

School _____

Team Member(s) _____

Building Location _____

Date ___/___/___ Time _____ # Present _____

Checklist: **MASTER INDOOR**

INSTRUCTIONS: *Place a check mark in the appropriate column and explain each “Needs Attention” response.*

	Okay	Needs Attention	Comments
Ceiling to Floor			
1. No unusual/offensive odors/noises.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. All ceiling tiles present; no broken tiles; no stained tiles	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Light fixtures intact and working	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. No items hung from ceiling impeding air flow	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Ceiling vents appear clean and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Walls show no signs of water damage/mold/paint irregularities	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Wall Fixtures securely fastened (<i>i.e. Blackboards, handrails, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. All windows closed and/or locked, No broken windows.	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Baseboards intact: no gaps where wall and floor join.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Exit doors are accessible and not blocked – barrier mats present	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. No structural or physical gaps around doors	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. No sign of water entry on floor by outside exits or around windows	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. No wet/odorous stains on carpet	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Non-skid mats (<i>or other non-skid surface</i>) on steps	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Floor covers secure (tiles, carpets, wood board, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Room appears clean and dust free (<i>appears to have been vacuumed</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Barrier mats vacuumed well daily	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. No books, boxes or furniture placed in front of vents	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Checklist: **MASTER INDOOR**

	Okay	Needs Attention	Comments
19. All non-ceiling vents appear clean and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. No food scraps/dirty lunch boxes left in room	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. No aerosol or plug-in air fresheners in use - comment if found	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. No signs of insects or animal infestation	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Fish tanks are clean and located away from vents	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Supplies are properly stored or containers closed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moisture	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. If plants are present, is there waterproof barrier in place	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. No condensation on ceilings, walls, doors, etc. Evidence of humidity problem?	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Sinks/fountains are all in working order/no leaks, drain quickly	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. No standing water in sinks, fountains or on counter	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Carpet nearby sinks, fountains, etc. is dry	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Soap and paper towels available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. All electrical outlets secure, no frayed wires on equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. All electrical cords secured and not extending across walkways	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. No extension cords used, document any encountered	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. No electrical equipment near sinks or sources of water	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Exposed / disconnected wires?	<input type="checkbox"/>	<input type="checkbox"/>	_____