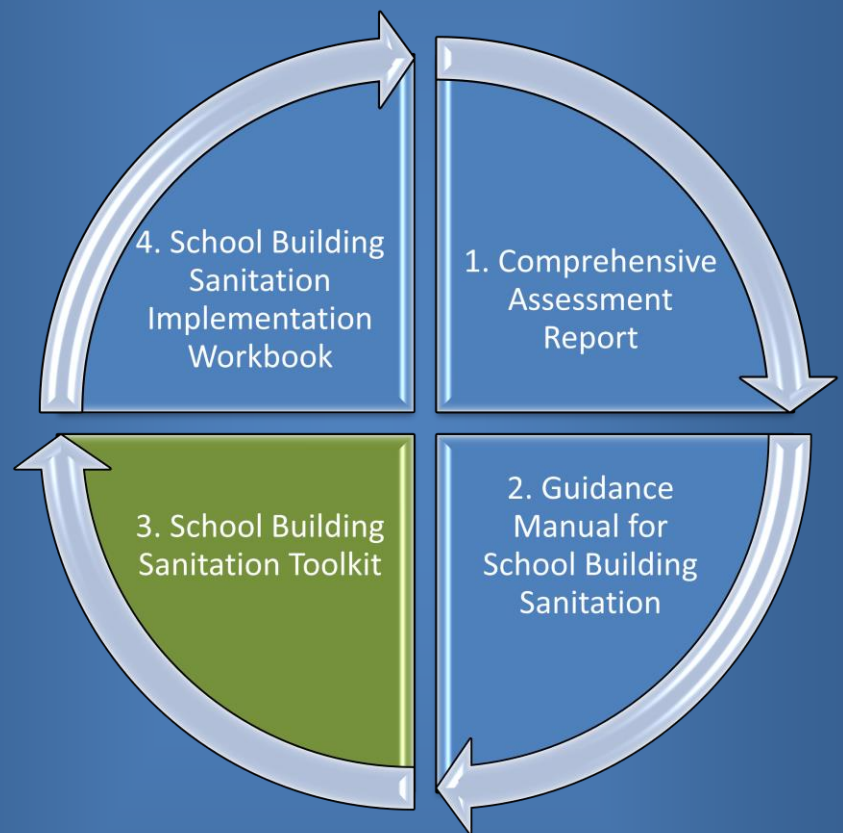


2015

School Building Sanitation Toolkit

1st Edition



COMMUNITY SUPPORTED SCHOOL MAINTENANCE PILOT PROGRAM

Division of Environmental Health
Guam Department of Public Health and Social Services
Last Updated: 3/15/2015



School Building Sanitation Toolkit

Foreword

Buenas Yan Hafa Adai! The Division of Environmental Health (DEH) of the Department of Public Health and Social Services (DPHSS) is tasked to conduct compliance inspections of all schools on island to ensure they comply with the numerous sanitation and safety standards provided in our laws and regulations governing school buildings and cafeterias.

While many improvements have occurred to the public school facilities over the years, DEH has continued to observe some of the same violations as in the past due to possible limited resources and short-lived solutions. When schools are not properly maintained and applicable controls are not in place, the facilities can be an ideal setting for the occurrence of communicable diseases such as foodborne illness, influenza, and methicillin-resistant staphylococcus aureus (MRSA), and establishment of environmental conditions that can lead to injuries (slip and fall, electrocution) and adverse health effects (asthma).

DEH is working to develop an alternative solution to addressing compliance issues, where the existing regulator-regulated relationship that exists between departments is removed, and instead we focus and nurture a partnership of mutual reliance with the involvement of internal and external community stakeholders.

This document is part of a larger initiative to improve the sanitary and safe conditions of Guam schools. It is one of four documents,



including the 1) *Comprehensive Assessment Report*, 2) *Guidance Manual for School Building Sanitation*, 3) *School Building Sanitation Toolkit*, and 4) *School Building Sanitation Implementation Workbook*. Utilize the *Quick Start Guide* for more information about each document.

With the partnership in mind, the School Building Sanitation Toolkit was developed as a supplement to the Guidance Manual for School Building Sanitation that will assist local schools who are striving to improve the way they approach school building sanitation. The School Building Sanitation Toolkit is a set of additional handouts, templates, and other effective resources schools can utilize when addressing compliance issues. We encourage all Guam public schools to adopt the Manual and the complementary Toolkit when addressing sanitation issues within school.

Table of Contents

Foreword	2
Section Descriptions	5
Section 1 - DEH School Inspections	7
Inspection of Guam Public Schools	8
Section 2 - Checklist Resources	10
How to Use the School Sanitation Checklists.....	11
Buildings (Outer Area) & Grounds Checklist for School.....	14
Cafeteria Checklist for Schools.....	17
General School Maintenance Checklist for Schools.....	20
Gym Checklist for Schools.....	25
Janitorial & Storage Checklist for Schools.....	29
Restroom Checklist for Schools	31
Teacher Checklist for Classroom	34
Student and/or Parent Checklist for School	36
Section 3 - Terms Used to Describe Restrooms & Handwashing Units.....	40
Restroom Layout – Terms	41
Section 4 - Action Plan Guidance.....	42
School Action Plan Guidance	43
Action Plan for Schools Template	49
Ratios Worksheet – Secondary (Middle School and High School).....	51
Ratios Worksheet - Elementary	53
Section 5 - Determining Timelines for Completed Actions	55
Timeline Cheat Sheet	55
Section 6 - Adopt-a-School Resources.....	65
Adopt-a-School – Example of Standard Operating Procedures.....	66
Adopt-a-School – Example of Flyer	69
Adopt-a-School Templates.....	72
Section 7 - Resources for Setting up your Monitoring System.....	74
Monitoring Schedule – What to Monitor	75
Monitoring Schedule – Creating a Calendar	77

Monitoring List	78
Section 8 - Monthly Report Template	79
Monthly Report Template	80
Section 9 - Distributing Surveys.....	82
Survey Templates.....	83
Section 10 - Contests and Recognition.....	84
Contests and Recognition	85

Section Descriptions

Section Title		Description	Templates/Examples Provided
1	DEH School Inspections	An overview of the inspection process for public schools in Guam	<ul style="list-style-type: none"> • Inspection of Guam Public Schools
2	Checklist Resources	An overview of how students, staff, and other stakeholders can play a more active role in the inspection process by being their own inspectors	<ul style="list-style-type: none"> • How to Use the School Sanitation Checklist • Buildings & Grounds Checklist for Schools • Dining Room Checklist for Schools • General Maintenance Checklist for Schools • Gym Checklist for Schools • Janitorial & Storage Checklist for Schools • Restroom Checklist for Schools • Student Checklist for Schools • Teacher Checklist for Schools
3	Terms Used to Describe Restrooms & Handwashing Units	A visual representation of the terms used when describing a restroom or handwashing unit	<ul style="list-style-type: none"> • Restroom Layout - Terms
4	Action Plan Guidance	Guidance on creating an action plan to address school building sanitation deficiencies	<ul style="list-style-type: none"> • School Action Plan Guidance • Action Plan for Schools • Ratios Worksheet
5	Determine Timelines for Completed Actions	Provides an estimated timeline for changes to be resolved at a school	<ul style="list-style-type: none"> • Timeline Cheat Sheet
6	Adopt-a-School Resources	An example of standard operating procedures, a flyer your school can follow when expanding your Adopt-a-School Program, and templates to organize the work	<ul style="list-style-type: none"> • Adopt-a-School Example of Standard Operating Procedures and Flyer • Adopt-a-School Task List • Adopt-a-School Supply Inventory • Adopt-a-School Volunteer Signup Sheet • Adopt-a-School Sign in Sheet • Adopt-a-School Supply Sign Out Sheet • Adopt-a-School Donation List
7	Resources for Setting up your Monitoring System	Examples of how schools can monitor progress made addressing school building sanitation deficiencies and templates to begin the process	<ul style="list-style-type: none"> • Monitoring Schedule – What to Monitor • Monitoring Schedule – Creating a Calendar • Monitoring List Example
8	Monthly Report Template	Template schools can use to record progress made regarding school building sanitation	<ul style="list-style-type: none"> • Monthly Report
9	Distributing Surveys	Templates with customized questions schools can use when gathering feedback from stakeholders	<ul style="list-style-type: none"> • Survey Templates

Section Title		Description	Templates/Examples Provided
10	Contests and Recognitions	Provides links to contests and recognition programs that your school can participate in relating to school building sanitation	<ul style="list-style-type: none"> Contests and Recognition Handout



DEH School Inspections

An overview of the inspection process for public schools in Guam

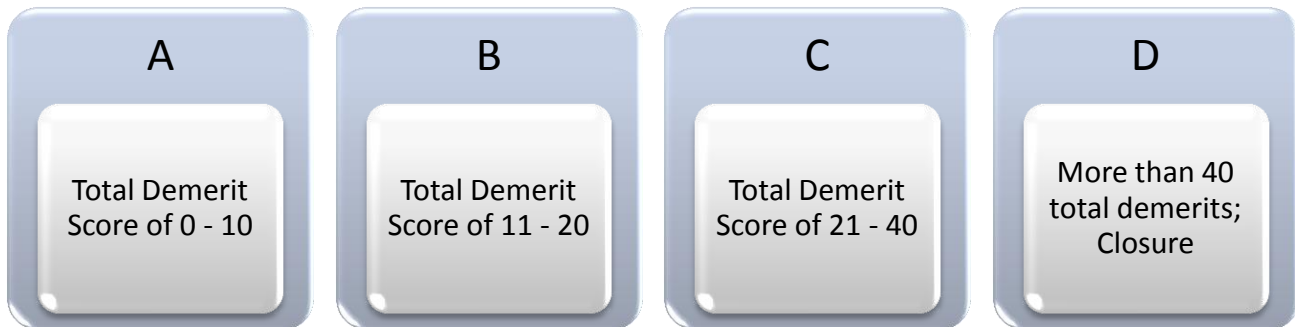


Section 1

Inspection of Guam Public Schools

BACKGROUND

- The inspections of schools involve the examination of the physical structure, cleanliness of the facility, ventilation, lighting, plumbing, disposal of waste, safety, and other requirements provided in the rules and regulations.
- At the conclusion of every routine inspection, a letter grade is assigned to the school, which reflects the sanitary condition of the building.
- Letter grades are determined by the number of demerit scores received during the inspection.



- A demerit is issued for every violation; thus, more violations mean more demerits. All such violations are noted on the Inspection Report.
- A violation has a demerit score of 2, 4, or 6 depending on the potential adverse health effect it may cause to the occupants. Therefore, a critical violation, such as sewage back-up, will have higher demerit score (6) compared to a minor violation (i.e., peeling paint).
- Each violation is identified and cited by its particular "Item" number in the Inspection Report. These "Item" numbers are provided in the check-list on the back of the Inspection Report as a quick reference to the inspector and the facility manager/owner.
- Many separate, but related, violations will have the same "Item" number. For example, non-functional commode has the same violation and thus, Item number, as the violation for not providing toilet tissue.
- Regardless of the number of the same violations found, the demerit score for that particular violation is cited only once. Thus, a school will be issued a demerit of 6 points whether it has 1, 10, or 100 non-functional toilets.
- The demerit score for a particular Item number is issued only once even if other separate, but related, requirements under the same Item number are violated. Hence, a school can be cited for having non-functional commodes and not providing sanitary paper towels, which are separate and distinct violations; however, the same school cannot be issued a demerit score for each of those violations since both are under the same Item number.

- The Division of Environmental Health (DEH) deems the following violations serious enough that they require immediate attention for protecting the health and well-being of students and faculty:
 - Item #21: Inadequate ventilation in occupied rooms
 - Item #25: Not having or utilizing approved sewage disposal system
 - Item #26: Inadequate water supply
 - Item #28: Not providing functional hand-washing sink, and its appurtenances, in classrooms of Kindergarten - 2nd Grade
 - Item #29: Not providing functional hand-washing sinks, and their appurtenances, in toilet facilities
 - Item #31: Toilet facility not in sanitary condition, and functional commodes and their appurtenances not provided
- Because the letter grade reflects the state of a particular school at the time of the inspection, its condition may worsen or improve soon after the inspection.
- A school with a letter grade of "A" or "B" must correct all its violations within 30 days after the inspection date, while a facility with a "C" must do so in 15 days. However, any violation with a designated demerit score of 6 points, which is deemed critical, must be corrected within 10 days after the inspection regardless of the letter grade received.
- School cafeterias are inspected separately and governed by different rules and regulations.



Checklist Resources

An overview of how students, staff, and other stakeholders can play a more active role in the inspection process by being their own inspectors



Section 2

How to Use the School Sanitation Checklists

Checklist Overview

Learning how to look at your school with the perspective of an inspector looking for issues related to school building sanitation can be difficult. The following eight checklists were developed to help staff, students, and parents to play a more active role in school sanitation. Maintaining a safe and sanitary school can be a challenging task and should involve multiple players. By utilizing these checklists, stakeholders can identify potential issues in the classroom or around school grounds that should be reported to the assigned school maintenance coordinator. Please read the following descriptions to find out which checklist is right for you.

Buildings (Outer Area) & Grounds Checklist for Schools

This checklist can be used by school staff, specifically maintenance personnel, as they assess the school grounds and exterior areas of the buildings. The checklist covers the following areas:

- | | | |
|------------------|------------------|---------------------|
| ● General | ● Exterior Exits | ● Water Supply |
| ● Grounds | ● Windows | ● Garbage and Trash |
| ● Sidewalks | ● Equipment | Disposal |
| ● Exterior Walls | ● Design and | ● Safety |
| ● Awnings | Construction | |

Cafeteria Checklist for Schools

This checklist can be used by school staff, contractors, students, and parents. The responsibility to maintain the cafeteria may fall on the school or its contracted school vendor. This checklist can be used as a communication tool to discuss any concerns that may arise in the cafeteria. This checklist only covers topics related to school sanitation. To assess food service operations, please utilize the Guam Food Code. The checklist covers the following areas:

- | | | |
|------------|-------------------|---------------------|
| ● Rooms | ● Windows | ● Lighting |
| ● Floors | ● Equipment | ● Water Supply |
| ● Walls | ● Maintenance and | ● Garbage and Trash |
| ● Ceilings | Housekeeping | Disposal |
| ● Exits | ● Ventilation | ● Safety |

General School Maintenance Checklist for Schools

This checklist can be used by school staff that plan to assess any area of the school. The checklist covers the following areas:

- | | | |
|--------------------|-------------------|---------------------|
| ● General | ● Equipment | ● Plumbing |
| ● Grounds | ● Seating | ● Water Supply |
| ● Rooms | ● Storage | ● Handwashing Units |
| ● Janitorial Rooms | ● Maintenance and | ● Shower and Locker |
| ● Floors | Housekeeping | Rooms |
| ● Walls | ● Design and | ● Restrooms |
| ● Ceilings | Construction | ● Garbage and Trash |
| ● Exits | ● Ventilation | Disposal |
| ● Windows | ● Lighting | ● Safety |

Gym Checklist for Schools

This checklist can be used by physical education teachers, maintenance, and other school staff who are assessing the gym and associated rooms such as locker rooms and weight rooms. The checklist covers the following areas:

- | | | |
|--------------------|-------------------|---------------------|
| ● Grounds | ● Windows | ● Water Supply |
| ● Rooms | ● Equipment | ● Handwashing Units |
| ● Janitorial Rooms | ● Storage | ● Shower and Locker |
| ● Floors | ● Maintenance and | Rooms |
| ● Walls | Housekeeping | ● Restroom |
| ● Ceilings | ● Ventilation | |
| ● Exits | ● Lighting | |

Janitorial & Storage Checklist for Schools

This checklist can be used by maintenance and custodial staff to assess all janitorial and storage areas. The checklist covers the following areas:

- | | | |
|--------------------|------------|-------------------|
| ● Janitorial Rooms | ● Ceilings | ● Maintenance and |
| ● Floors | ● Exits | Housekeeping |
| ● Walls | ● Storage | ● Ventilation |

Restroom Checklist for Schools

This checklist can be used by all school staff, students, and parents to assess restrooms, handwashing rooms, and toilet rooms. The checklist covers the following areas:

- Floors
- Walls
- Ceilings
- Exits
- Maintenance and Housekeeping
- Design and Construction
- Ventilation
- Lighting
- Plumbing
- Handwashing Unit
- Restrooms

Teacher Checklist for Classroom

This checklist can be used by teachers to assess their classroom. The checklist covers the following areas:

- Rooms
- Floors
- Walls
- Ceilings
- Exits
- Windows
- Equipment
- Seating
- Storage
- Maintenance and Housekeeping
- Ventilation
- Lighting
- Handwashing Unit

Student & Parent Checklist for Schools

This checklist can be used by students and/or parents who are interested in playing a more active role in their school. Focusing on all areas of the schools, this checklist covers:

- Grounds
- Rooms
- Floors and Sidewalks
- Walls (Inside and Outside)
- Ceilings and Awnings
- Exits (Interior and Exterior)
- Windows (Interior and Exterior)
- Seating
- Storage
- Maintenance and Housekeeping
- Ventilation
- Lighting
- Water Supply
- Handwashing Units
- Shower and Locker Rooms
- Restrooms
- Garbage and Trash Disposal
- Safety

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:	
School:	
Room/Area/Location:	
Date Completed:	

1. General			
a. Construction (if applicable) is observed with a valid, issued construction permit?	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Outside fence is NOT damaged?	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
3. Sidewalks			
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
4. Exterior Walls			
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
5. Awnings			
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
6. Exterior Exits			
a. Easily accessible and plainly indicated?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input 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 type="checkbox"/> N/A
7. Windows			
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

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. 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input 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)

Cafeteria 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. Food service at your school may be contracted out; however; staff can use this checklist to inform the responsible party of any necessary actions that may need to be taken regarding maintenance and sanitation.

Name:	
School:	
Room/Area/Location:	
Date Completed:	

1. Rooms			
a. Is the cafeteria clean, neat, and orderly with no rubbish observed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do you have approved waste paper containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Floors			
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
3. Walls			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Exits			
a. Easily accessible and plainly indicated?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input 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 type="checkbox"/> N/A
6. Windows			
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
c. All windows to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. 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
8. 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
9. Ventilation			
a. Is the room overly hot or stuffy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Is there mold or mildew growing in the 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
10. Lighting			
a. Adequate natural and/or artificial light?	<input 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 the 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 the room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

provided with a vacuum breaker?			
12. 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 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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. 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 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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes Section:

Topic No. (ex: 6a)	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 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:	
School:	
Room/Area/Location:	
Date Completed:	

1. General			
a. Construction (if applicable) is observed with a valid, issued construction permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Can you locate your schools valid, sanitary permit?	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Outside fence is NOT damaged?	<input 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 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 mosquitoes 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 type="checkbox"/> No	<input type="checkbox"/> N/A
3. Rooms			
a. Clean, neat, and orderly with no rubbish observed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do you have approved waste paper containers?	<input 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 type="checkbox"/> N/A
5. Floors			
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
6. Walls			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Exits			

a. Easily accessible and plainly indicated?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input 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 type="checkbox"/> N/A
9. Windows			
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
c. All windows to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
b. Desk and chair appropriately sized for student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Writing tables smooth and light in color?	<input type="checkbox"/> Yes	<input 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 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
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 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
16. Lighting			
a. Adequate natural and/or artificial light?	<input 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 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
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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input 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
19. 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

f. Conveniently located next to toilet rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
20. Shower and Locker Rooms			
a. Showers provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Adequate number of shower heads?	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
h. Lockers, showerheads, and floors kept in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Restrooms			
a. Minimum number of toilets?	<input 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 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 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 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
n. Toilet paper available and conveniently located adjacent to each toilet?	<input 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 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
b. Fire extinguishers provided as required by the Guam Fire Department?	<input 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 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: 9a)	Description of Issue (ex: There is excessive dirt on the windows)

Gym 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:	
School:	
Room/Area/Location:	
Date Completed:	

1. Grounds			
a. Grounds do NOT have standing water that is not draining well?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Outside fence is NOT damaged?	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
2. Rooms			
a. Clean, neat, and orderly with no rubbish observed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do you have approved waste paper containers?	<input type="checkbox"/> Yes	<input 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 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
5. Walls			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Exits			
a. Easily accessible and plainly indicated?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

f. Door(s) in good repair?	<input 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 type="checkbox"/> N/A
8. Windows			
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
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 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 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
13. Lighting			
a. Adequate natural and/or artificial light?	<input 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 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
14. 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Adequate number of shower heads?	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
h. Lockers, showerheads, and floors kept in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Restrooms			
a. Minimum number of toilets?	<input 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 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 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 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
n. Toilet paper available and conveniently located adjacent to each toilet?	<input 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)

Janitorial & Storage 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:	
School:	
Room/Area/Location:	
Date Completed:	

1. 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
2. Floors			
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
3. Walls			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Exits			
a. Easily accessible and plainly indicated?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input 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 type="checkbox"/> N/A
6. Storage			
a. Sufficient storage for maintenance equipment?	<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
7. 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
8. Ventilation			
a. Is your room overly hot or stuffy?	<input 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 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. Air con(s) clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Is there a consistent, unpleasant odor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes Section:

Topic No. (ex: 3b)	Description of Issue (ex: There is excessive dirt on the walls)

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:	
School:	
Room/Area/Location:	
Date Completed:	

1. Floors			
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
2. Walls			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Exits			
a. Easily accessible and plainly indicated?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input 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 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 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
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 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 ½ 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?			
d. Is there a consistent, unpleasant odor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting			
a. Adequate natural and/or artificial light?	<input 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 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 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
11. Restrooms			
a. Minimum number of toilets?	<input 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 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 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 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
n. Toilet paper available and conveniently located adjacent to each toilet?	<input type="checkbox"/> Yes	<input 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)

Teacher Checklist for Classroom

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:	
School:	
Room/Area/Location:	
Date Completed:	

1. Rooms			
a. Is your classroom clean, neat, and orderly with no rubbish observed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do you have approved waste paper containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Floors			
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
3. Walls			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Ceilings			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Exits			
a. Easily accessible and plainly indicated?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Doors (s) in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Windows			
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
c. All windows to the outer air screened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. 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
8. Seating			
a. A desk and chair available for every student?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Writing tables smooth and light in color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. 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
10. 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
11. Ventilation			
a. Is your room overly hot or stuffy?	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
12. Lighting			
a. Adequate natural and/or artificial light?	<input 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 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
13. 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
f. Conveniently located next to toilet rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes Section:

Topic No. (ex: 6a)	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 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:	
School:	
Room/Area/Location:	
Date Completed:	

1. Grounds			
a. Grounds do NOT have standing water that is not draining well?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Free of any open dumping areas?	<input 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 type="checkbox"/> Yes	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
2. Rooms			
a. Clean, neat, and orderly with no rubbish observed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do you have approved waste paper containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and Sidewalks			
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
4. Walls (Inside and Outside)			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Ceilings and Awnings			
a. Light color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. In good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Exits (Interior and Exterior)			
a. Easily accessible and plainly indicated?	<input 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 type="checkbox"/> No	<input type="checkbox"/> N/A
d. Open outward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Door(s) clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Door(s) in good repair?	<input 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 type="checkbox"/> N/A
7. Windows (Interior and Exterior)			
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

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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
c. Writing tables smooth and light in color?	<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 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 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
13. Lighting			
a. Adequate natural and/or artificial light?	<input 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 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
14. Water Supply			
a. Drinking fountains kept clean and in good repair?	<input type="checkbox"/> Yes	<input 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 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?			
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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Adequate number of shower heads?	<input 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
h. Lockers, showerheads, and floors kept in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Restrooms			
a. Minimum number of toilets?	<input 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 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 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 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 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 type="checkbox"/> No	<input type="checkbox"/> N/A
n. Toilet paper available and conveniently located adjacent to each toilet?	<input 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 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 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 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 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)



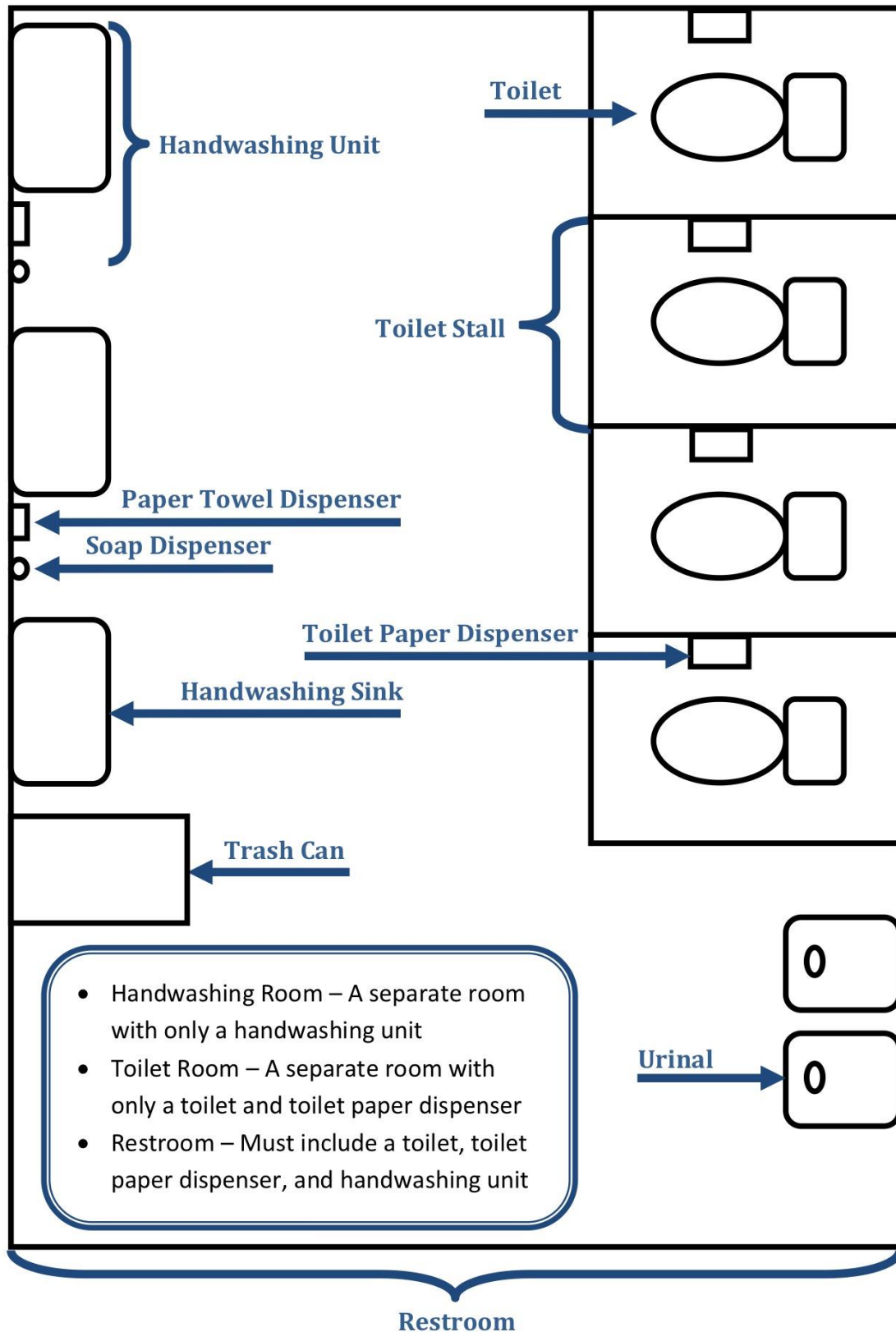
Terms Used to Describe Restrooms & Handwashing Units

A visual representation of the terms used when describing a restroom or handwashing unit



Section 3

Restroom Layout – Terms





Action Plan Guidance

Guidance on creating an action plan to address school building sanitation deficiencies



Section 4

School Action Plan Guidance

Identifying, addressing, and maintaining improvements to school building sanitation can be difficult and requires several steps, including input from internal and external stakeholders and frequent monitoring. This guidance provides strategies on how to organize a multi-component, community-supported, school maintenance program.

Request an Assessment of Your School

Before you begin planning ways to improve the school building sanitation efforts, it is important to conduct a thorough assessment of the school, establishing a baseline that can be used when creating target goals later in the process. When conducting the assessment, it is best to view the information as your starting point for incremental change. The information is important, but the numbers are not permanent and through consistent efforts, can be changed.

To begin this process, request a meeting with a Division of Environmental Health (DEH) representative to coordinate a time and date for the school assessment. Let DEH know your intentions to improve your current school maintenance program. A thorough assessment may take up to five business days to conduct, depending upon staff schedules and events taking place at the school. Make sure to assign staff from your school to participate in this process.

Once an assessment has been completed, DEH staff will meet with school leadership to discuss all observed deficiencies, potential violations, and areas of critical need. They will provide you with a report of findings. The report will contain a large amount of data including the deficiencies found and a catalog of photos. Due to the considerable amount of data collected, the school should not plan on receiving the report immediately, as is required when an inspection occurs.

Establishing a School Improvement Team

After your school has a completed assessment and report, the next step would be to enlist other internal and external stakeholders by forming a school improvement team. This team will be tasked with planning and implementing ways to address the issues found during the assessment. **Figure 1** is a list of potential members to include on the team.

Teams should meet regularly to discuss school maintenance issues, set goals, and coordinate

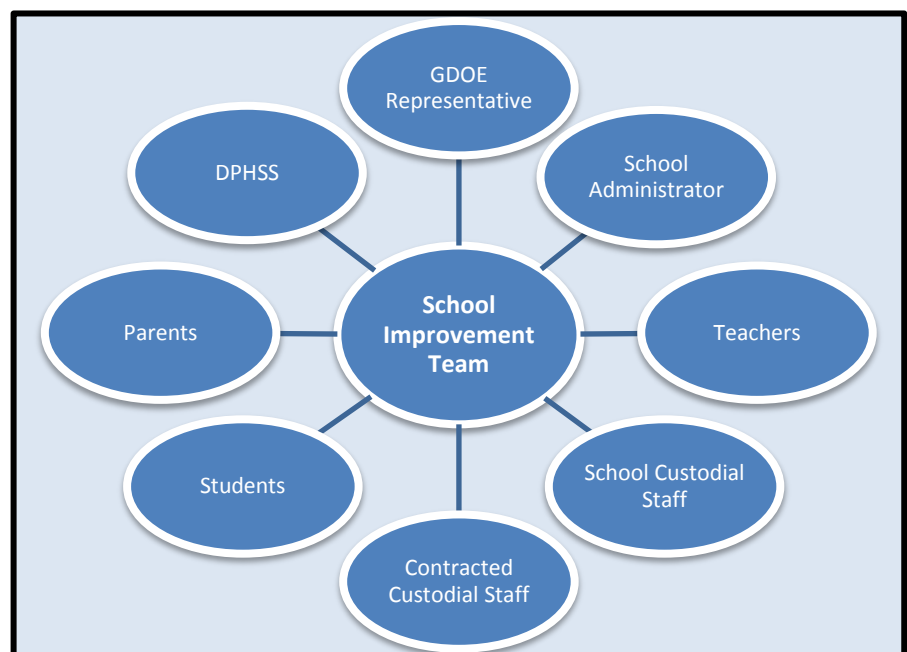


Figure 1. School Improvement Team

the action that needs to be taken by the school. **Figure 2** is an example of an agenda with items that could be addressed at your meeting.

In order to effectively manage the team’s progress, divide the areas of need into smaller sections. Utilize the Latte Stone approach to address the areas of need based on how they can be resolved or monitored. The next section will explain the Latte Stone approach and how to translate the approach into actionable items.

Building Our Communities with a Latte Stone Approach

The ancient buildings of Guam were built on top of Latte Stones, and what better way to build a foundation for your school than to get back to the basics. Every child deserves the right to an adequate education in a safe and sanitary environment. Our Latte Stone approach (**Figure 3**) to school building sanitation was constructed by keeping this notion at the

Agenda for School Improvement Team	
Date:	
Attendees:	
Agenda Items:	
I. Current Status	
a. Number of current deficiencies	
b. Number of work orders submitted	
c. Number of deficiencies resolved	
II. Progress on Goals	
a. Goal 1: To decrease the percent of deficiencies by ____%	
b. Goal 2: To create a student organization that works on school improvement projects	
c. Goal 3: Expand the Adopt-a-School program	
III. Next Steps	
IV. Items to Include for Next Meeting	
Next Meeting will take place: _____	

Figure 2. Example of Agenda

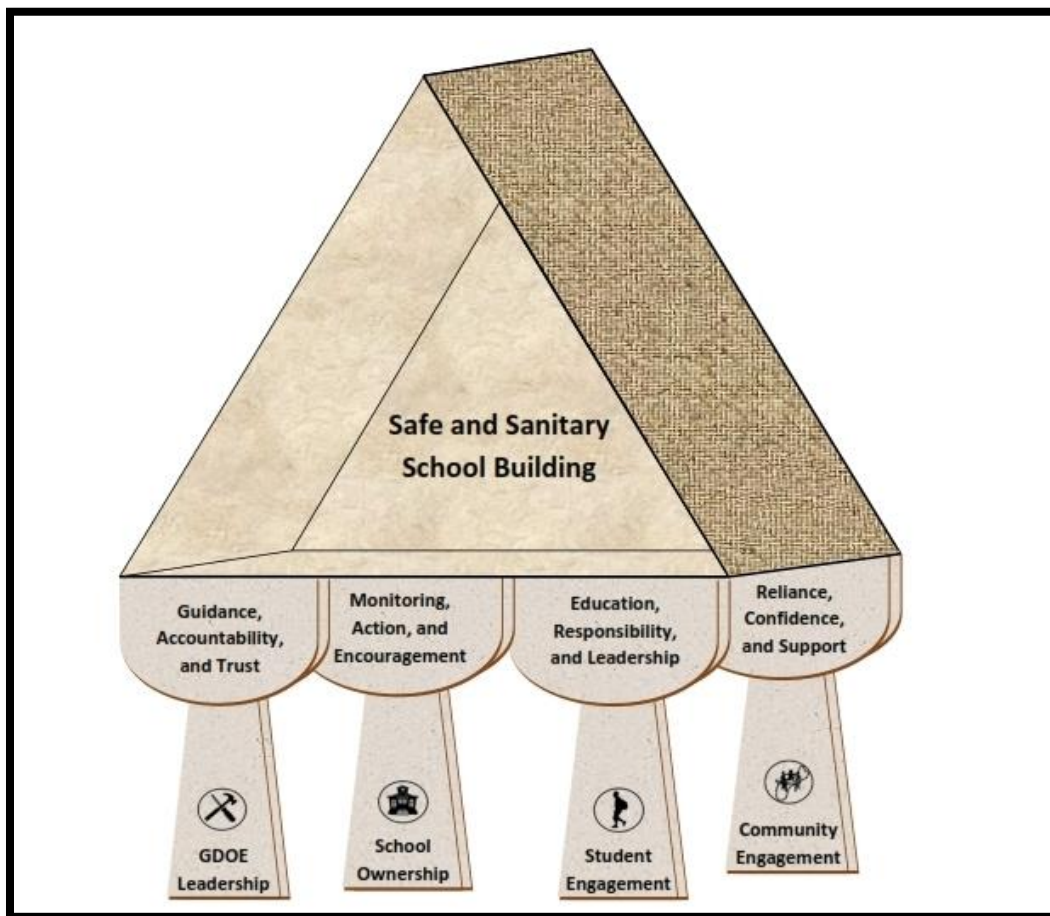


Figure 3. Latte Stone Approach

forefront and our main priority. The approach is built upon four Latte Stones, or pillars: 1) GDOE Leadership, 2) School Ownership, 3) Student Engagement, and 4) Community Engagement. **Figure 4** explains what type of action can be taken with each Latte Stone. Without all four Latte Stones, it is difficult to manage school building sanitation, and puts undue pressure on the other Latte Stones. Much like the traditional Latte Stones from the past, each one must be assembled with solid and supportive materials in order to serve its purpose.





GDOE Leadership	School Ownership	Student Engagement	Community Engagement
<ul style="list-style-type: none"> •This type of action is an opportunity for GDOE to get involved through completing work orders. •Determine what school maintenance issues are items that can be tackled by GDOE. Although you submit a work order, it is important for the school to take an active role in monitoring the issue until it is resolved. 	<ul style="list-style-type: none"> •This type of action is an opportunity for school administrators, teachers, maintenance, and other staff to tackle the issue. •Determine what school maintenance issues are items that can be tackled by the school. Work as a team to determine best practices to address the issues and, most importantly, the root of the issues. 	<ul style="list-style-type: none"> •This type of action is an opportunity to incorporate students into the school improvement process. •Incorporate the students in the process. By utilizing their voices and creative energy, not only will the school have more volunteers for projects, but a new perspective for finding solutions to issues. Try creating a new student organization to work on school improvement projects. 	<ul style="list-style-type: none"> •This type of action integrates the community into the school improvement process. •It takes a village to raise a child. Integrating the community into the school improvement process will allow the school to gain an army of volunteers equipped with specialties that may not be available otherwise.
			

Figure 4. Actionable Items within Four Latte Stones

Turning the Latte Stones into Actionable Items

GDOE Leadership

Monitor GDOE responsibilities by creating a list of observed violations that should be addressed by GDOE. Create work orders through MUNIS. Keep a categorized, running list of work orders (**Figure 5**) and monitor the list to determine the time it takes for each type of violation to be addressed. Conduct walkthroughs of the school to determine if the issue still exists.

Actionable Item:

Monitor work orders

Create a running list of work orders so that you are able to track the type of issues, frequency of issues, location of issues, and those who are reporting.

Locations/Areas	Type	Issue Observed By	Date Documented	Description of Issue	DEH Regulatory Requirement Section	Date Work Order Submitted	Work Order #	Current Status
A-Wing Room 4	Class	DEH	12/9/2014	Insufficient space for storage	Building - Section VI: Adequate storage of maintenance and instructional equipment			

Figure 5. Running List of Work Orders

Actionable Item: Bi-weekly walkthrough

Set up a time on a bi-weekly basis to walk through as a follow up to issues reported to GDOE.

School Ownership

Monitor school responsibilities. All deficiencies observed during an assessment should be reviewed by the school improvement team to determine what steps can be taken at the school level to address the issues. Create a categorized list to prioritize issues, identify critical violations, develop short-term and long-term solutions, and discuss the issues that may be a symptom of larger issues. Monitor the list and present findings to staff as needed. Distribute checklists to students, teachers, and other staff to utilize in individual monthly monitoring. Distribute a survey to the teachers to determine the main factors contributing to violations, proposed solutions, and main drivers. Conduct walkthroughs of the school.

Actionable Item: Monitor school list

Create a running list of issues reported that could be considered the school's responsibility and can be used to delegate tasks to school staff and community.

Actionable Item: Create a best practices list

Develop a list where you will keep track of issues reported and how they were addressed to determine the best practices that can be used at your school.

Actionable Item: Presentations to staff

Offer presentations to school staff on types of issues reported and how they are being addressed so that staff are informed and engaged in the process.

Actionable Item: Adopt and use the checklists on a monthly basis

Utilize the checklists provided by the Division of Environmental Health to engage more staff in the monitoring of school maintenance issues.

Actionable Item: Quarterly walkthrough

Perform a quarterly walkthrough on random locations at the school.

Actionable Item: Survey and findings

Provide a survey to school staff in order to gather more information about their perception of the school and gauge their interest in participating. Present findings to staff.

Student Engagement

Students play an integral role in maintaining a healthy environment. Develop a list of opportunities that will allow students to play an active role in school maintenance projects. Create a student leadership team that will share these ideas with the larger student population. If you have student clubs, this would be a good avenue to reach out to the student clubs at your school.

Actionable Item: Create student leadership team

Encourage students to create a student leadership team where they can focus on learning more about environmental health issues and participate in volunteer opportunities. If you have student clubs, this could be an avenue to use when forming teams.

Actionable Item: Create student involvement opportunities

Identify an area on campus where students can create a bulletin board of information. Develop a running list of student volunteers for school improvement projects. Provide opportunities for students to write personal letters to school staff to encourage involvement. Allow students to participate in school walkthroughs so they learn about the types of public health issues and learn how to report issues when observed.

Actionable Item: Survey and findings

Provide a survey to students in order to gather more information about their perception of the school and gauge their interest in participating. Present findings to students.

Community Engagement

Community engagement is a major component to gaining leverage with external partners. Utilize existing meeting opportunities to present findings and keep the community updated. Create a list of ways the community can become involved and distribute the materials at PTO meetings. The Governor's existing Adopt-a-School program would be a great catalyst for increasing community engagement in school building sanitation projects. Reach out to your representative and request an expansion of your current volunteer program. Your school can use the partnership to build upon the current program and extend projects beyond tasks such as simple cosmetic fixes by integrating smaller, specialized projects throughout the entire school year. Reach out to the village mayors, government agencies, NGOs, private sector, and parents.

Actionable Item: Present assessment findings

Offer presentations to parents and other community members on types of issues reported and how they are being addressed so that the community stays informed and engaged in the process.

Actionable Item: Create community involvement list

Develop a list of issues at the school that can be addressed by external partners so that the community can have an idea of ways they can become more involved and begin to organize school improvement projects.

Actionable Item: Develop a monitoring plan

Develop a monitoring plan so that you are able to report back to the school and the community about the progress they are making in addressing school maintenance issues.

Actionable Item: Quarterly walkthrough

Perform a quarterly walkthrough of random locations at the school and allow parents to participate so they may learn about the public health issues pertaining to school building sanitation and safety, and learn how to report those issues when observed.

Actionable Item: Survey and findings

Provide a survey to parents in order to gather more information about their perception of the school and gauge their interest in participating. Present findings at parent meetings.

Translate Actionable Items into an Action Plan

As a team, translate the examples of actionable items into a customized work plan for your school. Utilize the *Action Plan for Schools Template* to create action items for team members. In the template, we have created a sample of activities (as an example for you, in blue italics) to show you what could be included in your plan.

Action Plan for Schools Template

GOAL: To improve and maintain the sanitary and safe conditions

OBJECTIVE ONE: MONITOR GDOE RESPONSIBILITIES - Create a list of observed violations that should be addressed by GDOE. Create work orders through MUNIS. Keep a categorized, running list of work orders and monitor the list to determine the time it takes for each type of violation to be addressed. Conduct walkthroughs of the school to confirm that the issue still exists and that it has not already been resolved.

Actionable Items	Activities	Lead	Frequency of Monitoring (daily, bi-weekly, monthly, etc.)
Actionable Item 1: Monitor Work Orders	<i>Create a running list of work orders</i>	<i>Assistant Principal</i>	<i>Bi-weekly</i>
	<i>Track type of issues</i>	<i>Parent</i>	<i>Monthly</i>
	<i>Track frequency of issues</i>		<i>Monthly</i>
	<i>Track location of issues</i>		
	<i>Track who is reporting issues</i>		
Actionable Item 2: Bi-weekly Walkthrough	<i>Set up a time to conduct a bi-weekly walkthrough</i>		
	<i>Contact GDOE about work orders that have not been completed</i>		

OBJECTIVE TWO:

Actionable Items	Activities	Lead	Frequency of Monitoring (daily, bi-weekly, monthly, etc.)
Actionable Item 3:			
Actionable Item 4:			
Actionable Item 5:			
Actionable Item 6:			
Actionable Item 7:			
Actionable Item 8:			

OBJECTIVE THREE:			
Actionable Items	Activities	Lead	Frequency of Monitoring (daily, bi-weekly, monthly, etc.)
Actionable Item 9:			
Actionable Item 10:			
Actionable Item 11:			
OBJECTIVE FOUR:			
Actionable Items	Activities	Lead	Frequency of Monitoring (daily, bi-weekly, monthly, etc.)
Actionable Item 12:			
Actionable Item 13:			
Actionable Item 14:			
Actionable Item 15:			
Core Team			

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	
Current Male Student Population	
Current Female Student Population	
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*
	÷	45	=	

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*
	÷	100	=	

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*
	÷	30	=	

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*
	÷	100	=	

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*
	÷	75	=	

*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.

Ratios Worksheet - Elementary

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	
Current Male Student Population	
Current Female Student Population	

Elementary – 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*
	÷	35	=	

Elementary – 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*
	÷	60	=	

Elementary – 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*
	÷	30	=	

Elementary - Handwashing Units

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

Elementary - Drinking Fountains

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

*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.



Determining Timelines for Completed Actions

Provides an estimated timeline for changes to be resolved at a school



Section 5

Timeline Cheat Sheet

Below is a list of deficiencies that may be observed at your school. Utilize this list when creating your action plan to assist you with setting realistic timelines. Although it is expected that certain recommendations will take additional time, alternate measures need to be implemented during the delay to ensure a safe and sanitary environment, which complies with the DEH regulations. (Ex: If there is no toilet paper in a restroom, the restroom needs to be replenished with toilet paper immediately, even though the measure used may not be the permanent solution. It may take a week to implement a more sustainable measure to prevent the situation from occurring again.)

Description of Issue	Recommendations	Responsibility	Recommended Timeline
A/C not in good repair	Repair or Remove and Replace	Work Order	3 Months
Areas, facilities, and equipment are not maintained	Conduct a walkthrough to determine what improvements are needed	School	1 Month
Benches are not secured	Secure	School, Volunteers	2 Months
Burnt out light(s)	Replace lights	Work Order, School	3 Months
Ceiling is not light in color/easily cleanable	Replace	Work Order	3 Months
Ceiling not in good repair	Repair damage	Work Order	3 Months
Ceiling tile(s) missing	Replace ceiling tile(s)	Work Order	3 Months
Ceiling tile(s) need to be adjusted	Adjust ceiling tile(s)	School	1 Week
Classroom equipment not in good repair	Repair or Remove and Replace	School	1 Month
Conditions which attract, provide harborage, and promote breeding of vermin were identified	Identify conditions and determine most effective way to remediate	School	2 Months
Desk(s) not in good repair	Repair or Remove and Replace	School, Volunteers	2 Months
Desk(s) not light in color/easily cleanable	Resurface or Remove and Replace	School, Volunteers	2 Months
Do not have tight-fitting lids on trash containers	Purchase lids	School	1 Month
Does not have an approved trash container	Remove and provide approved containers	School	1 Month

Continued on next page

Description of Issue	Recommendations	Responsibility	Recommended Timeline
Door(s) has outer opening	Replace door or cover outer opening	Work Order	3 Months
Door(s) not in good repair	Repair or Remove and Replace	Work Order	3 Months
Door(s) not opening outward	Remove and replace	Work Order	3 Months
Door(s) not self-closing	Add a self-closing device	School	1 Month
Drainage pipes are rusted	Replace pipes	Work Order	3 Months – 6 Months
Drinking fountain(s) not in good repair	Repair or Remove and Replace	Work Order	3 Months
Excessive dirt/ stains on floor	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains by light switch	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	1 Week
Excessive dirt/stains on ceiling	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	Work Order, School	3 Months
Excessive dirt/stains on classroom equipment	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains on door(s)	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains on handwashing unit(s)	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains on light shield(s)	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Continued on next page			

Description of Issue	Recommendations	Responsibility	Recommended Timeline
Excessive dirt/stains on mechanical ventilation	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains on stall door(s)	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains on trash container(s)	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains on wall(s)	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains on window(s)	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Excessive dirt/stains under sink(s)	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Exit door is blocked	Clear paths to exit doors	School	<1 Week
Exit not plainly indicated	Provide clear signs	School, Volunteers	2 Months
Exit sign not in good repair	Repair or Remove and Replace	School	1 Month
Exit sign posted incorrectly	Correctly post signs	School, Volunteers	2 Months
Exposed rebar	Repair damage	Work Order	3 Months
Fire extinguisher not in good repair	Replace	School	1 Month
Fire extinguisher not mounted on the wall	Mount on the wall	School, Volunteers	2 Months
Fire extinguisher not provided	Supply a fire extinguisher	School	1 Month
Fire extinguisher obstructed	Clear area where fire extinguisher is located	School	1 Week
Floor is not in good repair	Repair or Remove and Replace	Work Order	3 Months
Continued on next page			

Description of Issue	Recommendations	Responsibility	Recommended Timeline
Floor not light in color/easily cleanable	Repair or Remove and Replace	Work Order	3 Months
Foot-candle is <10	Provide adequate lighting	Work Order	3 Months
Foot-candle is <20	Provide adequate lighting	Work Order	3 Months
Foot-candle is <30	Provide adequate lighting	Work Order	3 Months
Garbage does not have a tight-fitting lid	Purchase lids or speak with contracting company to supply lids	School	1 Month
Grounds are not maintained	Coordinate with the Mayor's office to more effectively maintain grounds	School	1 Month
Handrails not in good repair	Resurface or Remove and Replace	School	1 Month
Handwashing unit not in good repair	Repair or Remove and Replace	Work Order	3 Months
Handwashing unit not maintained	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Hazardous materials not secured	Secure	School	<2 Weeks
Inadequate amount of paper towel and soap dispensers	Talk with custodial staff regarding replenishing supplies more frequently	School	<1 Weeks
Inadequate drainage	Determine the cause and resolve	Work Order	3 Months
Inadequate lighting	Determine the cause and resolve	Work Order	3 Months
Inadequate number of drinking fountains	Provide required ratio to GDOE and request additional drinking fountains	Work Order	3 Months
Inadequate seating	Remove seats that are not in good repair and provide new, additional seats	School	1 Month
Inadequate sq. ft./child	Rearrange class schedules to ensure ratio requirements are met	School	3 Weeks
Continued on next page			

Description of Issue	Recommendations	Responsibility	Recommended Timeline
Inadequate storage	Provide additional storage or organize current storage area in a more effective way	School, Volunteers	2 Months
Inadequate surface drainage	Seek professional guidance to resolve issue	Work Order	3 Months
Inadequate vector control	Seek professional guidance to resolve issue	Work Order	3 Months
Inadequate ventilation	Seek professional guidance to resolve issue	Work Order, School	3 Months
Insects of public health significance were found	Seek professional guidance to resolve issue	Work Order, School	3 Months
Insufficient space for storage	Provide additional storage or organize current storage area in a more effective way	School	1 Month
Light fixture(s) not in good repair	Replace	Work Order	3 Months
Light shield(s) not in good repair	Replace	Work Order	3 Months
Lockers not in good repair	Replace	Work Order, Volunteers	3 Months
Mechanical ventilation not in good repair	Repair or Remove and Replace	Work Order	3 Months
Missing baseboard	Replace	Work Order	3 Months
Missing floor tile(s)	Replace	Work Order	3 Months
Missing light shield(s)	Replace	Work Order	3 Months
Missing louver(s)	Replace	Work Order	3 Months
Missing strainer guard	Replace	Work Order	3 Months
Mold	Seek professional guidance to resolve issue	Work Order	3 Months
No cold water	Repair	Work Order	3 Months
No cover(s) for trash container	Purchase covers	School	1 Month
No door knob	Replace	Work Order	3 Months
No exit sign	Replace	School, Volunteers	2 Months
No floor drains	Replace	Work Order	3 Months
No lock(s)	Replace	Work Order, School	3 Months
Continued on next page			

Description of Issue	Recommendations	Responsibility	Recommended Timeline
No mop sink	Provide mop sink	Work Order	3 Months
No paper towel dispenser(s)	Provide adequate amount of dispensers	School	2 Weeks
No paper towels	Talk with custodial staff regarding replenishing supplies more frequently	School	<1 Week
No sign indicating gender designation	Provide sign	School, Volunteers	2 Months
No soap	Talk with custodial staff regarding replenishing supplies more frequently	School	<1 Week
No soap dispenser(s)	Provide adequate amount of dispensers	School	2 Weeks
No toilet paper	Talk with custodial staff regarding replenishing supplies more frequently	School	<1 Week
No trash container(s)	Provide adequate amount of containers	School	1 Month
No vacuum breaker(s)	Provide vacuum breakers	Work Order, School	3 Months
Not draining properly – sink or toilet	Seek professional guidance to resolve issue	Work Order	3 Months
Not free from foul odor	Determine the cause and resolve	Work Order, School	3 Months
Not maintained	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Not on concrete – large refuse container	Move garbage container or pour concrete	Work Order, School, Volunteer	3 Months
Objectionable odors	Determine the cause and resolve	Work Order, School	3 Months
Old equipment needs to be removed	Remove	School, Volunteers	2 Months
Outer opening(s) – Wall or Doors	Repair	Work Order	3 Months
Outer opening(s) not screened effectively - Windows	Replace screening	Work Order	3 Months

Continued on next page

Description of Issue	Recommendations	Responsibility	Recommended Timeline
Outlet not in good repair	Repair	Work Order	3 Months
Overgrown vegetation	Coordinate with the Mayor's office to more effectively maintain grounds	School	1 Month
Paper towel dispenser(s) not being used by custodians	Talk with custodial staff to make sure dispensers are being used as intended	School	2 Weeks
Paper towel dispenser(s) not in good repair	Provide adequate amount of dispensers	School	2 Weeks
Partition does not meet height requirement	Replace	Work Order, School	3 Months
Peeling paint	Scrape, Water blast, and repaint	School, Volunteers	3 Months
Plexiglas not in good repair	Replace	Work Order	3 Months
Plumbing fixtures not in good repair	Replace	Work Order	3 Months
Relative humidity is >70%	Seek professional guidance to resolve issue	Work Order	2 Months
Remove old dispenser(s) – All	Remove	School	2 Weeks
Restroom is locked and not available to students	Do not lock restrooms unless ratio requirement has been met	School	<1 Week
Restroom is not maintained	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Restroom(s) not in good repair	Repair damages	Work Order	3 Months
Room is cluttered	Speak with teachers and find ways to organize more effectively	School	2 Weeks
Room is cluttered; insufficient space for storage	Provide more storage	School, Volunteers	2 Months
Shower head(s) not in good repair	Replace	Work Order	3 Months
Shower room not maintained	Talk with custodial staff regarding effective cleaning; make sure deep cleaning is occurring periodically	School	2 Weeks
Continued on next page			

Description of Issue	Recommendations	Responsibility	Recommended Timeline
Single-service towels not provided	Talk with custodial staff regarding replenishing supplies more frequently	School	<1 Week
Soap dispenser not being used by custodians	Talk with custodial staff to make sure dispensers are being used as intended	School	2 Weeks
Soap dispenser(s) not in good repair	Replace	School	2 Weeks
Stall door(s) not tight-fitting and self-closing	Repair or Remove and Replace	Work Order	3 Months
Stall doors have unsealed wood	Seal wood	School	2 Weeks
Standing water	Determine the cause and resolve	Work Order	1 Month – 3 Months
Temperature is >84°F	Determine the cause and resolve	Work Order	1 Month – 3 Months
Toilet paper dispenser not being used by custodians	Talk with custodial staff to make sure dispensers are being used as intended	School	1 Week
Toilet paper dispenser(s) not in good repair	Replace	School	2 Weeks
Toilet stall door(s) missing	Replace	Work Order	3 Months
Toilet stall door(s) not in good repair	Repair or Remove and Replace	Work Order	3 Months
Toilet(s) not in good repair	Repair or Remove and Replace	Work Order	3 Months
Toilets/urinals are not proper height	Replace	Work Order	3 Months
Trash container needed for recycling	Provide containers	School	3 Weeks
Trash is overflowing	Dispose of trash more frequently	School	1 Week
Tripping hazard	Remove hazards	School	1 Week
Unnecessary equipment	Remove	School	3 Weeks
Unsealed wood	Seal wood	School	3 Weeks
Unsecured wires	Secure	Work Order	1 Week – 3 Months
Urinal(s) not in good repair	Repair or Remove and Replace	Work Order	3 Months
Continued on next page			

Description of Issue	Recommendations	Responsibility	Recommended Timeline
Wall(s) not in good repair	Repair or Remove and Replace	Work Order	3 Months
Walls are not light in color/easily cleanable	Repaint or repair	Work Order, School	3 Months
“Water bubbles” in walls	Determine the cause and resolve	Work Order	3 Months
Water damage	Determine the cause and resolve	Work Order	1 Month – 3 Months
Water Pressure is too high	Repair	Work Order	3 Months
Water supply not properly protected	Determine the cause and resolve	Work Order	3 Months
Window(s) boarded up	Do not board up windows	School	3 Weeks
Window(s) completely blocked off	Unblock	School	3 Weeks
Window(s) not easily cleanable	Remove barrier to cleaning	School	3 Weeks
Window(s) not in good repair	Repair	Work Order	3 Months
Window(s) used for decoration	Remove if causing inadequate lighting and inability to clean windows	School	3 Weeks



Adopt-a-School Resources

An example of standard operating procedures, a flyer your school can follow when expanding your Adopt-a-School Program, and templates to organize the work



Section 6

Adopt-a-School – Example of Standard Operating Procedures

Adopt-a-School Program

Guam Department of Public Health and Social Services (DPHSS) and
George Washington High School (GWHS)

Roles and Responsibilities

DPHSS Co-Facilitator: The DPHSS Co-Facilitator's Role is to be the liaison between GWHS and DPHSS. They will provide updates to the DPHSS Director and other internal stakeholders on the activities to be undertaken by DPHSS at GWHS, progress made in completing identified activities, and planning future activities.

GWHS Coordinator: The GWHS Coordinator will be the main point of contact for the high school. They will develop the punch list for DPHSS of all the areas of need at the school. They will coordinate all requests for donations.

DPHSS Division Point of Contact (POC): A POC will be identified for each division in DPHSS. The POC will assist gathering volunteers from their division, provide updates to all volunteers before the designated day, and report back to the DPHSS Co-Facilitator on completed activities on designated day.

Volunteer: Volunteers are individuals employed or associated with DPHSS who are interested in assisting GWHS improve school maintenance through project-based activities completed during designated Adopt-a-School volunteer days.

Planning Procedures

Determining Adopt-a-School Program Activities

1. The GWHS Coordinator will review progress report from the most recent school assessment or inspection. Using the report, additional reports of issues, and personal knowledge of the school's needs, the GWHS Coordinator will create a punch list. The punch list will provide the following:
 - 1.1. List of issues
 - 1.2. Location of issues
 - 1.3. Description of activity needed to resolve issue
 - 1.4. Supplies needed for activity
 - 1.5. Availability of supplies
 - 1.5.1. What the school currently has
 - 1.5.2. What the school plans to purchase
 - 1.5.3. What the school needs donated
 - 1.6. Priority level

2. GWHS Coordinator and DPHSS Co-Facilitators will meet to review punch list and create a schedule of activities. The schedule will include-
 - 2.1. Description of Activity
 - 2.2. Tentative Date of Activity
 - 2.3. Division Spearheading Volunteer Day
 - 2.4. Division POC
 - 2.5. Supplies Needed
3. As a team, the GWHS Coordinator and DPHSS Co-Facilitators will determine the best approach to gaining additional supplies.
4. DPHSS Co-Facilitators will report back to the DPHSS Director, providing the punch list, tentative schedule, and supplies needed. The Director will approve schedule.
5. The DPHSS Co-Facilitators will report back to GWHS Coordinator of approval and reach out to POCs for each division.
6. DPHSS will hold an informational session at GWHS with POCs from each division. In the session, POCs will be given an informational handout about the program, SOPS, a map, the punch list, and the schedule. There will be a walk through conducted to familiarize each POC with the school.
7. The DPHSS Co-Facilitators will provide the POCs with sign-up sheets for each division. It is the POCs responsibility to gather volunteers for their designated day and provide list to DPHSS Co-Facilitators.

Pre-Event Procedures

1. The week before a division is scheduled to volunteer at GWHS; the POC will be given a list of activities to be completed for that volunteer day, maps, a sign in sheet, the supplies needed, and a sign in sheet for the supplies.
2. The DPHSS Co-Facilitator will review the day of the event procedures and post-event procedures and the POC will sign for the materials.
3. The POC is expected to email the volunteers for that designated day as a reminder that they signed up to volunteer. The email should include-
 - 3.1. Date
 - 3.2. Location
 - 3.3. What to Expect
 - 3.4. What to Wear

3.5. Contact Information

Day of Event Procedures

Beginning of Day

- 1.1. The POC will show up at GWHS at least 10 minutes before the event at the designated location.
- 1.2. When volunteers arrive, they will sign in with the POC.
- 1.3. Once they sign in, they will be given a map, a location and activities to be completed, and the supplies needed to complete the activities.
- 1.4. The volunteers will sign out any supplies they will be using.

End of Day

- 1.5. The volunteers will sign in all supplies and turn them in to the POC.
- 1.6. The volunteers will provide an update on the activities completed and then sign out.

Post Event Procedures

1. After the Event has ended, the POC will properly secure all supplies.
2. The following business day, the POC will provide the DPHSS Co-Facilitators with the volunteer sign-in sheet, supplies sign-in sheet, extra maps, and an update on activities completed.
3. The DPHSS Co-Facilitators will follow up with GWHS and the DPHSS Director on progress made during the volunteer day.

Adopt-a-School – Example of Flyer

ADOPT-A-SCHOOL PROGRAM VOLUNTEER OPPORTUNITY AT GEORGE WASHINGTON HIGH SCHOOL

PURPOSE:

Expand the Governor's Adopt-a-School Program that is held annually at the start of every school year to the entire school year in order to provide more community-supported assistance for preventative maintenance to our public schools.



BACKGROUND:

In November 2013, DEH began a pilot program to develop alternative solutions to address compliance issues where the existing regulator-regulated relationship that exists between departments is removed, and instead develop and focus on a partnership of mutual reliance with the involvement of internal and external community stakeholders.

The pilot program consists of a two-phased approach, taking place from fall 2013 to fall 2015. Phase one of the program began by assessing the needs at three pilot schools. George Washington High School (GWHS) is one of the pilot schools. DEH conducted an assessment in December 2013 on GWHS. Of the 39 possible violations that can be observed during a regular inspection, 23 violations were observed with a possibility of 68 demerit points at the time of the assessment. Of the 23 violations, these deficiencies were observed 1,085 times in rooms.



There are three main objectives within the pilot program that aim at improving and maintaining the sanitary and safe conditions of Guam's public schools. One of the objectives is to expand the Governor's Adopt-a-School program. We would like to utilize our existing partnership with GWHS in the Adopt-a-School program as a building block to set a standard for other agencies to follow. Based on our assessment, we have identified areas where the community can assist the school in resolving some of the issues found during the inspection.

THE BASICS:



The Department of Public Health and Social Services has agreed to expand our existing partnership with GWHS. Below is a brief description of what we will be doing. We have committed to dedicating time (two Saturdays a month) to assist in addressing some of the current issues.

Level of Commitment

- There will be 2 volunteer opportunities a month
- Volunteer Opportunities will take place on the 2nd and 4th Saturday of each month
- Two hours per Saturday (8AM-10AM)
- Divisions will take turns leading Saturdays

What Needs to be Tackled

- Water Blasting
- Scraping
- Painting

What to Expect

- Show up on your scheduled day
- Sign in and receive designated job and work space
- The Team Leader will provide you with all of the tools you will need for the tasks assigned
- Complete as much as possible within the 2 hour timeframe
- Report to Team Leader at the end of your 2 hours, letting them know the progress made and turn in the tools you were given
- Sign out
- Enjoy the rest of your Saturday!

Please Keep in Mind

- This is a community approach so there may be other volunteers present such as students, teachers, and community members
- They will have separate duties
- You will not be liable or responsible for their work

TIME TO COMMIT!

Please let us know when you feel DPHSS will be ready to commit to this expansion initiative.

KICK OFF DATE:

SCHEDULE:

Month 1	
2 nd Saturday	
4 th Saturday	
Month 2	
2 nd Saturday	
4 th Saturday	
Month 3	
2 nd Saturday	
4 th Saturday	
Month 4	
2 nd Saturday	
4 th Saturday	
Month 5	
2 nd Saturday	
4 th Saturday	
Month 6	
2 nd Saturday	
4 th Saturday	

For more information about the pilot program, please contact _____.

Adopt-a-School Templates

Adopt-a-School Task List

Issue	Location of Issue	Description of Activity to Resolve Issue	Supplies Needed	Availability of Supplies	Progress
Plexiglas windows	31 classrooms, 7+ windows each	Seal window with self-tapping screws	Self-tapping screws	Need 900 screws	8.9.14- Granite Construction volunteered. They purchased materials needed to seal windows in D-Wing. Four rooms were completed.

Adopt-a-School Supply Inventory

Paint

Amount	Color	Interior/Exterior	Gloss/Semi	Water/Oil
11	Purple	Interior	Semi	
7	White		Semi and Flat	
2	Swan White	Interior	Semi	
5	Deck Paint			

Tools

Name of Tool	Quantity	Type	Do you need training?

Adopt-a-School Signup Sheet

Division: _____

Date: _____

Name	Email	Phone Number

Adopt-a-School Sign in Sheet

Date: _____

Name	Division	Phone Number	Designated Work Area	Time In	Time Out

Adopt-a-School Sign out Sheet

Date: _____

Name of Tool	Time Checked Out	Name of Person Who Checked Out Tool	Time Checked In	Signature of POC

Adopt-a-School Donation List

What is Needed?	Why is it Needed?	Quantity	This Item is Needed by:



Resources for Setting up your Monitoring System

Examples of how schools can monitor progress made addressing school building sanitation deficiencies and templates to begin the process



Section 7

Monitoring Schedule – What to Monitor

Sections of the Regulations	What to Monitor	Perform Walkthrough
Grounds		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Buildings		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Ventilation		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Lighting		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Plumbing		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Water Supply		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Handwashing Facilities		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Shower and Locker Rooms		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly

Sections of the Regulations	What to Monitor	Perform Walkthrough
Toilet Facilities		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Garbage and Trash Disposal		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly
Safety		<input type="checkbox"/> Once/Day <input type="checkbox"/> Once/Week <input type="checkbox"/> Once/Month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly

Monitoring Schedule – Creating a Calendar

Month	Week 1	Week 2	Week 3	Week 4
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Monitoring List

Your school was provided a master list of the deficiencies found at your school during our last assessment. Utilizing that list, monitor the progress made for each issue. Below is an example of how to complete the list. The sections with black font are the sections that were pre-filled by DEH. The sections in red font are the sections that need to be completed by your school.

Locations /Areas	Type	Issue Observed By	Grade Level	Teacher	Date Documented	Description of Issue	Additional Information (as needed)	DEH Regulatory Requirement Section	Potential Demerits	Action Items or Request #	Date Work Order Submitted	Work Order #	Current Status
A-Wing Room 4	Classroom	DEH	9	Miss C	12/9/2014	Insufficient space for storage		Building - Section VI: Adequate storage of maintenance and instructional equipment	2	1234567	03/01/2015	N/A	Sent a follow up e-mail to GDOE regarding work order on 03/10/2015. Will call by 03/15/2015

Add in the grade level that is taught in the room. The grade will help you determine if there are additional requirements for the room, such as a handwashing unit.

Add the teacher's name for each room. By adding the teacher, you can later filter the information by teachers and inform them of the deficiencies found in their room so they can begin to take the necessary actions.

If the action is a work order, add in the request # that is provided once you submit the work order so you are able to keep track of the status of the order. If the action can be taken by the school instead of a work order, write down what action you plan to take.

Don't forget to include the date so you know when to follow up with GDOE.

Once you have a work order number, include the number in the monitoring list.

Keep an up-to-date status of the deficiencies so you know how to follow up.



Monthly Report Template

Template schools can use to record progress made regarding school building sanitation



Section 8

Monthly Report Template

Monthly Report	
Full Name	
Name of School	
Today's Date	
Please check the following tasks completed this month <input type="checkbox"/> Discussed Preventative Maintenance Monitoring <input type="checkbox"/> Submitted Work Orders <input type="checkbox"/> Completed a Walkthrough <input 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 preventative maintenance monitoring with? (Please select all that apply) <input type="checkbox"/> Teachers <input type="checkbox"/> Administrative Staff <input type="checkbox"/> Maintenance <input type="checkbox"/> Superintendent or his representative <input type="checkbox"/> Other: _____	
Did you complete a walkthrough this month? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the type of volunteers, date, and description of activities _____	

<p>Did you meet/ talk with your parent/teacher organization this month about preventative maintenance?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If yes, what topic was discussed?</p>
<p>Did you request a consult with DEH this month?</p> <p><input 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>Did you request a health education presentation this month?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If yes, please indicate the date, topic, and name of presenter</p>



Distributing Surveys

Templates with customized questions schools can use when gathering feedback from stakeholders



Section 9

Survey Templates

Distributing surveys is a great way to reach out to your stakeholders to gather feedback relating to the school building sanitation improvement process. Below are links to examples of customized surveys related to school building sanitation.

Parent Survey:

<https://docs.google.com/forms/d/1M6ukBIHU9j3zKo8tf7zZgBeYHfpqebcWjRcM8gSCoGQ/viewform>

Teacher Survey:

https://docs.google.com/forms/d/1ny_pFWfQ__dDmiVBar5MCuTjxSppxqNQIO4M4VaUUqY/viewform

Other School Staff Survey:

https://docs.google.com/forms/d/1r_DfbaoFo_7xt5OoruDGCwSDgHSvRPYeOcgyNh9pceg/viewform

Student Survey:

<https://docs.google.com/forms/d/1CGCsdoCMKCBG5QgePxls9xO2koKjbJvJjfmImDIL96A/viewform>



Contests and Recognition

Provides links to contests and recognition programs that your school can participate in relating to school building sanitation

Section 10

Contests and Recognition

Healthy Schools, Healthy People

Class project with cash reward: <http://www.itsasnap.org/>

Green Ribbon Schools

Recognition Program: <http://www2.ed.gov/programs/green-ribbon-schools/index.html>