

School _____

Team Member(s) _____

Building Location _____

Date ___/___/___ Time _____ # Present _____

Checklist: **RELOCATABLE CLASSROOMS**

INSTRUCTIONS: Complete, together with Master Indoor Checklist, for all Relocatable (“Portable”) Units. Place a check mark in the appropriate column. Use the comment area to explain each “Needs Attention” response or to communicate any concerns encountered during the walk-through.

	Okay	Needs Attention	Comments
Interior			
1. All exits are not blocked	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. No water around closet doors	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Both thermostats are set to the same temperature	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Windows can be opened	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Windows have screens	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Doormat present at all doorways	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exterior			
7. The seam between the two sides of the exterior of the portable is sealed	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. No pooling of water around the outside of the building	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Water, or condensation runoff from HVAC system, are routed away from foundation of portable	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Exterior bricks and siding intact	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety			
11. No loose or missing entrance/exit stairs or railings	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Path between relocatable and main building is safe	<input type="checkbox"/>	<input type="checkbox"/>	_____