

Times Room Inspection

School _____ Room# _____ Date _____

	YES	NO	N/A	<i>PLEASE ANSWER ALL QUESTIONS</i>
1.				I keep my classroom clean and clutter-free
2.				My classroom is dusted and vacuumed regularly
3.				Trash is removed daily from my classroom
4.				My classroom is free of pests
5.				My classroom is free of pets
6.				I have fire exit maps of the school in my room
7.				Indoor wall surfaces are free of condensation
8.				Areas under and around sinks are free of leaks
9.				Classroom bathrooms are free of leaks
10.				Ceiling tiles and walls are free of leaks (discoloration may indicate a leak)
11.				My classroom is usually at a comfortable temperature
12.				I am the only teacher that uses my classroom
13.				My classroom has an exterior window
14.				Food is kept in my room overnight
15.				My classroom has a play-box with sand, rice, macaroni, etc.
16.				Animal food is stored in my room
17.				I have plants in my room
18.				I use household chemicals in my room
19.				I have chemicals/combustibles in the classroom
20.				My classroom is drafty
21.				My classroom has a microwave
22.				My classroom sometimes smells like vehicle exhaust
23.				My classroom has kitchen/food odors
24.				My classroom has a musty odor smell
25.				I store items in cardboard boxes in my classroom
26.				My classroom has upholstered furniture
27.				My classroom has scented candles or deodorizers
28.				My classroom has new furniture, computers or polypropylene toys
29.				I and/or my students sometime sit on the floor
30.				I use paint and/or aerosols in my room
31.				My classroom has a refrigerator
32.				My classroom has an old chalkboard
33.				I use propane in my classroom or on school grounds
34.				I have extension cords in my room
35.				I use surge protectors for my computer
36.				I have a power strip plugged into a power strip
37.				My classroom has an adjoining bathroom

38. Comments or ideas: