Division of Public School Academic Facilities and Transportation
Maintenance Inspection Report

Report # _____
(District LEA / Campus LEA / # of visits to District)

Type _____
Select Type Inspection

1. District name _____

Date _____

2. Building *(facility)* _____

LEA # _____

4. Academic or Non-Academic? _____
Select Outcome

3. Grade configuration _____

5. Walk-thru of facility conducted? _____
Select Outcome

	SF	Date
SF & Date of facility *(original)*		
SF & Date of facility *(addition)*		
SF & Date of facility *(addition)*		
Total SF of facility	0	

6. GPS Coordinates of Facility _____
Yes or No

North _____

West _____

7. Corrective Maintenance / Preventative Maintenance items observed - *2 Step Process*
STEP #1 - *(**Checked** = Visual inspection of system or component, **N/A** = Not Applicable, **N/C** = Not Checked)*
STEP #2 - *Select Outcome* *on second line*

_____ Roofs
_____
Select Outcome

_____ Exit Lights
_____
Select Outcome

_____ HVAC System
_____
Select Outcome

_____ Hot Water Boilers & Heaters
_____
Select Outcome

_____ Doors / Windows
_____
Select Outcome

_____ Emergency Lighting
_____
Select Outcome

_____ Grounds Maintenance
_____
Select Outcome

_____ Kitchen / Equipment
_____
Select Outcome

_____ Playground Equipment
_____
Select Outcome

_____ Fire Sprinkler Systems
_____
Select Outcome

_____ Elevators & Wheelchair Lifts
_____
Select Outcome

_____ Interior / Exterior Finishes
_____
Select Outcome

_____ Compliance, Fire Lanes, Bus / Car Unloading Areas
_____
Select Outcome

_____ Shop Equipment
_____

Type of Roof
_____
Select Type of Roof

_____ Plumbing
_____
Select Outcome

_____ Fire Safety
_____
Select Outcome

_____ Electrical System
_____
Select Outcome

_____ Interior / Exterior Lighting
_____
Select Outcome

_____ Floor Coverings
_____
Select Outcome

_____ Fire Extinguishers
_____
Select Outcome

_____ Fire Alarm
_____
Select Outcome

_____ Stairwells
_____
Select Outcome

_____ Athletic Field Maintenance
_____
Select Outcome

_____ Kitchen Hood Vent / Suppression Systems
_____
Select Outcome

_____ Masonry & Concrete Building Exteriors
_____
Select Outcome

_____ Sidewalks, Driveways, Parking Areas, & Paved Play Areas
_____
Select Outcome

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Select Outcome

8. Custodial including Equipment and Storage - 2 Step Process
STEP #1 - *(**Checked** = Visual inspection of system or component, **N/A** = Not Applicable, **N/C** = Not Checked)*
STEP #2 - *Select Outcome* on second line

_____ **Storage Areas** _____ *Select Outcome*

_____ **Restrooms** _____ *Select Outcome*

_____ **Hallways / Classrooms / Offices** _____ *Select Outcome*

_____ **Gymnasiums / Locker Rooms** _____ *Select Outcome*

ACTION ITEMS - Follow-up required. *Add additional pages, if necessary.*

9. Action Items Requested *(See Items noted above in the "Corrective Maintenance / Preventative Maintenance" section)*
All corrective and preventative maintenance items checked appear to be well maintained except:

A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	
V	
W	
X	
Y	
Z	

All observations are external. No performance tests were conducted.
Any noted observations were reported to District personnel.

INSTRUCTIONS TO DISTRICT PERSONNEL

Please (#1) create a Work Order in C.M.M.S. (SchoolDude) for all appropriate item(s) noted, then *(#2)* e-mail the Work Order number(s) to the Division Representative so progress toward completion may be tracked.

Division Representative _____ **Position** _____

School District Representative _____ **Position** _____

Please contact the Division Representative if you have any questions or concerns about this report.
Thank you, in advance, for your cooperation.

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ACTION ITEMS - Follow-up required. ***Add additional pages, if necessary.***

9. Action Items Requested *(See Items noted above in the "Corrective Maintenance / Preventative Maintenance" section)*

All corrective and preventative maintenance items checked appear to be well maintained except:

AA	
BB	
CC	
DD	
EE	
FF	
GG	
HH	
II	
JJ	
KK	
LL	
MM	
NN	
OO	
PP	
QQ	
RR	
SS	
TT	
UU	
VV	
WW	
XX	
YY	
ZZ	