



SCHOOL PRE-INSPECTION INFORMATION

School Name:	
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Lead Custodian Name:	
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Lead Custodians should fill out this questionnaire, sign once completed, and turn into the Safety and Health Department at Central Office. This will accompany your School Inspection that is performed.

PERSONAL PROTECTIVE EQUIPMENT- LIST EACH CUSTODIAL STAFF MEMBER					
List name of each custodial staff member	Safety glasses- Y or N?	Ear plugs- Y or N?	Leather-type Working Gloves- Y or N?	Stripping Shoes- Y or N?	Masks- Y or N?

If any of the above employees do not have personal protective equipment, please contact the custodial foreman.

OUTSIDE: Is there any sidewalk damage?	YES	NO	<i>If yes, please enter work order # here:</i>	
GYMNASIUM: Did emergency lighting work during the last power outage?	YES	NO	<i>If no, please enter work order # here:</i>	

Lead Custodian Signature:	Date:
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