

Building/Custodial Inspection Report

Building: _____ Inspection Date/Time: _____

Location: _____ Room #: _____ Specific Area Location: _____

Inspector Name: _____ Date: _____

Check (✓) column of applicable condition:					
Condition:	Excellent	Good	Fair	Poor	
Exterior					
Entrance					
Offices					
Classrooms					
Nurse's office					
Halls and corridors					
Walls					
Ceilings					
Lighting					
Air conditioning/heating vents					
Restrooms					
Gym					
Locker rooms					
Custodial closets					
Were observed procedures conducted in accordance with defined cleaning procedures of the Program?				Y	N
If answered no, identify individual (s) and list procedures not followed:					
Individual	Procedure	Recommended Corrective Action			

