maintenance Practices:

16. Frequency of usual custodial services for classrooms:

Trash removed:  5 days per week    3-4 days per week    1-2 days per week    1-2 per month    <1 per month

Vacuumed, swept, and dusted:  5 days per week    3-4 days per week    1-2 days per week    1-2 per month    <1 per month

Carpets steam- or dry-cleaned:  quarterly    annually    >annually    don't know    not applicable

17. General building maintenance and repairs are done by: **(Mark all that apply)**

- school staff    district staff    contractor    none    don't know

18. Number of building maintenance staff assigned to the school (full-time school or contract personnel):

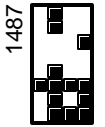
- <1    1    2    3    4    5+

19. Are you aware of the U.S. EPA's IAQ Tools for Schools Program?

- Yes    No   → If Yes, does your school use their kit?    Yes    No    don't know

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## California Portable Classroom Study: Facilities Questionnaire



### Pesticides Practices:

**(For Questions 20 -23, mark all that apply)**

20. Types of pesticides used at the school:  lawn care  crack & crevice  spray can  other  none  don't know
21. Regularly scheduled applications:  lawn care  crack & crevice  spray can  other  none  don't know
22. Routine applications done by:  School staff  District staff  Pest control contractor  none  don't know
23. Usual frequency of classroom applications:  weekly  monthly  quarterly  annually  
 every 2 years or more  don't know  not applicable
24. Have you implemented an Integrated Pest Management (IPM) program at this site?:  Yes  No  don't know

### Environmental Complaints

25. In the last year, have major complaints of environmental conditions been made for any classroom at this site?  Yes  No  don't know  
 —> If Yes, please check a number category below, for both portable and permanent classrooms:

<u>Type of Complaint</u>	<u>Number of Portable - Relocatable Classrooms</u>	<u>Number of Permanent -Traditional Classrooms</u>
Roof leak	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+
Plumbing leak or flood	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+
Air quality/odor	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+
Mold	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+
Temperature	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+
Noise	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+

26. Who responds to environmental complaints or concerns in the school's buildings?: **(Mark all that apply)**
- district maintenance staff  district health & safety staff  district risk management staff  
 school nurse  outside consultant (industrial hygienist)  other  none  don't know

**PROCEED TO SECTION C, QUESTIONS FOR CLASSROOMS A, B, AND C —>**

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## California Portable Classroom Study: Facilities Questionnaire

### C. Classroom Description (Fill in all that apply for each selected Room A, B, and C.)

Note: DK= don't know and NA= not applicable.

Please fill in the room numbers/names:

#### Room A

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#### Room B

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#### Room C

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#### Building Characteristics:

27. Portable or relocatable classroom:

Yes    No

Yes    No

Yes    No

→ If Yes, name of manufacturer

\_\_\_\_\_  DK

\_\_\_\_\_  DK

\_\_\_\_\_  DK

→ Type of portable?

DSA    DOH    DK

DSA    DOH    DK

DSA    DOH    DK

→ Number of times relocated in the last 3 years?

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28. Date of construction or manufacture (approximate year)

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29. Major renovations or additions:

**(Mark all that apply)**

addition    roof

addition    roof

addition    roof

lighting    floor

lighting    floor

lighting    floor

HVAC    wall

HVAC    wall

HVAC    wall

30. Major remediations:

**(Mark all that apply)**

asbestos    mold

asbestos    mold

asbestos    mold

lead    other

lead    other

lead    other

31. Classroom size (square feet):

<600    600-1100

<600    600-1100

<600    600-1100

1101-2000    >2000

1101-2000    >2000

1101-2000    >2000

32. Number of classrooms in the building:

1    2    3-5

1    2    3-5

1    2    3-5

6-9    10 or more

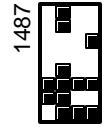
6-9    10 or more

6-9    10 or more

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# California Portable Classroom Study: Facilities Questionnaire



## Room A

## Room B

## Room C

33. Floor level of this classroom  
 below grade    ground  
 2nd story    3rd story or more

below grade    ground  
 2nd story    3rd story or more

below grade    ground  
 2nd story    3rd story or more

34. Type of building foundation  
 below grade  
 slab on grade  
 raised floor

below grade  
 slab on grade  
 raised floor

below grade  
 slab on grade  
 raised floor

→ If Raised Floor, type of ground cover:  
**(Mark all that apply)**  
 dirt    gravel    plastic  
 concrete or asphalt    other

dirt    gravel    plastic  
 concrete or asphalt    other

dirt    gravel    plastic  
 concrete or asphalt    other

→ If Raised Floor, inches above ground :  
 <6    6-11  
 12-17    18 or more

<6    6-11  
 12-17    18 or more

<6    6-11  
 12-17    18 or more

35. Roof last replaced (in years):  
 1-4    5-9  
 10-19    20 or more  
 DK

1-4    5-9  
 10-19    20 or more  
 DK

1-4    5-9  
 10-19    20 or more  
 DK

36. Type of roof  
 membrane  
 composite shingle or roll  
 shake    metal  
 tar and gravel    other

membrane  
 composite shingle or roll  
 shake    metal  
 tar and gravel    other

membrane  
 composite shingle or roll  
 shake    metal  
 tar and gravel    other

37. Roof pitch    flat    sloped    both

flat    sloped    both

flat    sloped    both

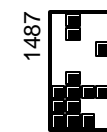
38. Suspended ceilings:    Yes    No

Yes    No

Yes    No

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# California Portable Classroom Study: Facilities Questionnaire



## Room A

## Room B

## Room C

39. Are any of these within 50 feet of the classroom?  
*(Mark all that apply)*

- parking lot or roadway
- loading dock     art room
- flue exhaust     shop
- dumpster         cafeteria
- custodial room  science lab
- bathroom

- parking lot or roadway
- loading dock     art room
- flue exhaust     shop
- dumpster         cafeteria
- custodial room  science lab
- bathroom

- parking lot or roadway
- loading dock     art room
- flue exhaust     shop
- dumpster         cafeteria
- custodial room  science lab
- bathroom

40. Peeling paint?

- inside     outside     none

- inside     outside     none

- inside     outside     none

### HVAC Characteristics

41. Packaged HVAC unit

- Yes     No     DK     NA

- Yes     No     DK     NA

- Yes     No     DK     NA

42. Location of main air handler unit (AHU)

- floor     wall     roof  
 other     DK     NA

- floor     wall     roof  
 other     DK     NA

- floor     wall     roof  
 other     DK     NA

43. Type of main heating system:

- forced air     radiant     solar  
 other         DK         NA

- forced air     radiant     solar  
 other         DK         NA

- forced air     radiant     solar  
 other         DK         NA

44. Heating fuel or energy type:

- electric     gas     solar  
 other         DK     NA

- electric     gas     solar  
 other         DK     NA

- electric     gas     solar  
 other         DK     NA

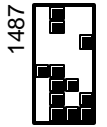
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# California Portable Classroom Study: Facilities Questionnaire

## Room A

## Room B

## Room C



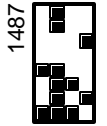
45. Type of main cooling system:     central AC    window AC    swamp  
     other             DK                 NA
46. Mode of supply fan operation             Auto (only when heating or cooling)  
     Always on     Always off  
     Other     DK     NA
47. Economizer                                     Yes     No     DK     NA
48. Minimum setting of outdoor air damper (%):      %  
     don't know
49. Type of return vents:                     open plenum     ducted  
       *(Mark all that apply)*                     other     DK     NA
50. Filter type:                                     fiberglass mesh     pleated  
       *(Mark all that apply)*                     high efficiency  
     other     DK     NA
51. Type of supply ductwork:                 flexible     sheet metal  
       *(Mark all that apply)*                     other     DK     NA
52. Thermostat control by:                     maintenance staff     teacher  
     central energy management system  
     other     DK     NA

- central AC    window AC    swamp  
 other             DK                 NA
- Auto (only when heating or cooling)  
 Always on     Always off  
 Other     DK     NA
- Yes     No     DK     NA
- %  
 don't know
- open plenum     ducted  
 other     DK     NA
- fiberglass mesh     pleated  
 high efficiency  
 other     DK     NA
- flexible     sheet metal  
 other     DK     NA
- maintenance staff     teacher  
 central energy management system  
 other     DK     NA

- central AC    window AC    swamp  
 other             DK                 NA
- Auto (only when heating or cooling)  
 Always on     Always off  
 Other     DK     NA
- Yes     No     DK     NA
- %  
 don't know
- open plenum     ducted  
 other     DK     NA
- fiberglass mesh     pleated  
 high efficiency  
 other     DK     NA
- flexible     sheet metal  
 other     DK     NA
- maintenance staff     teacher  
 central energy management system  
 other     DK     NA

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# California Portable Classroom Study: Facilities Questionnaire



## Room A

## Room B

## Room C

### Auxiliary Equipment

53. Space heater(s): **(Mark all that apply)**
- electric     gas     propane  
 kerosene     wood     other  
 none
54. Humidity control     humidifier     dehumidifier     NA
55. Fans **(Mark all that apply)**
- ceiling                       window  
 lab or range hood     other  
 DK                               none

- electric     gas     propane  
 kerosene     wood     other  
 none
- humidifier     dehumidifier     NA
- ceiling                       window  
 lab or range hood     other  
 DK                               none

- electric     gas     propane  
 kerosene     wood     other  
 none
- humidifier     dehumidifier     NA
- ceiling                       window  
 lab or range hood     other  
 DK                               none

### Water and Moisture

56. Type of flooding or leaks **(in the last 3 years):**  
**(Mark all that apply)**
- roof leak     plumbing leak  
 ground level     other  
 DK                       none
57. Visible signs of mold growth **(in the last 3 years):**  
**(Mark all that apply)**
- window                       wall  
 carpet                       ceiling  
 classroom item     furniture  
 cabinet                       other  
 DK                               none
58. Lawn sprinklers spray the outside wall     Yes     No     DK
59. Standing water within 50 feet of the building?  
 never                       occassionally  
 frequently     DK

- roof leak     plumbing leak  
 ground level     other  
 DK                       none
- window                       wall  
 carpet                       ceiling  
 classroom item     furniture  
 cabinet                       other  
 DK                               none
- Yes     No     DK
- never                       occassionally  
 frequently     DK

- roof leak     plumbing leak  
 ground level     other  
 DK                       none
- window                       wall  
 carpet                       ceiling  
 classroom item     furniture  
 cabinet                       other  
 DK                               none
- Yes     No     DK
- never                       occassionally  
 frequently     DK

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## California Portable Classroom Study: Facilities Questionnaire

### Room A

### Room B

### Room C

Other Room Characteristics

**Mark if the room had any of the following in the last year.**

60. New pressed wood-products:  bookcases or cabinets  
 tack boards     desks  
 chairs     DK     none

- bookcases or cabinets  
 tack boards     desks  
 chairs     DK     none

- bookcases or cabinets  
 tack boards     desks  
 chairs     DK     none

61. Painting, caulking or sealing:  Yes     No     DK

- Yes     No     DK

- Yes     No     DK

62. New floor covering:     carpet     linoleum     vinyl  
 rubber     wood     other  
 DK

- carpet     linoleum     vinyl  
 rubber     wood     other  
 DK

- carpet     linoleum     vinyl  
 rubber     wood     other  
 DK

63. Pesticides used in classroom:  crack & crevice     fumigation  
 bomb     spray can     traps  
 powder, pellet     other     DK  
 none

- crack & crevice     fumigation  
 bomb     spray can     traps  
 powder, pellet     other     DK  
 none

- crack & crevice     fumigation  
 bomb     spray can     traps  
 powder, pellet     other     DK  
 none

Lighting Fixtures

64. Type of light bulbs:     T8 fluorescent     T12 fluorescent  
**(Mark all that apply)**  
 incandescent     DK  
 none

- T8 fluorescent     T12 fluorescent  
 incandescent     DK  
 none

- T8 fluorescent     T12 fluorescent  
 incandescent     DK  
 none

Comments: If you have any comments on site and classroom conditions, or on this study, please respond below.

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57060



# TEACHER QUESTIONNAIRE

Dear Teacher,

Thank you for participating in the California Portable Classrooms Study. Your support is critical to the success of obtaining useful statewide results. Results from this study will be used to identify potential environmental problems, determine if and to what extent they occur, and make recommendations to resolve current and future problems. Be assured that your responses remain confidential and will only be reported in summary reports to government researchers.

Please complete the following questionnaire regarding the room identified at the beginning of Section B. Please review the instructions below describing the correct and incorrect way to fill in boxes. Use a black ink pen or the enclosed #2 pencil to apply dark marks to the questionnaire boxes. Please do not fold this questionnaire. After you have finished the questionnaire please seal it in the white envelope and return it to the study coordinator.

If you have any questions about the questionnaire, please call Mr. Michael Phillips, the RTI Survey Manager, at 1-800-334-8571, ext. 6276. Call before 2:00 pm Pacific time or leave a voice mail message.

### FILLING IN BOXES:

Correct Mark (Dark and thick)

Incorrect Marks (Light and thin)

### PRINTING NUMBERS IN BOXES:

Write digits like this:

1	2	3	4	5	6	7	8	9	0
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Do not write digits like this:

1	2	3	4	5	6	7	8	9	0
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57060

# TEACHER QUESTIONNAIRE



## Section A. Respondent Information

Please fill in today's date (mm-dd-yy)      Month      Day      Year  
  /   /

- Your gender and current age:     male     female      years
- Your job category:     teacher     administrator     facility staff  
 aide     office staff     other
- How long have you worked in this room?     Less than all year     all year     2     3+  
  - in this school? (years)     1     2-5     6-10     11-16     16+
  - in the teaching profession? (years)     1     2-5     6-10     11-16     16+

## Section B. Room Description

Please fill in room number/name:

- How much time do you typically spend in this classroom?  
  - days of the week:  1     2     3     4     5
  - hours of the day:  less than 3     3-6     more than 6
- Which term best describes this classroom? **Choose one:**  
 general instruction classroom     ceramic studio     library     office  
 art room     computer lab     auto/metal shop     none of these  
 science lab     wood shop     music room
- Which student grade level(s) are taught within this room? **Mark all that apply:**  
 K     1     2     3     4     5     6  
 7     8     9     10     11     12     not applicable
- Do students generally stay in this room or change rooms during the day?     stay     change
- How many students per class typically occupy this room?
- The building this classroom is in:     portable or relocatable     permanent     don't know
- Which best describes the flooring in this room? **Mark all that apply:**  
  - Carpet:  entire room     partial     area rug     sitting pads
  - Hard:  vinyl/linoleum     wood     rubber     concrete/ceramic     walk-off mat(s)
- What is the primary wall material in this room? **Choose one:**  
 sheetrock or plaster     painted cinderblock  
 vinyl-coated tackable wallboard     other or don't know





57060

## TEACHER QUESTIONNAIRE



12. What, if any, plumbing is in this room?  none  sink  toilet  fountain
13. How many sides of this room have windows?  none  1  2  3  4
14. What kinds of windows are in this room? **Mark all that apply:**
- none  windows up to door height (7ft)  windows up to 9 ft  
 windows above 9 ft  skylights
15. How often do you open windows for natural ventilation, in general?
- rarely  occasionally  frequently  
 most of the time  all of the time  none openable
16. Does a door into this room open directly to the outdoors?  yes  no
- If yes, how often do you leave this door open during the school day, in general?
- rarely  occasionally  frequently  
 most of the time  all of the time
17. Does this room have air conditioning (AC)?  yes  no
18. Is there a thermostat in this room?  yes  no  don't know
- If yes, indicate which is the case:
- I can adjust it  it is kept locked  it does not work

### Section C. Room Contents & Activities

19. Indicate what kinds of furnishings are in this room. **Mark all that apply:**
- Table & Desks:  none  solid wood  plastic  
 metal  pressed wood\*  don't know
  - Bookcases:  none  solid wood  plastic  
 metal  pressed wood\*  don't know
  - Cabinets:  none  solid wood  plastic  
 metal  pressed wood\*  don't know
- \*Materials such as plywood and particle/fiber board; some may have a thin laminate.*
20. Has the room acquired new furnishings during this school year? **Mark all that apply:**
- none  tables  bookcases  don't know  
 carpet  desks/chairs  cabinets
21. Do you keep any of the following living items in this room? **Mark all that apply:**
- potted plants or terrarium  birds  mammals  
 reptiles/amphibians  fish  bugs



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57060



## TEACHER QUESTIONNAIRE

22. Do you currently have any of the following items in this room? **Mark all that apply:**

- Copiers:                     none                     photocopier machine                     mimeograph machine  
                                   laser printers                     carbonless copy paper                     laminator
- Appliances:                     none                     stove or oven                     lab burners  
                                   refrigerator                     washing machine                     microwave oven
- Chemicals:                     none                     cleaning products  
                                   lab chemicals                     biological specimens stored in chemicals

23. Are any of the following items ever used in this room? **Mark all that apply:**

- Paints/pens:                     never                     permanent markers or art pens  
                                   oil/acrylic paints                     whiteboard markers
- Glues/fluids:                     never                     correction fluid  
                                   rubber cement                     epoxy
- Air freshener:                     never                     plug-in deodorizer  
                                   hanging freshener                     spray can
- Candles:                     never                     scented candles  
                                   unscented candles                     incense
- Air Cleaner:                     never                     ozone or ion-generating air purifier  
                                   portable air (filter) purifier

24. Have you applied any of the following pesticides in this room this year? **Mark all that apply:**

- Sprays:                     never                     in the past                     currently
- Powders:                     never                     in the past                     currently
- Traps:                     never                     in the past                     currently

### Section D. Observations & Impressions

25. Which is your classroom preference at your school?

- permanent     portable     no opinion

26. Characterize each of the following as it applies to your room. **Mark all that apply:**

- Temperature:                     generally acceptable                     often too cold                     often too hot
- Humidity:                     generally acceptable                     often too humid                     often too dry
- Air:                     generally acceptable                     often too drafty                     often too stale or stuffy
- Light:                     generally acceptable                     too dim                     too bright  
                                   glare from lights                     too much direct sun



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57060

# TEACHER QUESTIONNAIRE

27. Are there noises that generally disrupt teaching activities in this room? **Mark all that apply:**

- Inside:     none                                     lighting (buzz)                                     other
- ventilation (fan)                                     next-room voices
- Outside:    none                                     mower/blower                                     aircraft
- playground                                     traffic                                     other

28. Do you ever turn off the heater or air conditioner in this room because of excessive noise?

- never     rarely     occasionally     frequently     most of the time

29. Are you aware of past or current pest problems in this room? **Mark all that apply:**

- Bugs (ants, etc.):     never                                     in the past                                     currently
- Rodents (mice, etc.):    never                                     in the past                                     currently

30. Indicate if you have experienced any of the following odors in this room. **Mark one for each:**

**never   sometimes   often**

• Musty odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cleaning products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bus/auto exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• New carpet or furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fresh paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cooking odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asphalt/tar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tobacco smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Trash or dumpster odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sewer/compost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire/smoke odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Have you observed construction activities during school hours this year? **Mark all that apply:**

- When:     never                                     in the past                                     currently                                     don't know
- Where:    your room     same building     nearby or new building     outdoors     other
- Type:     painting     carpentry                                     plumbing     flooring     roofing     other

32. Have you observed water leaks, flooding, water stains or visible mold in this room? **Mark all that apply:**

- Leak or flood:    never     in the past     currently     don't know
- Type:     roof     window     sink/toilet overflow     sprinkler     plumbing     other
- Water stains:    never     in the past     currently     don't know
- Where:    walls     ceiling     window sills     carpet/rug/floor     furniture     other
- Visible mold:    never     in the past     currently     don't know
- Where:    walls     ceiling     window sills     carpet/rug/floor     furniture     other

33. How often are the floors in this room swept or vacuumed?

- daily                                     2-3/week                                     weekly
- 1-2/month                                     less than 1/month                                     don't know

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57060

## TEACHER QUESTIONNAIRE

34. Do you feel the room receives adequate custodial services?  yes  no  
 • If not, what do you feel is needed?  more frequent  more effective  both
35. To whom do teachers direct questions or complaints about temperature, odors, or hygiene in their rooms? **Mark all that apply:**
- custodian  principal/administrator  IAQ coordinator  
 facility staff  health & safety staff
36. How many times have you made complaints about such conditions in this room during this school year?  
 never  1-2  3-5  6-10  11 or more
37. How would you generally characterize the overall environmental quality in this classroom?  
 excellent  good  adequate  poor  very poor

### Section E. Symptoms & Related Questions

38. Were you absent in the past two weeks?  
 no  1-2 days  3-5 days  more than 5 days  
 • Chief cause:  cold or flu  asthma  any other reason  
 allergies  other respiratory
39. In the past two weeks, did you experience any of the following symptoms at school? Indicate if they continued or improved when you were home.
- |  | none                     | At school                |                          | At home                  |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                          | occasional               | frequent                 | same/worse               | improves                 |
| •Nose (congestion, runny nose, dry nose)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| •Throat (irritation, sore throat, dryness)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| •Eyes (irritation, redness, watering, puffiness)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| •Skin (dryness, flaking, rash, other irritation)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| •Headaches or sinus pain                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| •Drowsiness or difficulty concentrating            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| •Dizziness or faintness                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| •Shortness of breath, wheeze, difficulty breathing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| •Upset Stomach                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. Do you have any of the following chronic medical conditions? **Mark all that apply:**
- hay fever or other allergies  bronchitis  heart disease  
 asthma  hypertension
- If you have asthma, how often did you use inhaled asthma medication in the past two weeks?  
 never  1-2 times per week  most days  every day
41. How many students in your class currently take medication for asthma?  
 don't know  none  1-2  3-5  6-10  11+
42. Are you currently a smoker?  yes  no
43. Do you live with a smoker?  yes  no

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# California Portable Classrooms Study

A joint project of the California Air Resources Board and Department of Health Services

California Environmental Protection Agency



Air Resources Board



Gray Davis, Governor



Department of Health Services

April 16, 2001

«Expr1»

«district»

Attn: «distcontactname1»

«distaddrline1»

«distcity», «diststate» «distzip»

Dear «distcontactname1»:

We are writing to request your support for the California Portable Classrooms Study. The California Air Resources Board (ARB) and the California Department of Health Services (DHS) are conducting this study to learn more about the environmental health conditions in California's portable classrooms. The ARB and DHS have contracted with Research Triangle Institute (RTI) to assist in the study.

The California Portable Classrooms Study was requested by Governor Davis and mandated by the State Legislature, and is endorsed by the Superintendent of Public Instruction, Ms. Delaine Eastin. Per the California Health & Safety Code (Section 39619.6), the study must be completed by June 30, 2002, and a report provided to the Legislature, including "recommendations to remedy and prevent unhealthful conditions found in portable classrooms." These recommendations will help shape future programs and funding decisions at the State level.


Schools in your district have been randomly selected to participate in this study. The schools in your district listed on the following page will be contacted, and asked to participate in this study. In about a week, RTI will send a study package to the principal of each school listed on the attached page. The package will contain instructions and questionnaires for the school, and the principal will be asked to assign a "study coordinator" to organize and manage these activities. If you would like to review the study package and its contents, please go to the following Web site: <http://www.rti.org/units/shsp/projects/cpcs.cfm>. The survey has been designed to require minimal effort on the part of school staff.

Your district's participation is critical to the success of the study. We hope you will support this study in your school district, because, to be a valid study, we cannot substitute the schools to be sampled from your school district with other California schools. The information acquired from the participating schools and staff will remain strictly confidential; the names of individual schools and staff that participate will not be reported to our agencies or any other government agencies.

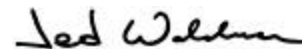
Page 2  
April 16, 2001

Enclosed is a postcard asking whom in your district should receive the study results for schools in your district. If you would like to receive the formaldehyde monitoring results from your district and a summary of the findings from the entire study please circle "yes" on the enclosed postcard and return it to RTI. After the survey, a subset of schools will also be asked to participate in more in-depth environmental testing for a one-day period sometime between August 2001 and March 2002. We hope that you will support this study. If you have any questions, please contact either of us (see phone numbers below) or Dr. Roy Whitmore, of RTI, at 1-800-334-8571, ext. 5809. It is only with the help of schools in your district that this research can be successful. Thank you for your time and consideration.

Sincerely,



Peggy L. Jenkins  
ARB Project Officer  
(916) 445-0753



Jed Waldman  
DHS Project Officer  
(510) 540-2469

# California Portable Classrooms Study

A joint project of the California Air Resources Board and Department of Health Services

California Environmental Protection Agency



Air Resources Board



Gray Davis, Governor



Department of Health Services

April 20, 2001

«id»

«school»

«addrline1»

«City», «State» «Zip»

Dear Principal:

We are writing to request your support of the California Portable Classrooms Study. The California Air Resources Board (ARB) and the California Department of Health Services (DHS) are conducting this study to learn more about the environmental health conditions in California's portable classrooms.

The California Portable Classrooms Study was requested by Governor Davis, mandated by the State Legislature, and endorsed by the Superintendent of Public Instruction, Ms. Delaine Eastin. Per the California Health & Safety Code (Section 39619.6), the study must be completed by June 30, 2002, and a report provided to the Legislature, including "recommendations to remedy and prevent unhealthful conditions found in portable classrooms." These recommendations will help shape future programs and funding decisions at the State level.

«school» has been randomly selected to participate in this study. We are writing in advance to encourage you and others at your school to participate in this very important study. The ARB and DHS have contracted with Research Triangle Institute (RTI) to administer this survey to the selected schools.

In about a week, RTI will send a package containing study materials directed to you. The package will contain instructions, questionnaires, a study brochure, and formaldehyde sampling tubes (not all schools will receive sampling tubes). You will be asked to assign one person from your school as a "study coordinator", who will be asked to follow instructions for selecting three classrooms and teachers to respond to the survey, place and collect the sampling tubes, and return the materials to RTI and the lab. Teachers will only be asked to complete a single questionnaire.

Your study coordinator may need assistance from your district's facility manager to complete the facility questionnaire. We encourage you to contact the district office if their assistance is needed. Information about the study has been provided to your district facility manager.

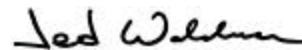
Your school's participation is critical to the success of this study. For the results to be valid, we cannot substitute other schools for those currently selected. The responses and information provided by your school will remain strictly confidential; names of individual schools and school staff that participate will not be reported to any state agencies. Your superintendent will have the opportunity to receive the formaldehyde monitoring results for your school and a summary of the state-wide findings. A small percent of participating schools will be asked to participate in more in-depth environmental testing for a one-day period sometime between August 2001 and March 2002.

We hope that you will support this important study. If you have any questions, please contact either of us (see phone numbers below), or Dr. Roy Whitmore, of RTI, at 1-800-334-8571, ext. 5809. It is only with the help of individual schools, such as yours, that this research can be successful and provide results that are accurate and useful. Thank you for your assistance and support.

Sincerely,



Peggy L. Jenkins  
ARB Project Officer  
(916) 323-1504



Jed Waldman  
DHS Project Officer  
(510) 540-3427

Enclosure



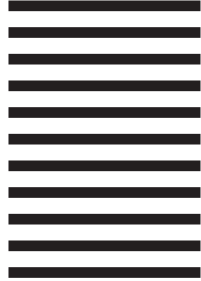


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL    PERMIT NO. 593    DURHAM, NC

POSTAGE WILL BE PAID BY ADDRESSEE

**RESEARCH TRIANGLE INSTITUTE  
ATTN: Michael Phillips (08034.001)  
PO BOX 12194  
RESEARCH TRIANGLE PARK, NC 27709-9985**



Dear School Superintendent,

Classroom monitoring results obtained during the California Portable Classrooms Study will be made available to participating school districts. Results for individual classrooms in your district will be provided, along with general information about our findings for all schools in the study. The results will only be provided to you or the person chosen below and not to anyone else, including other schools, the California Air Resources Board or the Department of Health Services. State agencies will only receive data and summary results without school and classroom identifiers attached.

Would you or the person indicated below like to receive the results from this study?

Please circle Yes or No

**Please provide the name and address below if someone other than yourself should receive the results.**

YES NO

School or District \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number and/or email \_\_\_\_\_

Results will be mailed after the entire study has been conducted. Please feel free to share this information with schools in your district if you so desire. Thank you very much for your support of the California Portable Classrooms Study!

Dear School Superintendent,

Classroom monitoring results obtained during the California Portable Classrooms Study will be made available to participating school districts. Results for individual classrooms in your district will be provided, along with general information about our findings for all schools in the study. The results will only be provided to you or the person chosen below and not to anyone else, including other schools, the California Air Resources Board or the Department of Health Services. State agencies will only receive data and summary results without school and classroom identifiers attached.

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Please circle Yes or No

**Please provide the name and address below if someone other than yourself should receive the results.**

YES NO

School or District \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number and/or email \_\_\_\_\_

Results will be mailed after the entire study has been conducted. Please feel free to share this information with schools in your district if you so desire. Thank you very much for your support of the California Portable Classrooms Study!

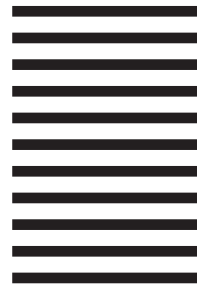


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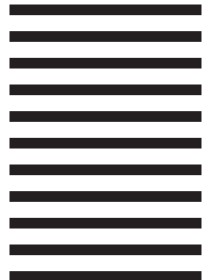


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**RESEARCH TRIANGLE INSTITUTE  
ATTN: Michael Phillips (08034.001)  
PO BOX 12194  
RESEARCH TRIANGLE PARK, NC 27709-9985**



Dear Principal,

Thank you for participating in the California Portable Classrooms Study! Your participation will provide more accurate, state-wide results for environmental scientists analyzing the data. Please fill out and return this postcard or email your response to [mjp@rti.org](mailto:mjp@rti.org). If it is more convenient, please fill out the enclosed fax transmittal sheet with this information and fax to Michael Phillips, of RTI, at 919-541-7250. Please note: neither names of staff nor schools will be reported to any state agencies. Please provide the name and phone number of a school coordinator, or someone who can best help coordinate the study activities at your school. This information will only be used for recontact purposes.

Name of School (please print) \_\_\_\_\_

Coordinator's name (please print) \_\_\_\_\_

Coordinator's phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to reach \_\_\_\_\_ am/pm

E-mail (if available) \_\_\_\_\_

If you have any further questions about the study, please contact Michael Phillips at 1-800-334-8571, ext. 6276.

If you have questions about study oversight and participant rights, please contact Dr. Wendy Visscher, Chairperson of the RTI Committee on the Protection of Human Subjects, at 1-800-334-8571, ext. 6028.

Dear Principal,

Thank you for participating in the California Portable Classrooms Study! Your participation will provide more accurate, state-wide results for environmental scientists analyzing the data. Please fill out and return this postcard or email your response to [mjp@rti.org](mailto:mjp@rti.org). If it is more convenient, please fill out the enclosed fax transmittal sheet with this information and fax to Michael Phillips, of RTI, at 919-541-7250. Please note: neither names of staff nor schools will be reported to any state agencies. Please provide the name and phone number of a school coordinator, or someone who can best help coordinate the study activities at your school. This information will only be used for recontact purposes.

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RESEARCH TRIANGLE INSTITUTE  
ATTN: Michael Phillips (08034.001)  
PO BOX 12194  
RESEARCH TRIANGLE PARK, NC 27709-9985



April 27, 2001

Dear Principal:

I am writing to ask for your help with the California Portable Classrooms Study. Research Triangle Institute (RTI) is conducting this study on behalf of the California Air Resources Board (ARB) and the California Department of Health Services (DHS) to learn more about the environmental health conditions in California's portable classrooms.

About a week ago, we sent you, and your district superintendent, a brief letter explaining the study. Enclosed are the study materials for your school. The packet includes questionnaires (for 3 teachers and the facility manager), self-sealing envelopes, postage-paid envelopes, and (for some schools) formaldehyde monitoring tubes.

**As principal for your school, we would like to ask you to do two things:**

- 1) Appoint a "study coordinator" to carry out this study in your school. The study coordinator will have 3 main responsibilities: select 3 classrooms/teachers to participate (according to enclosed instructions), distribute the study materials, and collect and return the study materials.**
- 2) Please complete and return the enclosed postcard or fax the response on the enclosed fax transmittal sheet.**

Because your school was selected using a randomized process to insure a representative sample of all California public schools, your school's participation is critical to the success of the study. RTI will keep all school information strictly confidential. Neither individual questionnaire responses nor specific results for any individual schools will be reported to any government agencies. Government agencies will receive data and summary results that exclude identifiers for individual participants, classrooms, and schools.

Classroom formaldehyde concentrations will be reported only to the district superintendent. If you would like to obtain a copy of these results for your school, please contact your superintendent's office after the study has been completed in June 2002.

If you have any questions about this study, please call Mr. Michael Phillips, of RTI, at 1-800-334-8571, ext. 6276. If you have questions about study oversight and participant rights, please contact Dr. Wendy Visscher, Chairperson of the RTI Committee on the Protection of Human Subjects, at 1-800-334-8571, ext. 6028.

It is only with the help of individual schools, such as yours, that this research can be successful and provide results that are accurate and useful. Thank you for your assistance and participation.

Sincerely,



Michael Phillips  
RTI Survey Manager

April 27, 2001

Dear Teacher:

I am writing to ask for your help with the California Portable Classrooms Study. Research Triangle Institute (RTI) is conducting this study on behalf of the California Air Resources Board (ARB) and the California Department of Health Services (DHS) to learn more about the environmental health conditions in California's portable classrooms.

Your school has been chosen at random from a list of all California public schools. Three teachers in your school, including yourself, were systematically chosen to participate in this study based on classroom assignment. The results from the study will be used by the ARB, DHS, and other state agencies to assess the potential for adverse health conditions and to recommend effective actions that can be taken to remedy or prevent any unhealthful conditions that may be found.

**Please complete the "Teacher Questionnaire." It should take about 20 minutes. Then, return the questionnaire, sealed in the white envelope, to the study coordinator.**

Your participation is voluntary. However, because your school and this classroom were selected using a randomized process to insure a representative sample of all California public school classrooms, your participation is critical to the success of the study. RTI will keep all school information strictly confidential. Neither individual questionnaire responses nor specific results for any individual schools will be reported to any government agencies. Government agencies will receive data and summary results that exclude identifiers for individual participants, classrooms, and schools.

Classroom formaldehyde concentrations will be reported only to the district superintendent. If you would like to obtain a copy of these results for your school, please contact your superintendent's office after the study has been completed in June 2002.

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It is only with the help of individual schools, such as yours, that this research can be successful and provide results that are accurate and useful. Thank you for your assistance and participation.

Sincerely,



Michael Phillips  
RTI Survey Manager



April 27, 2001

Dear Facility Manager:

I am writing to ask for your help with the California Portable Classrooms Study. Research Triangle Institute (RTI) is conducting this study on behalf of the California Air Resources Board (ARB) and the California Department of Health Services (DHS) to learn more about the environmental health conditions in California's portable classrooms.

Your school has been chosen at random from a list of all California public schools. You, individually, have been chosen to participate because you are the facility manager or play an important role in facility oversight at your school. The results from the study will be used by the ARB, DHS, and other state agencies to assess the potential for adverse health conditions and to recommend effective actions that can be taken to remedy or prevent any unhealthful conditions that may be found.

**Please complete the "Facility Manager Questionnaire." It should take about 40 minutes. Then, return the questionnaire, sealed in the white envelope, to the study coordinator.**

**In addition, we are asking that you assist the study coordinator (whom your principal has already assigned). This may include aiding the coordinator in utilizing the school site plan to identify sample classrooms and/or placing and retrieving the formaldehyde sampling tubes in classrooms.**

Your participation is voluntary. However, because your school and the sample classrooms were selected using a randomized process to insure a representative sample of all California public school classrooms, your participation is critical to the success of the study. RTI will keep all school information strictly confidential. Neither individual questionnaire responses nor specific results for any individual schools will be reported to any government agencies. Government agencies will receive data and summary results that exclude identifiers for individual participants, classrooms, and schools.

Classroom formaldehyde concentrations will be reported only to the district superintendent. If you would like to obtain a copy of these results for your school, please contact your superintendent's office after the study has been completed in June 2002.

If you have any questions about this study, please call Mr. Michael Phillips, of RTI, at 1-800-334-8571, ext. 6276. If you have questions about study oversight and participant rights, please contact Dr. Wendy Visscher, Chairperson of the RTI Committee on the Protection of Human Subjects, at 1-800-334-8571, ext. 6028.

It is only with the help of individual schools, such as yours, that this research can be successful and provide results that are accurate and useful. Thank you for your assistance and participation.

Sincerely,



Michael Phillips  
RTI Survey Manager



April 27, 2001

Dear Study Coordinator:

Thank you for serving as the study coordinator for your school for the California Portable Classrooms Study! Research Triangle Institute (RTI) is conducting this study on behalf of the California Air Resources Board (ARB) and the California Department of Health Services (DHS) to learn more about the environmental health conditions in California's portable classrooms.

Your school has been chosen at random from a list of all California public schools. The results from the study will be used by the ARB, DHS, and other state agencies to assess the potential for adverse health conditions and to recommend effective actions that can be taken to remedy or prevent any unhealthful conditions that may be found.

**Please review and follow these steps:**

- 1) Read the Study Coordinator Checklist. This one page checklist provides guidelines to completing responsibilities in a desired order.**
- 2) Select 3 study classrooms and the associated teachers to participate : Please use the enclosed instructions (and your school site plan) to select three classrooms and the associated teachers to complete the "Teacher Questionnaire."**
- 3) Distribute the Study Materials: Please give the enclosed questionnaires (three teacher questionnaires and one facility manager questionnaire) to the selected teachers and facility manager at your school. In addition, if formaldehyde tubes are included in your school's box, please have them placed in each of the three selected classrooms for 10 days using the enclosed instructions. You may want to utilize the assistance of your school's facility manager for this task.**
- 4) Collect and Return the Completed Study Materials: Please collect the completed teacher and facility manager questionnaires (in sealed envelopes), and return them in the enclosed postage-paid envelope to RTI. In addition, please ship the formaldehyde tubes to the lab in the enclosed postage-paid envelope.**

Because your school was selected using a randomized process to insure a representative sample of all California public schools, your school's participation is critical to the success of the study. RTI will keep all school information strictly confidential. Neither individual questionnaire responses nor specific results for any individual schools will be reported to any government agencies. Government agencies will receive data and summary results that exclude identifiers for individual participants, classrooms, and schools. Classroom formaldehyde concentrations will be reported only to the district superintendent. If you would like to obtain a copy of these results for your school, please contact your superintendent's office after the study has been completed in June 2002.

If you have any questions about this study, please call Mr. Michael Phillips, of RTI, at 1-800-334-8571. If you have questions about study oversight and participant rights, please contact Dr. Wendy Visscher, Chairperson of the RTI Committee on the Protection of Human Subjects, at 1-800-334-8571, ext. 6028.

It is only with the help of individual schools, such as yours, that this research can be successful and provide results that are accurate and useful. Thank you for your assistance and participation.

Sincerely,



Michael Phillips  
RTI Survey Manager

## INSTRUCTIONS FOR SELECTING SAMPLE CLASSROOMS For “SCHOOL NAME” “SCHOOL ID”

### Overview

---

We need you to help us pick classrooms and teachers for our study. These instructions will guide you through making a list of your portable classrooms and a list of your traditional classrooms from which you will randomly select two portable classrooms and one traditional classroom (unless you have only one portable classroom). Because we need to select classrooms at random, it is important that you follow these instructions carefully and thoroughly. You will need first to gather a few basic **Materials**. You will then follow the numbered instructions in the **Selection Procedure** section below, referring to the **Example** on page 4 and the **Tables** beginning on page 5, as needed.

### Materials

---

- Map of your school showing all the classrooms, or a list of all the classrooms
- Red and green pencils, included in the coordinator package with these instructions
- Tables on pages 5-8 of this document – *Table 1: Classroom Selection* and *Table 2: Classroom Sample*.

### Selection Procedure

---

1. Obtain a school map that shows the physical locations of all **classrooms** (traditional and portable) used by your school. Or, if a map is not readily available, obtain a list of all classrooms.

A **classroom** is *any* room used for classroom instruction *for grades K-12*, including special-purpose rooms such as art, shop, band, and lab rooms. Include libraries that have staff assigned to them. Also include classrooms at your facility used by the County Education Office.

2. Does your school have **portable classrooms**?

A **portable classroom** is a classroom in a building that is designed and constructed to be relocatable and transportable over public streets.

*If your school has no portable classrooms*, please initial here (\_\_\_\_\_) and return the entire package to RTI using the return envelope provided because your school is not eligible to participate in this study. Otherwise, please continue.

3. On the school map (or list), number the portable classrooms with the red pencil, starting at 1. Number all other classrooms (the **traditional classrooms**) with the green pencil, starting at 1.

A **traditional classroom** is any room used for classroom instruction that is not a portable classroom.

You do not have to number the classrooms in any particular order. The important point is that all classrooms are numbered and that the numbering provides a count of classrooms.

4. Each classroom should now have a red or a green classroom number assigned to it. Please check to make sure this is the case; then enter the total numbers of portable and traditional classrooms in the table below.

Total Number of Classrooms	
Portable (red)	Traditional (green)

If your school has more portable or traditional classrooms than shown in Table 1 on pages 5-7, call Mr. Michael Phillips at Research Triangle Institute at 1-800-334-8571, Ext. 6276, before proceeding with Step 5.

5. Select sample classrooms as follows:

- 5.1. There are two tables beginning on page 5: Table 1 (Classroom Selection) and Table 2 (Classroom Sample). On Table 1, circle the number in the first column that corresponds to the total number of **portable classrooms**. As shown in the example below, if your school has 10 portable classrooms, the relevant section of the table would look like this:

Total Number of Classrooms	First ID	Second ID
8	3	5
9	7	2
10	4	7
11	2	5
12	8	11

- 5.2. Proceed across the row of the number you circled, and copy the *First ID* into the middle column of Table 2 (Classroom Sample) on page 8. This *First ID* corresponds to a red classroom number on the school map. Write the room number (or name) of this classroom in the last column of Table 2. See the Example on page 4.

In our example, the *First ID* in Table 1 is 4. If it corresponds to the room Annex 25, then you would write *Annex 25* in the last column of Table 2. At this point, Table 2 would look like this:

**Table 2: CLASSROOM SAMPLE  
For the Example School**

Classroom Code	ID Number	Room Number/Name <sup>a</sup>
Pre-printed code ending in A	4	Annex 25
Pre-printed code ending in B		
Pre-printed code ending in C		

<sup>a</sup>The number or name on the classroom door.

- 5.3. If your school has more than one portable classroom, repeat this process using the *Second ID* in the same row from Table 1. Enter the *Second ID* Number in the middle column of Table 2 (classroom sample). This *ID* corresponds to a red classroom number on the school map. Write the room number (or name) of this classroom in the last column of Table 2.

In our example, you would enter a 7 under the 4 above. Classroom 7 on the map might be *Annex 28*. See the Example on page 4.

- 5.4. On Table 1 on page 5, circle the number in the first column that corresponds to the total number of **traditional classrooms**. In a school with 50 traditional classrooms, the relevant portion of the table would look like this:

Total Number of Classrooms	First ID	Second ID
48	26	24
49	40	15
50	38	9
51	12	33
52	35	29

- 5.5. Proceed across the row of the number you circled, and copy the *First ID* into the middle column of Table 2 (classroom sample). (In our example, this would be 38.) This *First ID* corresponds to a green classroom number on the school map. Write the room number (or name) of this classroom in the last column of Table 2. See the Example on page 4.

If ID number 38 in our example corresponds to the staffed library of the school, which does not have a room number but which the school calls a Media Center, your completed Table 2 would look like this:

**Table 2: CLASSROOM SAMPLE  
For the Example School**

Classroom Code	ID Number	Room Number/Name <sup>a</sup>
<b>Pre-printed code ending in A</b>	4	Annex 25
<b>Pre-printed code ending in B</b>	7	Annex 28
<b>Pre-printed code ending in C</b>	38	Media Center

<sup>a</sup>The number or name on the classroom door.

- 5.6. *If your school has only one portable classroom, you will at this point have filled out only two rows of Table 2. To complete the third and final row, repeat Step 5.5 using the *Second ID* from the third column of Table 1. (In our example, this would be 9.) Enter that ID number in the middle column of Table 2. This *ID* corresponds to a green classroom number on the school map. Write the room number (or name) of this classroom in the last column of Table 2.*
- 5.7. *You should now have completed all three rows of Table 2 (classroom sample). The sample classroom numbers appear in the last column of this table. The study code numbers for these three classrooms are listed in the first column. The first classroom code number ends in A, the second in B, and the third in C. If your school has two or more portable classrooms, your sample should consist of two portable classrooms and one traditional classroom. Otherwise, your sample should consist of one portable classroom and two traditional classrooms.*
6. *Select the sample teacher for each sample classroom.* The sample teacher for each sample classroom is the teacher who uses the classroom the most. If two or more teachers use the classroom for equal amounts of time, select the teacher who will have the next birthday.

***Please mail this completed form to RTI along with the school map with the red and green classroom ID numbers and the completed teacher and facility manager questionnaires.***

## EXAMPLE

**TABLE 1: CLASSROOM SELECTION**

Total Number of Classrooms	First ID	Second ID
8	3	5
9	7	2
10	4	7
11	2	5
12	8	11

**TABLE 1: CLASSROOM SELECTION**

Total Number of Classrooms	First ID	Second ID
48	26	24
49	40	15
50	38	9
51	12	33
52	35	29

**TABLE 2: CLASSROOM SAMPLE**

Classroom Code	ID Number	Room Number/Name <sup>a</sup>
Pre-printed code ending in A	4	Annex 25
Pre-printed code ending in B	7	Annex 28
Pre-printed code ending in C	38	Media Center

<sup>a</sup>The number or name on the classroom door.

## Instructions for Use of Formaldehyde Sampling Tubes

**Note:** Please follow these instructions immediately after all sample classrooms have been selected. **If your Spring/Easter break is next week, please wait until after the break to deploy the formaldehyde sampling tubes.**

1. Remove all materials from the envelope labeled “formaldehyde.” The envelope should contain:
  - A. 3 or 4 formaldehyde sampling tubes in cardboard box(es). **Save the cardboard box(es) for mailing the tubes to the lab. Please don’t take the end caps off the tubes yet.**
  - B. 3 or 4 mounting pins.
  - C. 3 or 4 labels with code numbers.
  - D. A TyVec mailing envelope pre-addressed to AIR QUALITY RESEARCH, INC.
  - E. An Analysis Request Form.
2. You should have the same number of labels as sampling tubes. Take the tubes out of the cardboard boxes and remove the plastic wrapping. Adhere one label to each sampling tube (**but not over other label**). The sampling tube will be deployed in the classroom whose code number ends with the same letter as the code number on the sampling tube. For example, the tube(s) whose code number ends in A will be placed in the classroom whose code number also ends in A. If the code number on a tube ends in X, it can be deployed in any of the sample classrooms A, B, or C, but the end cap on this tube should never be removed for any reason whatsoever. The “X” tube is called a field blank.
3. Deploy the formaldehyde sampling tubes in the selected sample classrooms, carefully following the instructions below.
  - A. Unwrap the ribbon on the tube.
  - B. Stick the pushpin through the ribbon and attach to the classroom’s ceiling. Please see that the sampling tube is at least 2 ft. from any wall and is not subject to strong drafts from windows, outdoors, or air vents. The tube should hang about a foot below the ceiling.
  - C. **For tubes whose code numbers end in A, B, or C**, hang the tube in the classroom whose code number ends in the same letter. If two tubes have code numbers that end with the same letter, hang those two tubes about 6 inches apart in the classroom whose code number ends with the same letter. **Take the yellow cap off the end of each sampling tube, and place it on the opposite end of the tube**. The open end of the sampling tube should hang down.
  - D. **If you have a tube whose code number ends with an X**, hang the tube about 6 inches from another tube in classroom A, B, or C, but **DO NOT REMOVE THE END CAP FROM THE TUBE WHOSE ID NUMBER ENDS IN X**. The cap should remain on this tube for the entire sampling period.
  - E. **Fill out the Analysis Request Form. Enter the start date and time for each sampling tube.**
4. Tubes should be left hanging and undisturbed for 10 days. Make a note to remind yourself of the day the tubes are to be taken down. If the 10<sup>th</sup> day lies on a weekend or holiday, please take the formaldehyde tube down the Friday before the weekend or holiday.
5. On the scheduled day, take the tubes down and cap them tightly. **Record the date and stop time on the Analysis Request Form.**
6. Place the tubes in the cardboard box(es) that they originally came in. Place them and the Analysis Request Form in the TyVec envelope addressed to AIR QUALITY RESEARCH, INC. Mail the envelope(s).
7. Thank you very much!

## Coordinator Checklist

### *For those schools with Formaldehyde Tubes*

Complete	Description of Each Step
	1. Read the letter addressed to the Study Coordinator in the envelope labeled "Study Coordinator." It provides you with background information about the study and provides general instructions for your tasks.
	2. Read the Instructions for Selecting Sample Classrooms, which you will find in the same envelope. Then, following those instructions, select three sample classrooms.
	3. Read the Instructions for Use of Formaldehyde Sampling Tubes, which is also in the same envelope. Then, following those instructions, have the facility manager or other appropriate person help you deploy the formaldehyde monitoring tubes in the sample classrooms. Be sure to record the start date and time for each tube on the Analysis Report Form found in the Study Coordinator envelope. <b>If your Spring/Easter break is next week, please wait until after the break to deploy the formaldehyde monitoring tubes and to distribute the questionnaires. This request is being made because it is assumed there will be no school staff and children around during the Spring break.</b>
	4. Pull the Facilities Questionnaire from the envelope labeled "Facility Manager." In Item #7, on page 2, enter the total numbers of portable and traditional classrooms at your school. In the header of Section C, on page 5, enter the number/name for each of the three sample classrooms. Then, put the questionnaire back in the envelope and give it to your facility manager. Ask him/her to read the enclosed letter, complete the enclosed questionnaire, seal it in the self-sealing envelope provided (to keep his/her answers confidential), and return the completed questionnaire to you.
	5. Find the envelopes labeled Classroom A, Classroom B, and Classroom C. Enter in the Section B header (page 2) of the questionnaire in the Classroom A envelope, the room number/name for the sample classroom whose code number ends in A. Then, put the questionnaire back in the envelope and give it to the teacher selected for the sample classroom whose code number ends in A. Similarly, enter in the Section B headers of the questionnaires in the Classroom B and C envelopes, the room number/name for the sample classrooms whose code numbers end in B and C. Then, put the questionnaires back in the envelopes and give them to the teachers selected for the sample classrooms whose code numbers ends in B and C. Ask each teacher to read the enclosed letter, complete the enclosed questionnaire, seal it in the self-sealing envelope provided (to keep their answers confidential), and return the sealed envelope to you.
	6. Collect the sealed envelopes from the three teachers and the facility manager. Place the sealed envelopes, "Instructions for Selecting Sample Classrooms," and the school map (with the red and green classroom numbers) in the return envelope addressed to RTI, and mail it.
	7. Allow the monitoring tubes to hang undisturbed for 8 to 10 days, per the Instructions for Use of Formaldehyde Sampling Tubes. Take the tubes down, cap the tubes, and replace them in their original package(s). Write down the stop date and time on the Analysis Request Form.
	8. Place the Analysis Request Form and tubes collected from all classrooms in the pre-addressed envelope to AIR QUALITY RESEARCH, INC, and mail it.
	9. You are finished! Thank you for your time and assistance coordinating the California Portable Classrooms Study at your school.

## Study Coordinator Checklist

Thank you, study coordinator, for managing the responsibilities associated with this study! *Please use the following checklist to do your tasks in the proper order.*

<b>CHECK BOX</b>	<b>Description of Each Step</b>
	1. Read the letter addressed to the "Study Coordinator". This provides background information about the study and provides general instructions for the tasks associated with being the study coordinator. There is no need to distribute any materials to anyone else yet.
	2. Find the Instructions for Selecting Sample Classrooms, and please read it next.
	3. Follow the Instructions for Selecting Sample Classrooms to select three sample classrooms, and the teacher who is to be the respondent for each classroom.
	4. Pull the Facilities Questionnaire from the envelop labeled "Facility Manager." Enter the total numbers of portable and traditional classrooms, in Item #7 (page 2) of the Facilities Questionnaire. Also, enter the sample classroom numbers in the header of Section C (page 5) of the Facilities Questionnaire. Then, put the questionnaire back in the envelope and give it to your facility manager. Ask him/her to read the enclosed letter, complete the enclosed questionnaire, seal it in the self-sealing envelope provided (to keep his/her answers confidential), and return the sealed envelope to you.
	5. Find the envelopes labeled Classroom A, Classroom B, and Classroom C. Enter in the Section B header (page 2) of the questionnaire in the Classroom A envelope, the room number/name for the sample classroom whose code number ends in A. Then, put the questionnaire back in the envelope and give it to the teacher selected for the sample classroom whose code number ends in A. Similarly, enter in the Section B headers of the questionnaires in the Classroom B and C envelopes, the room number/name for the sample classrooms whose code numbers end in B and C. Then, put the questionnaires back in the envelopes and give them to the teachers selected for the sample classrooms whose code numbers ends in B and C. Ask each teacher to read the enclosed letter, complete the enclosed questionnaire, seal it in the self-sealing envelope provided (to keep their answers confidential), and return the sealed envelope to you.
	6. Collect the completed questionnaires (in self-sealing envelopes) from the three teachers and the facility manager. Place the completed questionnaires, "Instructions for Selecting Sample Classrooms," and the school map (with red and green classrooms identified) in the return envelope addressed to RTI and mail. You are finished!
	7. You are finished! Thank you for your time and assistance coordinating the California Portable Classrooms Study at your school.





## What Will Happen to These Data Once They Are Collected?

At RTI, the questionnaire and environmental data will be entered into a computer database and analyzed. Before State agencies receive the results from RTI, individual names and all other school and classroom identifiers will be removed. The study results will then be used by State researchers to develop a report on the system-wide status of environmental conditions in California public schools. With input from interested stakeholders, the State researchers will also recommend actions that can be taken to remedy and/or prevent unhealthful environmental conditions in portable classrooms.



## When Will the Study Results Be Available?

The Legislature has required that ARB and DHS finish the study and submit their report by June 30, 2002. You can sign up on our LISTSERV at: [www.arb.ca.gov/research/indoor/pcs/pcs.htm](http://www.arb.ca.gov/research/indoor/pcs/pcs.htm) for regular updates on study progress.

You can find study updates at the California Portable Classrooms Study Web site:

[www.arb.ca.gov/research/indoor/pcs/pcs.htm](http://www.arb.ca.gov/research/indoor/pcs/pcs.htm)



## Whom May I Call If I Have Further Questions?

If you have any questions or comments regarding any aspect of this study, please call:

Mr. Michael Phillips, RTI Survey Manager, at 800-334-8571, ext. 6276

Ms. Peggy Jenkins, California Air Resources Board, at 916-445-0753

Dr. Jed Waldman, California Department of Health Services, at 510-540-2469

E-mail should be sent to [CAPCS@arb.ca.gov](mailto:CAPCS@arb.ca.gov)

### **Additional resources on Healthy Schools can be found at:**

U.S. EPA IAQ Tools for Schools:  
[www.epa.gov/iaq/schools/tools4s2.html](http://www.epa.gov/iaq/schools/tools4s2.html)

Collaborative for High Performance Schools:  
[www.chps.net](http://www.chps.net)

*Please feel free to copy this brochure and distribute it to others at your school.*

# Questions & Answers about the California Portable Classrooms Study



**Sponsored by**  
**California Air Resources Board (ARB)**  
**and**  
**California Department of Health Services (DHS)**



**Conducted by**  
**Research Triangle Institute**  
**Research Triangle Park, NC 27709**



## What Is the California Portable Classrooms Study?

This is a statewide study to learn more about environmental health conditions in California's portable classrooms. The State Air Resources Board (ARB) and the Department of Health Services (DHS) are jointly conducting the study. Study scientists will identify how widespread any potential problems may be, and make recommendations, in consultation with stakeholders, for actions that can be taken to solve any problems identified and prevent future problems.



## Why Is This Study Being Conducted?

The California Portable Classrooms Study was proposed by Governor Gray Davis and is supported by the California State Legislature. Delaine Eastin, State Superintendent of Public Instruction, has endorsed the study.



## How Was Our School Selected?

Your school is one of 1000 schools randomly chosen from all public schools in the State.



## Why Is It So Important That Our School Participates?

Because the study uses a representative, statewide sample of schools, every school selected in the sample is important. Because your school was one of those randomly selected, we cannot replace it with another. If your school does not participate, study results will be less representative of statewide conditions.



## How Will Portable Classrooms Be Studied?

There are two main components to the California Portable Classrooms Study. The first is a mail survey of 1000 schools, which will collect information from facility managers and teachers. In addition, air sampling for formaldehyde will be conducted in some schools. Several months after the mail survey, 60 schools will be recruited for more extensive environmental monitoring of their classrooms. In addition to portable classrooms, the study will include some traditional classrooms.



## Will Much Effort Be Required by School Staff?

At each school, a "study coordinator" will receive a packet with instructions for selecting three classrooms, giving out questionnaires, placing formaldehyde

monitoring tubes, and mailing these items back. The questionnaires for facility managers and teachers typically take about 20 minutes to complete. In the second part of the study in the fall, air samples and other environmental measurements will be taken by study scientists in several classrooms in each of the 60 schools selected for further environmental monitoring.



## Are There Other Reasons Our School Should Participate?

Participating in this study offers you the opportunity to contribute to knowledge needed to promote healthier environmental conditions for school children in California. The results of this study will help shape future programs and funding decisions at the State level.



## How Will Information I Provide Be Kept Confidential?

Research Triangle Institute (RTI) has been hired by the State to conduct the study, and they are required to keep all study information they receive **confidential**. Researchers will use the information you provide for statistical purposes only. Individual participant and school names will not be shared with any government agencies. Specific formaldehyde monitoring results for your school will only be provided to your school district superintendent.

**Preparing School Packets for Wave 1 of the California Portable Classrooms Study  
08034.001**

One medium/large Fed Ex box per school.

Each box contains 5 white envelopes. Add contents to each white envelope as specified below.

**Teacher (A-C) Materials** each school receives Teacher A, B, and C

- 1 Teacher Cover letter 1 pg.
- 1 Teacher Questionnaire (**match ID**)
- 1 #2 pencil
- 1 yellow postcard

**Facility Manager's Materials** each school receives contents below

- Facility Manager Cover Letter 1pg.
- Facilities Questionnaire (**match ID**)
- 1 #2 pencil
- 1 yellow postcard

**Study Coordinator's Materials (w/ Formaldehyde)** 480 schools

Lght orange Study Coordinator Checklist (w/ formaldehyde) 1pg.

Study Coordinator Cover 1 pg.

Classroom Selection Instructions 9 pgs. (**match ID**)

1 Formaldehyde Instructions 1 pg.

1 Analysis Request Form (**match ID**)

**3-4** Formaldehyde Labels (**match ID**)

- 1 #2 pencil
- 1 green colored pencil
- 1 red colored pencil
- 1 yellow postcard
- 1 brochure

**Study Coordinator's Materials (without Formaldehyde)** 120 schools

Beige Study Coordinator Checklist (without formaldehyde) 1 pg.

Study Coordinator Cover 1 pg.

Classroom Selection Instructions 9 pgs. (**match ID**)

- 1 #2 pencil
- 1 green colored pencil
- 1 red colored pencil
- 1 yellow postcard
- 1 brochure

**Loose materials in each box:**

**Principal's Materials** (paper clip all together) (applies to all schools)

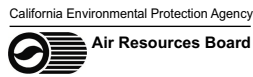
- Blue postcard (**match ID**)
- Principal cover letter 1 pg.
- Fax transmittal sheet 1 pg.

**Misc.**

- Formaldehyde tubes 3 packs 264 schools (**school specific**)
- Formaldehyde tubes 3 packs + 1 pack (4 total) 216 schools (**school specific**)
- AQR (white) envelope 480 schools (**for every school that receives formaldehyde tubes**)
- Return (yellow clasp) envelope all schools

# California Portable Classrooms Study

A joint project of the California Air Resources Board and Department of Health Services



Dear Principal,

Thank you for your support of the California Portable Classrooms Study. You should have received your study materials one week ago. Please complete and return the blue postcard or fax transmittal sheet at your convenience. Your school's participation is very important to the overall success of this environmental study. If you have any questions, please call me at 1-800-334-8571, extension 6276.

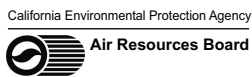
Regards,  
Michael Phillips

California Portable Classrooms Study  
Research Triangle Institute  
Attn: Michael Phillips  
PO Box 12194  
Research Triangle Park, NC 27709-2194

California Portable Classrooms Study  
Research Triangle Institute  
Attn: Michael Phillips  
PO Box 12194  
Research Triangle Park, NC 27709-2194

## California Portable Classrooms Study

A joint project of the California Air Resources Board and Department of Health Services



Gray Davis, Governor



Department of Health Services

Dear Principal,

Thank you for your support of the California Portable Classrooms Study. You should have received your study materials one week ago. Please complete and return the blue postcard or fax transmittal sheet at your convenience. Your school's participation is very important to the overall success of this environmental study. If you have any questions, please call me at 1-800-334-8571, extension 6276.

Regards,  
Michael Phillips

# California Portable Classrooms Study

A joint project of the California Air Resources Board and Department of Health Services

California Environmental Protection Agency



Air Resources Board



Gray Davis, Governor



Department of Health Services

May 18, 2001

<<id>>

<<school>>

<<addrline1>>

<<City>>, <<State>> <<Zip>>

Dear Principal:

In the past month, you should have received a Federal Express package containing the study materials for the California Portable Classrooms Study. If you have completed these materials, we thank you for your participation in this important study. If not, we ask that you hang the formaldehyde tubes (if you received them) by June 5 and return them and the questionnaires by June 15, 2001.

It is important that all selected schools from all regions of the state participate in this landmark study. ***This study has been mandated by the California Legislature.*** It will be used to assess environmental health conditions in California's portable classrooms and to make recommendations to the Legislature to remedy and prevent any unhealthful conditions found. A random sample of 1,000 schools has been selected to include all types of portable schools across California. A large portion of these sample schools need to participate in order to obtain the best information possible for future policy and funding decisions.

We understand that your school is very busy with testing and end-of-year activities at this time, so we have attempted to design the study to minimize the time required for participation. School district offices have been informed of this study, and many are providing district staff, such as the facility manager or risk manager, to help schools participate in this study because of its importance. If you need assistance in order to participate in this study, please contact your district office. In addition, the State Agencies responsible for implementing this study, the Air Resources Board and the Department of Health Services, may be able to provide direct assistance to some schools. If you would like to request their assistance or discuss the study with them, please call me at the number listed below.

The questionnaire responses and formaldehyde measurement results from individual schools will be kept strictly confidential. No names of schools or participants will be reported to any government agencies. However, superintendents can obtain the formaldehyde data for schools in their districts at the conclusion of the study in June 2002.

If you never received the study materials, need a replacement package, or have any questions about the study, please contact me at the number listed below. Only with the help of individual schools, such as yours, will this research provide results that are a reliable basis for policy decisions. Thank you for your assistance and support.

Sincerely,

A handwritten signature in cursive script that reads "Michael Phillips".

Michael Phillips

Survey Manager, California Portable Classrooms Study  
1-800-334-8571, ext. 6276, Eastern Daylight Time Zone

cc: Facility Manager