

School _____

Team Member(s) _____

Building Location _____

Date ___/___/___ Time _____ # Present _____

Checklist: CUSTODIAN CLOSET

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

	Okay	Needs Attention	Comments
Safety, handling, disposal and storage practices			
1. No odors	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. All cleaning supply storage areas are vented to the outside of the building – no back draft	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Procedures for cleaning spills are posted and understandable	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. All cleaning supplies are sealed in airtight containers (<i>Each is clearly and properly marked</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Gas and other combustibles are not present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dust Control			
6. Micro-filtration bags are used in vacuums	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Hand-held feather-type dusters are wrapped in a dust cloth or plastic bag when not in use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signs of Water Damage			
8. No stains on ceilings, walls, floors and porous materials	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Hot and cold sink faucets work	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. All floor drains, work basins, troughs, water-fountains, and sinks have clean unobstructed and free flowing drains (<i>pour one quart water down each drain or run faucets for 30 seconds</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. All drains have protective coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____