

April Monthly Report

Full Name

School Improvement Team

Name of School

Simon Sanchez High School

Today's Date

April 20 & 27, 2016

Please check the following tasks completed this month

- ☒ Discussed Preventative 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: Clarified Roles and Updated members SSHS citations

Who did you discuss preventative maintenance monitoring with? (Please select all that apply)

- ☐ Teachers
- ☐ Administrative Staff
- ☐ Maintenance
- ☐ Superintendent or his representative
- ☒ Other: Members of SIT for now

Did you complete a walkthrough this month?

- ☒ Yes
- ☐ No

If yes, what location(s)?

Facility areas in 100s, 200s, 300s, 400s
Grounds

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

After school students conducted a clean-up of grounds from April 21,22,25,26,27,28,29 for 1 hour each day.

<p>Did you meet/talk with your parent/teacher organization this month about preventative maintenance?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
<p>If yes, what topic was discussed?</p>
<p>Note: Next parent meeting will be on May 3rd.</p>
<p>Did you request a consult with DEH this month?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If yes, please indicate the date of the meeting and topics addressed</p>
<p>SSHS had a consultation meeting with DEH on April 21 at 2:00pm and again on April 28 with the rest of the 6 pilot schools</p>
<p>Did you request a health education presentation this month?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
<p>If yes, please indicate the date, topic, and name of presenter</p>
<p>NA</p>



Jon J.P. Fernandez
Superintendent of Education

Accredited by the Western Association of Schools & Colleges
"Home of the SHARKS"

Simon A. Sanchez High School

395 Juan Jacinto Road
Yigo, Guam 96929
Telephone: (671) 653-2313
www.simonsanchez.org



Carla D. Masnayon
Principal

SCHOOL IMPROVEMENT TEAM

DATE: April 20, 2016 9:30am
Location: Principal's Office

ATTENDEES:

✓ Carla Masnayon
✓ Melvin Finona
✓ Gregorio Perez
Rey Villafior

✓ Bill San Nicolas
✓ Naomi Toves
✓ Hester Sanchez
✓ Claudette Delos Santos

■ Bus operations
- Bus Depot
■ Pugno Spit

AGENDA

1. Current Status
 - a. Review of Checklists
 - b. Review of Current Deficiencies
 - c. Number of Work Orders
 - d. Number of Deficiencies Resolved

2. Progress on Goals
 - a. Create Goals

3. Next Steps
 - a. Schedule next walk through

4. Next Meeting: 4/27/16 11:00am

Tasks

1) Conduct 1st walkthrough inspections

2) Identify major projects for summer →

3) Estimated costs.

4) How can PBIS work for school??

5) Hi list of work requests.

School Campus Clean-ups.

4) Schedule of Items to address issues → painting
grass cutting
cleaning

Craig Guevara
GOOE Maintenance Rep
Mayor Matanane (Yigo)
Student Rep (SBA)
Takyoshi Mori

(IBOOS Rep) SY18 CO18
(SBA mtgs) SY19 CO19

Our mission is to empower students to become productive citizens of the 21st century through a commitment to academic excellence, career preparation and civic engagement.

Keycard - loadshedding.

Rebecca A. Duenas
Assistant Principal

Melvin M. Finona
Assistant Principal

Dr. Kelly R. Sukola
Assistant Principal

Jessica P. Fejeran
Assistant Principal



STANDARD FORM NO. 64

OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301

DATE: 10/10/64

TO: THE SECRETARY OF DEFENSE

- ✓ Mr. Tolson
- ✓ Mr. DeLoach
- ✓ Mr. Mohr
- ✓ Mr. Bishop
- ✓ Mr. Casper
- ✓ Mr. Callahan
- ✓ Mr. Conrad
- ✓ Mr. Felt
- ✓ Mr. Gale
- ✓ Mr. Rosen
- ✓ Mr. Sullivan
- ✓ Mr. Tavel
- ✓ Mr. Trotter
- ✓ Tele. Room
- ✓ Mr. Holmes
- ✓ Miss Gandy

✓ Mr. Bishop
✓ Mr. Casper
✓ Mr. Callahan
✓ Mr. Conrad
✓ Mr. Felt
✓ Mr. Gale
✓ Mr. Rosen
✓ Mr. Sullivan
✓ Mr. Tavel
✓ Mr. Trotter
✓ Tele. Room
✓ Mr. Holmes
✓ Miss Gandy

Topic

1) Subject for investigation

2) Identify major project for

3) Estimated cost

4) How can this work

5) List of work items

6) List of items to address
7) List of items to address
8) List of items to address
9) List of items to address

10/10/64

Mr. Tolson
Mr. DeLoach
Mr. Mohr
Mr. Bishop
Mr. Casper
Mr. Callahan
Mr. Conrad
Mr. Felt
Mr. Gale
Mr. Rosen
Mr. Sullivan
Mr. Tavel
Mr. Trotter
Tele. Room
Mr. Holmes
Miss Gandy

(1000) 10/10/64

Buildings (Outer Area) & Grounds Checklist for School

Instructions: Complete this checklist by checking "Yes," "No," or "N/A" box beside each of item. (A "No" response requires further attention.) Make comments in the "Notes" section as necessary. Submit the checklist to the assigned school maintenance coordinator.

Name:	Jenn Hanzel-Dela Cruz
School:	SSHS
Room/Area/Location:	
Date Completed:	4/22/16

1. General			
a. Construction (if applicable) is observed with a valid, issued construction permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
2. Grounds			
a. Grounds do NOT have standing water that is not draining well?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Outside recreational area is fenced in or properly isolated from vehicular traffic?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Outside fence is NOT damaged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Free of potential sources of insect and rodent breeding?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Free of any open dumping areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Free of any low lying swampy areas where mosquitos are breeding?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. No rubbish or overgrown vegetation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
i. No areas that are NOT level that could cause potential injury?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Sidewalks			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
4. Exterior Walls			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
5. Awnings			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
6. Exterior Exits			
a. Easily accessible and plainly indicated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. NOT rolling, sliding, revolving, or double acting?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Self-closing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. All doors to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
7. Windows			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

c. All windows to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8. Equipment			
a. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Design and Construction			
a. Following other applicable regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. With new construction, adhering to the latest editions of the Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code, and Guam Fire Protection Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Water Supply			
a. Ample supply of water from an approved public water system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Safe and of sanitary quality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Drinking fountains provided in the ratio of 1 per each 75 students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Drinking fountains constructed of impervious material (stainless steel, vitreous china, porcelain, enamel, or stoneware)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Jet of drinking fountain a nozzle of non-oxidizing, impervious material set at an angle from the vertical so as to prevent the return of water in the jet to the orifice or orifices from whence the jet issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Nozzle and every other opening in the water pipe or conductor leading to the nozzle above the edge of the bowl?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. End of the nozzle protected by a non-oxidizing guard to prevent the mouth or nose of a person using the fountain from coming in contact with the nozzle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. The bowl of the drinking fountain is free from corners so as to be easily cleanable and to avoid collection of dirt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j. Has a direct physical connection with a waste pipe unless the drain is trapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k. Waste opening and pipe provided with a strainer and sufficient size to carry off the water promptly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l. School water supply system in good working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
m. Water outlets protected from back-flow either by air gap or back-flow prevention devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
n. No existing or potential cross-contamination or back-siphonage problems anywhere in the school building or premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
o. All water outlets with a threaded, serrated- or quick coupling nozzle provided with a vacuum breaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Garbage and Trash Disposal			
a. Adequate number of garbage and trash containers with tight fitting lids located at place suitable for their use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. All self-closing lids are constructed in a way that accidents cannot occur from faults of the apparatus itself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Garbage containers watertight and non-absorbent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Garbage containers washed and treated with a disinfectant as often	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

as may be necessary to prevent nuisances?			
e. Disinfectant used in such containers at least 100 ppm of chlorine or its equivalent of an acceptable bactericide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Garbage, trash, and other solid wastes disposed of regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Trash and solid waste disposed of in an approved landfill or garbage or refuse disposal system approved by Public Health so as not to create a nuisance or health hazard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. Trash cans or barrels elevated to at least 18 inches from the grounds surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. Areas around the containers kept clean so as not to serve as harborage for vermin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j. Bulk refuse containers located on impervious asphalt or concrete surfaces sloped to drain into an approved sewage disposal system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k. Garbage intended for use as animal feed stored according to regulation separately established for feeding of garbage to livestock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Safety			
a. Playground equipment well-constructed, safe and maintained in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Playground equipment complies with the safety requirements of the U.S. Consumer Product Safety Commission adopted by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Playground equipment inspected frequently to detect defects, and when found dismantled or placed out of service until repaired or replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes Section:

Topic No. (ex: 7a)	Description of Issue (Ex: There is excessive dirt on the windows)

Restroom Checklist for Schools

Instructions: Complete this checklist by checking "Yes," "No," or "N/A" box beside each of item. (A "No" response requires further attention.) Make comments in the "Notes" section as necessary. Submit the checklist to the assigned school maintenance coordinator.

Name:	Jen - Hanzsek-Dole Cruz
School:	SSH S
Room/Area/Location:	
Date Completed:	4-27-16

1. Floors			
a. Clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
2. Walls			
a. Light color?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
3. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
4. Exits			
a. Easily accessible and plainly indicated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. NOT rolling, sliding, revolving, or double acting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Self-closing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
g. All doors to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Maintenance and Housekeeping			
a. All areas in a clean, safe, and sanitary condition and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. All equipment maintained in a clean, safe, and sanitary condition and kept in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Building free of insects of public health significance and conditions which attract, provide harborage, and promote breeding of vermin?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
6. Design and Construction			
a. Following other applicable regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. With new construction, adhering to the latest editions of the International Plumbing Code, Building Code, International Mechanical Code, International Electrical Code, and International Fire Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Ventilation			
a. Is your room overly hot or stuffy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Is there mold or mildew growing in your room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. At least 1/2 of windows (when only means of ventilation) opening from	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

both top and bottom?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Is there a consistent, unpleasant odor?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting				
a. Adequate natural and/or artificial light?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. All light fixtures kept clean and in good repair?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Do all of your lights have light shields?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. All room window light shields, shades, and/or blinds kept clean and in good condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. No unwanted glare in your room?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Plumbing				
a. Sized, installed, and maintained to carry adequate quantities of water to required locations throughout the school to prevent contamination of water supply?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Installation in conformance with the current Uniform Plumbing Code?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Sized, installed, and maintained to properly convey sewage and liquid wastes from the school building to the public sewage system or to an individual sewage disposal system approved by the Department?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Handwashing Unit				
a. Working handwashing unit located in the classroom?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Unit kept clean and maintained?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Cold water available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. All hot water combined with cold water through a mixing faucet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Soap and single-service towels and/or heated air hand-drying device provided at all times?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
f. Conveniently located next to toilet rooms?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Restrooms				
a. Minimum number of toilets?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Toilets and urinals of proper height?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Separate restrooms for each sex that are conveniently located?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Restrooms provided in conjunction with shower or locker room?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Signs designating the sex for which such room is intended on toilet doors?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Floors impervious material?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Floor drains provided?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. Each restroom completely enclosed and has a tightfitting, self-closing door?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
i. Toilet partition doors NOT more than 1 foot from floor and extend to a height NOT less than 5 feet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j. Adequately ventilated and mechanically or naturally vented to the outside?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
k. Adequate lighting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l. Each toilet room has an approved trash container?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
m. Kept in good repair, clean, and free from foul odor?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
n. Toilet paper available and conveniently located adjacent to each toilet?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

Notes Section:

Topic No. (ex: 2b)	Description of Issue (ex: There is excessive dirt on the walls)

Gym Checklist for Schools

Instructions: Complete this checklist by checking "Yes," "No," or "N/A" box beside each item. (A "No" response requires further attention.) Make comments in the "Notes" section as necessary. Submit the checklist to the assigned school maintenance coordinator.

Name:	Jenn Manzok-Dela Cruz
School:	SSHS
Room/Area/Location:	
Date Completed:	4-27-16

1. Grounds			
a. Grounds do NOT have standing water that is not draining well?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Outside recreational area is fenced in a properly isolated from vehicular traffic?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Outside fence is NOT damaged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Free of potential sources of insect and rodent breeding?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Free of any open dumping areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Free of any low lying swampy areas where mosquitos are breeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. No rubbish or overgrown vegetation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. No areas that are NOT level that could cause potential injury?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
2. Rooms			
a. Clean, neat, and orderly with no rubbish observed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do you have approved waste paper containers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
3. Janitorial Rooms			
a. Janitorial rooms, and any storage area used to store hazardous materials, locked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Floors			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
5. Walls			
a. Light color?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
6. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
7. Exits			
a. Easily accessible and plainly indicated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. NOT rolling, sliding, revolving, or double acting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c. Self-closing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

f. Door(s) in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. All doors to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8. Windows			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. All windows to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Equipment			
a. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Storage			
a. Sufficient space for outdoor clothing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Sufficient storage for instructional equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Maintenance and Housekeeping			
a. All areas in a clean, safe, and sanitary condition and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. All equipment maintained in a clean, safe, and sanitary condition and kept in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Building free of insects of public health significance and conditions which attract, provide harborage, and promote breeding of vermin?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
12. Ventilation			
a. Is your room overly hot or stuffy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Is there mold or mildew growing in your room?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. At least ½ of windows (when only means of ventilation) opening from both top and bottom?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Is air blowing directly on students?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Air con(s) clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
f. Is there a consistent, unpleasant odor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
13. Lighting			
a. Adequate natural and/or artificial light?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. All light fixtures kept clean and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Do all of your lights have light shields?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. All room window light shields, shades, and/or blinds kept clean and in good condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. No unwanted glare in your room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Water Supply			
a. Ample supply of water from an approved public water system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Safe and of sanitary quality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Drinking fountains provided in the ratio of 1 per each 75 students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Drinking fountains constructed of impervious material (stainless steel, vitreous china, porcelain, enamel, or stoneware)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Jet of drinking fountain a nozzle of non-oxidizing, imperious material set at an angle from the vertical so as to prevent the return of water in the jet to the orifice or orifices from whence the jet issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Nozzle and every other opening in the water pipe or conductor leading to the nozzle above the edge of the bowl?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

h. End of the nozzle protected by a non-oxidizing guard to prevent the mouth or nose of a person using the fountain from coming in contact with the nozzle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. The bowl of the drinking fountain is free from corners so as to be easily cleanable and to avoid collection of dirt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j. Has a direct physical connection with a waste pipe unless the drain is trapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k. Waste opening and pipe provided with a strainer and sufficient size to carry off the water promptly?>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l. School water supply system in good working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
m. Water outlets protected from back-flow either by air gap or back-flow prevention devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
n. No existing or potential cross-contamination or back-siphonage problems anywhere in the school building or premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
o. All water outlets with a threaded, serrated- or quick coupling nozzle provided with a vacuum breaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Handwashing Units			
a. Working handwashing unit located in the classroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Unit kept clean and maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Cold water available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. All hot water combined with cold water through a mixing faucet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Soap and single-service towels and/or heated air hand-drying device provided at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Shower and Locker Rooms			
a. Showers provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Adequate number of shower heads?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Floor of the shower room of smooth finished material with nonslip surface impervious to moisture and sloped to the floor drain?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Junctions between walls and floors coved and sealed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Walls water impervious up to showerhead heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Upper walls and ceilings of smooth, easily washable construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Kept clean and well ventilated?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
h. Lockers, showerheads, and floors kept in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
17. Restrooms			
a. Minimum number of toilets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Toilets and urinals of proper height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Separate restrooms for each sex that are conveniently located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Restrooms provided in conjunction with shower or locker room?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Signs designating the sex for which such room is intended on toilet doors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Floors impervious material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Floor drains provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. Each restroom completely enclosed and has a tightfitting, self-closing door?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
i. Toilet partition doors NOT more than 1 foot from floor and extend to a height NOT less than 5 feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

j. Adequately ventilated and mechanically or naturally vented to the outside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k. Adequate lighting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l. Each toilet room has an approved trash container?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
m. Kept in good repair, clean, and free from foul odor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
n. Toilet paper available and conveniently located adjacent to each toilet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes Section:

Topic No. (ex: 8a)	Description of Issue (ex: There is excessive dirt on the windows)

Student and/or Parent Checklist for School

Instructions: Complete this checklist by checking "Yes," "No," or "N/A" box beside each item. (A "No" response requires further attention.) Make comments in the "Notes" section as necessary. Submit the checklist to the assigned school maintenance coordinator.

Name:	Jenn Hanzolek - Dea Crum
School:	SSH
Room/Area/Location:	
Date Completed:	

1. Grounds			
a. Grounds do NOT have standing water that is not draining well?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Free of potential sources of insect and rodent breeding?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Free of any open dumping areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Free of any low lying swampy areas where mosquitos are breeding?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. No rubbish or overgrown vegetation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. No areas that are NOT level that could cause potential injury?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
2. Rooms			
a. Clean, neat, and orderly with no rubbish observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do you have approved waste paper containers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and Sidewalks			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
4. Walls (Inside and Outside)			
a. Light color?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
5. Ceilings and Awnings			
a. Light color?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
6. Exits (Interior and Exterior)			
a. Easily accessible and plainly indicated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. NOT rolling, sliding, revolving, or double acting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Self-closing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
g. All doors to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
7. Windows (Interior and Exterior)			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

c. All windows to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Equipment			
a. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Seating			
a. A desk and chair available for every student?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Desk and chair appropriately sized for student?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Writing tables smooth and light in color?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
10. Storage			
a. Sufficient space for outdoor clothing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Sufficient storage for instructional equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Maintenance and Housekeeping			
a. All areas in a clean, safe, and sanitary condition and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. All equipment maintained in a clean, safe, and sanitary condition and kept in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Building free of insects of public health significance and conditions which attract, provide harborage, and promote breeding of vermin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Ventilation			
a. Is your room overly hot or stuffy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Is there mold or mildew growing in your room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. At least ½ of windows (when only means of ventilation) opening from both top and bottom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Is air blowing directly on students?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Air con(s) clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Is there a consistent, unpleasant odor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
13. Lighting			
a. Adequate natural and/or artificial light?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. All light fixtures kept clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Do all of your lights have light shields?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. All room window light shields, shades, and/or blinds kept clean and in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. No unwanted glare in your room?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
14. Water Supply			
a. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. The bowl of the drinking fountain is free from corners so as to be easily cleanable and to avoid collection of dirt?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
15. Handwashing Units			
a. Working handwashing unit located in the classroom?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Unit kept clean and maintained?			
c. Cold water available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. All hot water combined with cold water through a mixing faucet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Soap and single-service towels and/or heated air hand-drying device provided at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Conveniently located next to toilet rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Shower and Locker Rooms			

a. Showers provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Adequate number of shower heads?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Floor of the shower room of smooth finished material with nonslip surface impervious to moisture and sloped to the floor drain?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Junctions between walls and floors coved and sealed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Walls water impervious up to showerhead heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Upper walls and ceilings of smooth, easily washable construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Kept clean and well ventilated?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
h. Lockers, showerheads, and floors kept in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
17. Restrooms			
a. Minimum number of toilets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Toilets and urinals of proper height?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Separate restrooms for each sex that are conveniently located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Restrooms provided in conjunction with shower or locker room?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Signs designating the sex for which such room is intended on toilet doors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Floors impervious material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Floor drains provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. Each restroom completely enclosed and has a tightfitting, self-closing door?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
i. Toilet partition doors NOT more than 1 foot from floor and extend to a height NOT less than 5 feet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
j. Adequately ventilated and mechanically or naturally vented to the outside?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
k. Adequate lighting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l. Each toilet room has an approved trash container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
m. Kept in good repair, clean, and free from foul odor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
n. Toilet paper available and conveniently located adjacent to each toilet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Garbage and Trash Disposal			
a. Adequate number of garbage and trash containers with tight fitting lids located at place suitable for their use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. All self-closing lids are constructed in a way that accidents cannot occur from faults of the apparatus itself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Garbage containers watertight and non-absorbent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Garbage containers washed and treated with a disinfectant as often as may be necessary to prevent nuisances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Disinfectant used in such containers at least 100 ppm of chlorine or its equivalent of an acceptable bactericide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Garbage, trash, and other solid wastes disposed of regularly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Safety			
a. First aid material available and accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Fire extinguishers provided as required by the Guam Fire Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. All doors to the outside open to the outside and equipped with panic latches?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

d. Playground equipment well-constructed, safe and maintained in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Playground equipment complies with the safety requirements of the U.S. Consumer Product Safety Commission adopted by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Playground equipment inspected frequently to detect defects, and when found dismantled or placed out of service until repaired or replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes Section:

Topic No. (ex: 7a)	Description of Issue (ex: There is excessive dirt on the windows)

General School Maintenance Checklist for Schools

Instructions: Complete this checklist by checking "Yes," "No," or "N/A" box beside each item. (A "No" response requires further attention.) Make comments in the "Notes" section as necessary. Submit the checklist to the assigned school maintenance coordinator.

Name:	JENNIFER Hantzsek-DeLa Cruz
School:	SSHS
Room/Area/Location:	
Date Completed:	4-27-16

1. General			
a. Construction (if applicable) is observed with a valid, issued construction permit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Can you locate your schools valid, sanitary permit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Grounds			
a. Grounds do NOT have standing water that is not draining well?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Outside recreational area is fenced in a properly isolated from vehicular traffic?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Outside fence is NOT damaged?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Free of potential sources of insect and rodent breeding?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Free of any open dumping areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Free of any low lying swampy areas where mosquitoes are breeding?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. No rubbish or overgrown vegetation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
i. No areas that are NOT level that could cause potential injury?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Rooms			
a. Clean, neat, and orderly with no rubbish observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do you have approved waste paper containers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Janitorial Rooms			
a. Janitorial rooms and any storage area used to store hazardous materials locked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
5. Floors			
a. Clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
6. Walls			
a. Light color?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
7. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
8. Exits			

a. Easily accessible and plainly indicated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. NOT rolling, sliding, revolving, or double acting?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Self-closing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. All doors to the outer air screened?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Windows			
a. Clean?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. All windows to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
10. Equipment			
a. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Seating			
a. A desk and chair available for every student?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Desk and chair appropriately sized for student?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Writing tables smooth and light in color?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
12. Storage			
a. Sufficient space for outdoor clothing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Sufficient storage for maintenance equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Sufficient storage for instructional equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Maintenance and Housekeeping			
a. All areas in a clean, safe, and sanitary condition and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. All equipment maintained in a clean, safe, and sanitary condition and kept in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Building free of insects of public health significance and conditions which attract, provide harborage, and promote breeding of vermin?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
14. Design and Construction			
a. Following other applicable regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. With new construction, adhering to the latest editions of the Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code, and Guam Fire Protection Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Ventilation			
a. Is your room overly hot or stuffy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Is there mold or mildew growing in your room?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. At least ½ of windows (when only means of ventilation) opening from both top and bottom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Is air blowing directly on students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Air con(s) clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Is there a consistent, unpleasant odor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
16. Lighting			
a. Adequate natural and/or artificial light?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. All light fixtures kept clean and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Do all of your lights have light shields?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

d. All room window light shields, shades, and/or blinds kept clean and in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
e. No unwanted glare in your room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
17. Plumbing			
a. Sized, installed, and maintained to carry adequate quantities of water to required locations throughout the school to prevent contamination of water supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Installation in conformance with the current Uniform Plumbing Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Sized, installed, and maintained to properly convey sewage and liquid wastes from the school building to the public sewage system or to an individual sewage disposal system approved by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Water Supply			
a. Ample supply of water from an approved public water system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Safe and of sanitary quality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
c. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Drinking fountains provided in the ratio of 1 per each 75 students?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Drinking fountains constructed of impervious material (stainless steel, vitreous china, porcelain, enamel, or stoneware)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
f. Jet of drinking fountain a nozzle of non-oxidizing, impervious material set at an angle from the vertical so as to prevent the return of water in the jet to the orifice or orifices from whence the jet issues?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
g. Nozzle and every other opening in the water pipe or conductor leading to the nozzle above the edge of the bowl?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. End of the nozzle protected by a non-oxidizing guard to prevent the mouth or nose of a person using the fountain from coming in contact with the nozzle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. The bowl of the drinking fountain is free from corners so as to be easily cleanable and to avoid collection of dirt?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
j. Has a direct physical connection with a waste pipe unless the drain is trapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k. Waste opening and pipe provided with a strainer and sufficient size to carry off the water promptly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l. School water supply system in good working order?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
m. Water outlets protected from back-flow either by air gap or back-flow prevention devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
n. No existing or potential cross-contamination or back-siphonage problems anywhere in the school building or premises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
o. All water outlets with a threaded, serrated- or quick coupling nozzle provided with a vacuum breaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Handwashing Units			
a. Working handwashing unit located in the classroom?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Unit kept clean and maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c. Cold water available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
d. All hot water combined with cold water through a mixing faucet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
e. Soap and single-service towels and/or heated air hand-drying device provided at all times?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

f. Conveniently located next to toilet rooms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
20. Shower and Locker Rooms			
a. Showers provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Adequate number of shower heads?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Floor of the shower room of smooth finished material with nonslip surface impervious to moisture and sloped to the floor drain?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Junctions between walls and floors coved and sealed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
e. Walls water impervious up to showerhead heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Upper walls and ceilings of smooth, easily washable construction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
g. Kept clean and well ventilated?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
h. Lockers, showerheads, and floors kept in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
21. Restrooms			
a. Minimum number of toilets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Toilets and urinals of proper height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Separate restrooms for each sex that are conveniently located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Restrooms provided in conjunction with shower or locker room?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Signs designating the sex for which such room is intended on toilet doors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Floors impervious material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Floor drains provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. Each restroom completely enclosed and has a tightfitting, self-closing door?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. Toilet partition doors NOT more than 1 foot from floor and extend to a height NOT less than 5 feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j. Adequately ventilated and mechanically or naturally vented to the outside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k. Adequate lighting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l. Each toilet room has an approved trash container?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
m. Kept in good repair, clean, and free from foul odor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
n. Toilet paper available and conveniently located adjacent to each toilet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
22. Garbage and Trash Disposal			
a. Adequate number of garbage and trash containers with tight fitting lids located at place suitable for their use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. All self-closing lids are constructed in a way that accidents cannot occur from faults of the apparatus itself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c. Garbage containers watertight and non-absorbent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
d. Garbage containers washed and treated with a disinfectant as often as may be necessary to prevent nuisances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Disinfectant used in such containers at least 100 ppm of chlorine or its equivalent of an acceptable bactericide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Garbage, trash, and other solid wastes disposed of regularly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Safety			
a. First aid material available and accessible?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. Fire extinguishers provided as required by the Guam Fire Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

c. All doors to the outside open to the outside and equipped with panic latches?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Playground equipment well-constructed, safe and maintained in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
e. Playground equipment complies with the safety requirements of the U.S. Consumer Product Safety Commission adopted by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
f. Playground equipment inspected frequently to detect defects, and when found dismantled or placed out of service until repaired or replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Notes Section:

Topic No. (ex: 9a)	Description of Issue (ex: There is excessive dirt on the windows)

School Improvement Team – Build Your Roster

Full Name	Title	Email	Phone Number
Gregorio Perez	School Safety Liaison / Teacher	ggperez@gdoe.net	653-2313
Rey Villaflor	School Safety Liaison / Teacher	revillaflor@gdoe.net	653-2313
Bill San Nicolas	Custodial Staff / Fire Watch	wcsannicolas@gdoe.net	653-2313
Naomi Toves	School Aide I / Classroom Inspection	njtoves@gdoe.net	653-2313
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Melvin Finona	Assistant Principal	mmfinona@gdoe.net	653-2313
Carla Masnayon	Principal	cdmasnayon@gdoe.net	653-2313
Claudette Delos Santos	Parent	sparkling671@yahoo.com	685-8156
Jenn Hanzsek-Dela Cruz	Parent	hanzsekdelacruz@hotmail.com	653-1815
**Pending Facilities & Maintenance Rep			
**Pending Yigo Mayor's Office Representative			

Ratios Worksheet – Secondary (Middle School and High School)

Building Your School Profile: Ratios Worksheet

Knowing the ratio requirements to keep your school in compliance is important. Use this worksheet to determine what your ratios are and the required number of toilets, urinals, handwashing units, showerheads, and drinking fountains.

Ratios Worksheet

Description	Current Number
Current Student Population	1833
Current Male Student Population	1001
Current Female Student Population	832
Maximum Number of Females in an Athletics Class during any Class Period	
Maximum Number of Males in an Athletics Class during any Period	

Secondary (Middle School and High School) – Female Toilets

Current Female Student Population	Divided by	Minimum # of Female Students Per Toilet	Equals	Required Number of Toilets in a Female Restroom at my School*
832	÷	45	=	18.49

Secondary (Middle School and High School) – Male Toilets

Current Male Student Population	Divided by	Minimum # of Male Students Per Toilet	Equals	Required Number of Toilets in a Male Restroom at my School*
1001	÷	100	=	10.01

Secondary (Middle School and High School) – Urinals

Current Male Student Population	Divided by	Minimum # of Male Students Per Urinal	Equals	Required Number of Urinals in a Male Restroom at my School*
1001	÷	30	=	33.36

Secondary (Middle School and High School) – Handwashing Units

Current Student Population	Divided by	Minimum # of Student Per Handwashing Unit	Equals	Required Number of Handwashing Units at my School*
1833	÷	100	=	18.33

Secondary (Middle School and High School) – Female Showerheads

Maximum # of Females in an Athletics Class during any Class Period	Divided by	Minimum Female Students Per Showerhead	Equals	Required Number of Showerheads in a Female Shower Room at my School*
	÷	4	=	

Secondary (Middle School and High School) – Male Showerheads

Maximum # of Males in an Athletics Class during any Class Period	Divided by	Minimum Male Students Per Showerhead	Equals	Required Number of Showerheads in a Male Shower Room at my School*
	÷	5	=	

Secondary (Middle School and High School) – Drinking Fountains

Current Student Population	Divided by	Minimum Students Per Drinking Fountain	Equals	Required Number of Drinking Fountains at my School*
1833	÷	75	=	24.44

*For decimal results, round up to the next whole number

Note: If at any time your student population changes, the ratios will need to be adjusted to meet the new needs of your school.

40233	3/18/16	AC Unit in Rm. 303, Leaking - needs to be serviced.
40240	3/18/16	Sink faucet leaking in Nurse Office - Need repair
40440	3/30/16	Boys RR by Rm. 214, Center sink is leaking - needs repair
40445	3/31/16	Mult Dble. Door, Latch is loose, needs to be repaired
40473	4/1/16	Replace light bulbs in Rm. 307
40570	4/6/16	Light fixture is hanging down by entrance of Cafeteria
40574	4/10/16	Need to exterminate Hornet nest behind Science Bldg.
40857	4/15/16	Need to repair Dble. Door to Butler from Main Bldg.
40891	4/15/16	Need to re-locate disconnect switch for AC in Rm. 312
40919	4/18/16	Rm. 307, need to repair hole in the floor
40989	4/18/16	Rm. 306, repair hole in the wall
40791	4/13/16	Rm. 307, AC will not turn on
39225	3/3/16	Rm. 313, AC not working properly
39210	3/3/16	Rm. 116 AC not working - Extremely hot
39051	2/24/16	Rm. 402 AC Unit Leaking badly
38759	2/24/16	Rm. 305 AC Needs repair or service
40905	4/18/16	Rm. 212 AC needs repair, not working, Very Hot.
40904	4/18/16	Repair Light switch in Room 307
40717	4/8/16	Repair Door Knob to Rm. 402
40715	4/8/16	Door knob coming loose in Rm. 104
40778	4/13/16	Repair Door knob connecting Library & Teacher's Lounge
40777	4/12/16	Repair water fountain in Gym
40876	4/15/16	Boys RR, by Rm. 214, Draining from wall when flushed
40947	4/18/16	Repair Fence between Gate 3 & 4 & Hole by Gate 3
40748	4/19/16	AC for Rm. 212 & 116 are not working
40779	4/20/16	Need to repair Exit sign in front of Counseling office - dangling
41089	4/28/16	Need to repair Dble. Door from Main to Butler. Unable to secure
41090	4/28/16	307 need to replace light Bulbs.
41104	4/25/16	50 Pails of white, 15 pails of Red, Black & Grey to Paint school
41192	4/29/16	need to Repair 2 toilets in Boys RR - Science Bldg.
41210	4/29/16	AC in Rm. 116, needs to be repaired - Not working
		AC in Rm. 402 leaking again - needs to be cleaned

