



UNITED INDEPENDENT SCHOOL DISTRICT

SCHOOL HEALTH PROGRAM

SANITATION REVIEW FORM

WATER FOUNTAINS

LOCATION _____

_____ Fountain Works
_____ Water drains well
_____ Fountain is clean

LOCATION _____

_____ Fountain Works
_____ Water drains well
_____ Fountain is clean.

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_____ Water drains well
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_____ Water drains well.
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LOCATION _____

_____ Fountain Works
_____ Water drains well.
_____ Fountain is clean.

CAMPUS WASTE RECEPTACLE/ DUMPSTER (S)

LOCATION: _____

_____ Lined
_____ Area Clean

COMMENT (S): _____

LOCATION: _____

_____ Lined
_____ Area Clean

COMMENT (S): _____

LOCATION: _____

_____ Lined
_____ Area Clean

COMMENT (S): _____



UNITED INDEPENDENT SCHOOL DISTRICT

SCHOOL HEALTH PROGRAM

SANITATION REVIEW FORM

SCHOOL _____

DATE _____

INSPECTED BY _____

TIME _____

BATHROOM Location _____

Girls' _____ Boys' _____

<u>ITEM</u>	<u>CLEANLINESS</u>	<u>COMMENT (s)</u>
_____ Toilet Paper	_____ Good	_____
_____ Soap		_____
_____ Paper Towels	_____ Fair	_____
_____ Waste Receptacle		_____
_____ Plumbing (drains well)	_____ Poor	_____
_____ Blower (works)		_____

BATHROOM Location _____

Girls' _____ Boys' _____

<u>ITEM</u>	<u>CLEANLINESS</u>	<u>COMMENT (s)</u>
_____ Toilet Paper	_____ Good	_____
_____ Soap		_____
_____ Paper Towels	_____ Fair	_____
_____ Waste Receptacle		_____
_____ Plumbing (drains well)	_____ Poor	_____
_____ Blower (works)		_____

BATHROOM: Location _____

Girls' _____ Boys' _____

<u>ITEM</u>	<u>CLEANLINESS</u>	<u>COMMENT (s)</u>
_____ Toilet Paper	_____ Good	_____
_____ Soap		_____
_____ Paper Towels	_____ Fair	_____
_____ Waste Receptacle		_____
_____ Plumbing (drains well)	_____ Poor	_____
_____ Blower (works)		_____