

July Month Report	
Full Name	James M. Petite
Name of School	Agueda I. Johnston
Today's Date	8/4/16
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 checked="" type="checkbox"/> Had a Volunteer Day <input 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 checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Administrative Staff <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Superintendent or his representative Other: <u>Volunteer organizations that use the gym. Developed a plan for them to waterblast and</u>	
Did you complete a walkthrough this month?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what location(s)?	
Entire school.	
If yes, what violation(s) were observed and what action have you taken?	
Boards that are covering windows have rotted away. Maintenance is securing the materials to replace all the rotted wood on the 2 nd floor of the B-wing.	
Did you have a volunteer day this month?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the type of volunteers, date, and description of activities.	
Americorps came on July 9 th to assist with painting, water blasting, and to clear the fenceline of vegetation. On July 16, 2016 Naval Hospital Guam came to assist with staging and securing our surveyed equipment and put them on pallets. They were then secured with shrink wrap.	
Did you meet/talk with your parent/teacher organization the month about preventive maintenance?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, what topic was discussed?	
Did you request a consult with DEH this month?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please indicate the date of the meeting and topics addressed	
Did you request a health education presentation this month?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please indicate the date, topic, and name of presenter:	