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| **(month) Monthly Report** | |
| **Full Name** |  |
| **Name of School** |  |
| **Today’s Date** |  |
| Please check the following tasks completed this month   Discussed Preventive Maintenance Monitoring   Submitted Work Orders   Completed a Walkthrough   Had a Volunteer Day   Met with PTO to Discuss Progress and/or Donations   Requested a Consult with DEH   Requested a Health Education Presentation   Other:\_ | |
| 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   No | |
| If yes, what location(s)? | |
|  | |
| If yes, what violation(s) were observed and what action have you taken? | |
|  | |
| Did you have a volunteer day this month? | |
| Yes   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?  Yes   No | |
| If yes, what topic was discussed? | |
|  | |
| 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: | |