CUSTODIAL WORK BEAT INSPECTION FORM										3 _ M	IFFTS	STA	NDA	RD.			
School:										3 – MEETS STANDARD 2 – REQUIRES IMPROVEMENT							
Name:											1 – UNSATISFACTORY 0 – NOT INSPECTED						
Date: Time:										0 11	OI II.	DI L	, 111				
Room#	Trashcans/ Pencil Sharpener		Dusting		Walls/Doors Windows/ Ledges		Furniture Cleaned/ Straightened		Sinks/ Mirrors		Sweeping/ Vacuuming/ Spot Mopping		Lights/ Dispensers				
Restroom	Sinks		Toilets/ Urinals		Walls		Mirrors		Floors		Trashcans/ Sanitary cans		Dispensers				
Hallways:	Dusting		Swe		veeping	eeping		Mopping		Doors/ Ledge		Win		ndows/			
Outside Sweeping	Graffiti			Drinking Fountains				Litte	r		Gum on sidew		valks				
Summary: Inspected by:	:						Overa	all Ratin	g:								
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Received by:			ionto -	no.c==	nt O1	x; th at 41-	info	ion ···	ovi a	d by-	mn1	o Tri-:	. fo	io need t-			
Signature does communicate re formal perform	esults of p	periodic ir															