

 School:
 Month/Year:

 All inspections should be guided by Procedure 6.40 Building and Grounds: Inspections.

 All deficiencies need to be noted on 6.40A Buildings and Grounds: Concerns.

PART A: DAILY CHECKS (interior, exterior including playground, exits)									
Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials
М		Μ		М		М		М	
Т		Т		Т		Т		Т	
W		W		W		W		W	
Th		Th		Th		Th		Th	
F		F		F		F		F	

PART B: WEEKLY INSPECTIONS (playground)				
Wk1 Date:	Wk2 Date:	Wk 3 Date:	Wk 4 Date:	Wk 5 Date:
Initials:	Initials:	Initials:	Initials:	Initials:

PART C: MONTHLY INSPECTIONS				
Gymnasium	Date Completed:	Initials:		
Automated external defibrillator	Date Completed:	Initials:		
Fire extinguishers	Date Completed:	Initials:		

The inspections listed above have been completed as indicated.				
Head Custodian Signature:	Date:			
Cubmit to Dringing on last day of the mar	*h			
Submit to Principal on last day of the month.				

PART D: MONTH END This month's School Safety and Maintenance Walk – Through has been completed. Head Custodian Signature: Date: Principal Signature: Date:

Principal Only: Report any lockdown or evacuation drills completed this month.				
Type of drill:	Date Completed:	Principal's Initials:		
Type of drill:	Date Completed:	Principal's Initials:		
Type of drill:	Date Completed:	Principal's Initials:		

Submit copy to Buildings Supervisor and Safety Officer