

October Monthly Report	
Full Name	Denise Taimanglo
Name of School	C. L. Taitano Elementary School
Today's Date	October 31, 2016
Please check the following tasks completed this month <input checked="" type="checkbox"/> Discussed Preventive Maintenance Monitoring <input checked="" type="checkbox"/> Submitted Work Orders <input checked="" type="checkbox"/> Completed a Walkthrough <input type="checkbox"/> Had a Volunteer Day (Scheduled one but completed work before the scheduled day) <input checked="" type="checkbox"/> Met with PTO to Discuss Progress and/or Donations <input type="checkbox"/> Requested a Consult with DEH <input type="checkbox"/> Requested a Health Education Presentation <input type="checkbox"/> Other: _____	
Who did you discuss preventive maintenance monitoring with? (Please select all the apply) <input type="checkbox"/> Teachers <input checked="" type="checkbox"/> Administrative Staff <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Superintendent or his representative <input checked="" type="checkbox"/> Other: Mayor's Office & GHURA	
Did you complete a walkthrough this month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what location(s)?	
Entire campus	
If yes, what violation(s) were observed and what action have you taken?	
Same issues from last month. 5.2.4 Completed twice a month by SMO 6.2.1 One floor needs to be repaired scheduled for Christmas 6.4.3 Some windows need cleaning. One needs to be repaired. 10.2.1.1 Rm 6,27, 31, 32, cafeteria, need to be replaced or repaired Corrective action was taken to address identified issues with school staff and GCM staff. Issues needing to be addressed by F&M have been inputted into Munis.	
Did you have a volunteer day this month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what topic was discussed?	
Pending maintenance issues from last inspection Plan to address some cleaning and supplies needed	
Did you request a consult with DEH this month?	

☐ Yes

☒ No

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

Did you request a health education presentation this month?

☐ Yes

☒ No

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