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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)? |
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| If yes, what violation(s) were observed and what action have you taken? |
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| Did you have a volunteer day this month? |
| Yes No |
| If yes, please indicate the type of volunteers, date, and description of activities. |
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| Did you meet/talk with your parent/teacher organization the month about preventive maintenance?Yes No |
| If yes, what topic was discussed? |
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| 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: |