

### BUILDING MAINTENANCE INSPECTION

School: \_\_\_\_\_ Date: \_\_\_\_\_

Present: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been electric power outages in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
How Many \_\_\_\_\_

Have emergency lights operated successfully during power outages:  
Emergency generator \_\_\_\_\_ Batter Pack(s) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Has the primary electric power been serviced? Yes \_\_\_\_\_ No \_\_\_\_\_

Has a certificate of inspection for each boiler been issued for the current year? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the heating system been out of operation during the last heating season? Yes \_\_\_\_\_ No \_\_\_\_\_

Have heating and/or cooling systems operated during the last heating season? Yes \_\_\_\_\_ No \_\_\_\_\_

Date(s) of Inspection: \_\_\_\_\_ Inspection Made By: \_\_\_\_\_

Day: \_\_\_\_\_  
Date: \_\_\_\_\_  
Start: \_\_\_\_\_  
Stop: \_\_\_\_\_  
Start: \_\_\_\_\_  
Finish: \_\_\_\_\_

Overall Rating: \_\_\_\_\_ Inspector: \_\_\_\_\_

PSC. No. \_\_\_\_\_