

NORTH CAROLINA STATE BOARD OF EDUCATION  
SCHOOL SANITATION MONTHLY REPORT

	Name of School		Principal
		Yes	No
1.	Does municipal or on-site water supply system appear to be adequate and safe for human consumption (absence of offensive taste, odor, and foreign matter).....	_____	_____
	If an on-site or private water supply is utilized, is a sanitary seal in the well casing?.....	_____	_____
	If well house is provided, is it clean, free of storage, and locked?..	_____	_____
2.	Are drinking fountains in good repair, provided with adequate water pressure, and regulated?.....	_____	_____
	Are drinking fountains cleaned especially inside guard?.....	_____	_____
	Are floor and wall areas cleaned routinely behind drinking fountains?.....	_____	_____
3.	Does municipal or on-site sewage disposal system appear to be functioning properly?.....	_____	_____
	If surface sand filter is utilized, is sand free of vegetation and sludge and is effluent uniformly distributed?.....	_____	_____
	If a package treatment plant is utilized, does it appear to function properly?.....	_____	_____
	If nitrification field is utilized, does it appear to function properly, and is vegetation controlled (absence of surfacing effluent, erosion, or standing water)?.....	_____	_____
4.	Are toilet floors, walls, and ceilings in good repair and cleaned routinely?.....	_____	_____
	Are toilet fixtures in good repair and cleaned routinely?.....	_____	_____
	Are toilet rooms free of odors?.....	_____	_____
5.	Are lavatories and hair catchers cleaned routinely?.....	_____	_____
	Are lavatories in good repair (absence of leaking faucets)?.....	_____	_____
	Are soap, towels, and waste containers provided?.....	_____	_____
6.	Are floors, walls, and ceilings in good repair and cleaned routinely?.....	_____	_____
	Are ledges on blackboards, wall maps, bulletin boards, windowsills, cleaned routinely?.....	_____	_____
	Are areas behind radiators cleaned routine?.....	_____	_____

7. Are storage areas and utility sinks cleaned routine?..... \_\_\_ \_\_\_  
Is storage arranged so as to facilitate cleaning?..... \_\_\_ \_\_\_  
Are buildings free of rodents and other vermin?..... \_\_\_ \_\_\_
8. Are light fixtures, windows, drapes, blinds, and transoms in good  
repair and cleaned routinely?..... \_\_\_ \_\_\_
9. Is ventilation equipment such as air conditioners, vents, etc. in  
good repair and cleaned routinely?..... \_\_\_ \_\_\_
10. Is solid waste and/or garbage properly stored prior to disposal?..... \_\_\_ \_\_\_  
Are facilities for washing dumpsters and/or garbage cans provided  
and are containers cleaned routinely?..... \_\_\_ \_\_\_
11. Are gymnasium facilities, and shower floors and walls in good  
repair, free of odors and mildew, and cleaned routinely?..... \_\_\_ \_\_\_  
Are personal items, athletic equipment, etc. properly stored?..... \_\_\_ \_\_\_
12. Are premises and surroundings free of litter?..... \_\_\_ \_\_\_  
Are premises free of those conditions which promote insect and  
rodent breeding?..... \_\_\_ \_\_\_

Please give a brief explanation of any above mentioned discrepancies or other areas of concern (use back of sheet if necessary). Make sure appropriate officials are notified of such discrepancies or areas of concern. Also, please contact the local sanitarian if further assistance is needed.

\_\_\_\_\_  
(Date) Signed: \_\_\_\_\_ \_\_\_\_\_  
(Title)