

School Name: _____

Principal: _____

Date: _____

Master Walk-Through Checklist and Look-Fors

Instructions: Place a check mark in “Needs Attention” if there is an issue. Provide the Room number or location. Check **SR** if it is a School responsibility or **FR** if it is a Facilities responsibility. Explain if necessary, in the Comments box. You may also use the comments box to give positive feedback.

	N	Room /Location	SR	FR	Comments
1. No unusual or offensive odors, or temperature discomfort					
2. No Air Fresheners					
3. No food, dirty lunch boxes, etc. left in room					
4. Vents are clean and unobstructed					
5. Temperature sensors are not blocked					
6. Area appears clean and dust free					
7. No signs of animal infestation					
8. Ceiling tiles present; no broken, stained, or painted					
9. Walls show no signs of water damage/ mildew/ paint irregularities					
10. No condensation or other evidence of humidity on ceilings, walls, doors, etc.					
11. Limited use of non-issued HCPSS furniture and appliances					
12. No excessive fabric materials, stuffed animals, beanbags, pillows, etc					
13. No structural or physical gaps around exit doors					
14. No improperly stored materials/chemicals					

IEQ School Team Leader: _____

IEQ County Coordinator: _____

Complete Facility Inspection:

Note: The first 14 items are the most common “look fors.” Additional items are listed below.

____Yes ____No

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	N	Room /Location	SR	FR	Comments
15. Floor coverings are level and secure (tile, carpets, wood board, etc.)					
16. Barrier mats vacuumed well					
17. Fish tanks are clean and located away from vents/thermostats					
18. Waterproof barriers in place for plants and no standing water					
19. Sinks and fountains drain quickly and work properly including absence of leaks					
20. No standing water in sinks, fountains, on counter					
21. Carpet dry nearby sinks, fountains					
22. Soap and paper towels available					
23. All electrical outlets secure, no frayed wires on equipment					
24. All electrical cords secured and not extending across walkways					
25. No extension cords used as permanent wiring					
26. No electrical equipment near sinks or source of water					
27. No exposed disconnected wires					
Adjacent School Grounds					
	N	Room /Location	SR	FR	Comments
28. No litter					
29. No large insect populations (wasps, bees)					
30. Awnings secure; no leaks					

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	N	Room /Location	SR	FR	Comments
31. Shrubbery not near vents or windows which can be opened					
32. Trees do not provide access to roof					
33. No broken windows					
34. Windows are closed					
35. Exterior doors are closed					
36. No pools of standing/stagnant water					
37. Exterior veneer intact					
38. Outside lights working and intact					
39. Gutters and downspouts clear/working					
40. No stains from roof on outside walls					
41. Bins for garbage and recycling clearly marked					
42. Hard surfaces (sidewalks, etc.) cleared of any turf application					
43. Proper maintenance of planted beds and other vegetation					
44. Landscaping and turf look healthy and disease free					
Item Number	R/Loc	Comments:			
		Re-Inspection Required Within 30 Days: ____ Yes ____ No			