



BUILDING/CUSTODIAL INSPECTION REPORT (OPS-F023)

The purpose of this form is for use as a tool for voluntary use by Principals and Building Custodians to evaluate the cleanliness and maintenance of their respective buildings.

Building/School: _____ Time: _____ Date: _____

Location: _____ Room #: _____

Specific Area Location: _____

Check (✓) column of applicable condition:

Condition:	Above Average	Satisfactory	Below Average	Remarks*
Exterior				
Entrance				
Offices				
Classrooms				
Halls and corridor				
Walls				
Ceilings				
Lighting				
Air & Heating Vents				
Rest Rooms				
Windows				
Gym and locker rooms				
Other Areas:				

Comments: _____

Inspection report completed by: _____

*Inspection findings should be reported to the responsible Individual/Department to insure appropriate corrections are initiated/completed (i.e. work order, corrective action, etc.).