September Monthly Report         Full Name       James M. Petitte         Name of School       Agueda I. Johnston         Today's Date       10/31/16         Please check the following tasks completed this month       * Discussed Preventive Maintenance Monitoring
Foday's Date10/31/16Please check the following tasks completed this month
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Please check the following tasks completed this month
* Submitted Work Orders
* Completed a Walkthrough
Had a Volunteer Day
<ul> <li>Met with PTO to Discuss Progress and/or Donations</li> </ul>
Requested a Consult with DEH
Requested a Health Education Presentation
* Other: J & B AC Contractor
Who did you discuss preventive maintenance monitoring with? (Please select all the apply)
* Teachers
* Administrative Staff
* Maintenance
* Superintendent or his representative
Other:
Did you complete a walkthrough this month?
* Yes
f yes, what location(s)?
wing, B wing, C wing, A wing, Quad, Cafeteria, Gym, Office Areas
for a substantian (a) was showned and what action have was taken?
f yes, what violation(s) were observed and what action have you taken?
wnings in despair in A wing, B and C wings, and the E wing areas. Additionally, there is a hole identified in the fen
ne near the quad area that needs repair. LCD Lights are being placed on the campus to replace the old damaged
aditional lighting in the hallways. All of these items are placed in MUNIS Maintenance.
Did you have a volunteer day this month?
Yes
* No
f yes, please indicate the type of volunteers, date, and description of activities.
Did you meet/talk with your parent/teacher organization the month about preventive maintenance?
Yes
No
f yes, what topic was discussed?
let with the SCC on October 17, 2016 and discussed the deteriorating awning issue and the safety concern of the
ommittee. Mr. Ada, a board member requested pictures of the awnings and I sent them to him in an attempt to
plicit his support.
Did you request a consult with DEH this month?
□ Yes

## ξNo

If yes, please indicate the date of the meeting and topics addressed

Did you request a health education presentation this month?

- □ Yes
- ξNo

If yes, please indicate the date, topic, and name of presenter: