

School _____

Team Member(s) _____

Building Location _____

Date ___/___/___ Time _____ # Present _____

Checklist: MECHANICAL/EQUIPMENT STORAGE

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

	Okay	Needs Attention	Comments
1. No odors in room or around equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Procedures for cleaning spills are posted and understandable	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. All garbage is placed in outside receptacles	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Areas is vented to the outside of the building – no back draft	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. No gas, other combustibles or cleaning supplies stored here	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. No snow blowers or mowers are present	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. All floor drains, work basins, troughs, water-fountains, and sinks have clean, unobstructed and free flowing drains (<i>pour one qt. water down each drain or run faucets for 30 seconds</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. All drains have protective coverings	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. If present – hot and cold sink faucets function properly	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. No stains/leaks on ceilings, walls, floors and porous materials	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. No Broken or leaky windows	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. No standing water or other liquids(<i>No evidence of spills or leaks</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Flue leaks, soot accumulation, disconnection, deterioration? (<i>This is a visual check within the building only</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____