

Summer Maintenance/Repair Checklist Sheet

Room No. _____ Hall _____

Office: _____

Painting

- Bookshelves
- Walls
- Ceiling Tile
- Cabinets
- Desk
- Interior Doors
- Exterior Doors
- Other: _____
- Other: _____
- Other: _____

Floors

- Dust Mop
- Stripped
- Barnished
- Waxed
- Tile Replacement
- Staines Removed
- Buffing/sanding
- Other: _____

Cleaning

- High Dusting
- Low Dusting
- Book Shelves
- Cabinets
- Mini Blinds
- Walls
- Floors
- Chalk/White Board
- Trash Cans
- Desk/Chairs
- Teacher's Desk/chair
- Windows
- Tables
- Doors
- Sink/Facuets
- Excessive paint removal
- Stain/graffitti removal
- Bathroom
- Other: _____

Repairs

- | | |
|---|---|
| <input type="checkbox"/> Celing Tile | <input type="checkbox"/> Pencil Sharpners |
| <input type="checkbox"/> Floors | <input type="checkbox"/> Data Strips |
| <input type="checkbox"/> Bookshelves | <input type="checkbox"/> Cable Cords |
| <input type="checkbox"/> Cabinet | <input type="checkbox"/> Air conditioner |
| <input type="checkbox"/> Chalk Board | <input type="checkbox"/> Light-Bulb Replacement |
| <input type="checkbox"/> White Board | <input type="checkbox"/> Light Switch |
| <input type="checkbox"/> Chalk Tray | <input type="checkbox"/> Lighting Fixture Replacement |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Bulb Replacement |
| <input type="checkbox"/> Electrical Outlets | <input type="checkbox"/> Bathroom /Fixtures |
| <input type="checkbox"/> Desk/Chair | <input type="checkbox"/> Water Fountain |
| <input type="checkbox"/> Teacher's Desk | <input type="checkbox"/> Tables |
| <input type="checkbox"/> Wall Repair's | |
| <input type="checkbox"/> Door | |
| <input type="checkbox"/> Other: _____ | |

Completion Sign Off

Custodian Signature: _____

Maintenance Signature: _____

Custodian Supervisor _____

SOM Signature _____

Completion Date: _____