

FACILITIES REVIEW

Date: _____

Department _____

Teacher _____

Signature of Teacher _____

Complete in December and May

Rate the condition of each of the following items:

	December		May	
	Good	Needs Work	Good	Needs Work
1. Heating/Cooling Units				
2. Doors				
3. Locks				
4. Ceilings				
5. Ventilation				
6. Paint				
7. Carpet/Tile/Flooring				
8. Restroom-Walls				
-Ceiling				
-Flooring				
-Smoke Detector				
-Commode				
-Urinal				
-Sink				
9. Tool Room				
10. Shop Area				
11. Entrance to Department				
12. Display Case				
13. Lights				
14. Water/Plumbing				
15. Electrical outlets				
16. Windows				
17. Clean and orderly				
18. Handicapped access				