WEEKLY AREA INSPECTION

LOCATION: _____

UTILITY
WORKER:_____

INSPECTED BY:_____DATE INSPECTED:_____

AREAS OF INSPECTION	GOOD	NEEDS IMPROVE-MENT	NEEDS IMMEDIATE ATTENTION	COMMENTS
1. WALLS & LOCKERS				
2. FLOORS				
3. CARPETED FLOORS				
4. WINDOWS & MIRRORS				
5. DESKS				
6. CHAIRS				
7. WASTEBASKETS				
8. LIGHT FIXTURES				
9. SINKS				
10. DRINKING FOUNTAINS				
11. SOAP DISPENSERS				
12. TOILET PAPER DISP.				
13. PAPER TOWEL DISP.				
14. LOCKER ROOMS				
15. SUPPLY CLOSET				
16. OFFICE				
17. FACULTY ROOM				
18. TOILETS				
19. URINALS				
20. DUSTING				
21. EQUIPMENT				
22. EXIT DOORS				
23. MISC.				
24. MISC.				
25. OVERALL AREA				