

CUSTODIAL ZONE

Maintenance/Set-Up Checklist

Teacher: _____ Room Number: _____

Please verify the status of the items below in your classroom. Note any specific concerns to be addressed.

Room Information	Operational	Needs Attention
Pencil Sharpener		
Windows		
Window Coverings		
Lighting		
Paint/Walls		
Doors and Locks		
Cabinet Doors and Sinks		
Ceiling Tiles and/or Leaks		

Specific Concerns (use back of form if necessary):

CLASSROOM SET-UP

Please sketch your classroom set-up (draw on back if necessary).

