

**KENT INTERMEDIATE SCHOOL DISTRICT
QUALITY IMPROVEMENT/DAILY INSPECTION FORM**

Location: _____ Associate: _____

Date: _____ Room/Area: _____

Factor		Clean		Factor		Clean	
		S	U			S	U
1. Floors	4			Entrances			
2. Walls	4			24. Doors	4		
3. Doors	3			25. Windows	4		
4. Door Hardware	2			26. Floors	4		
5. Vents	2			27. Walls	4		
6. Window	3			28. Mats	4		
7. Window Hardware	2			29. Receptacles	4		
8. Furniture	2			Misc. Area			
9. Unit Vents/Perimeter	2			30. Floors	4		
10. Lights	2			31. Walls	4		
11. Neat	2			32. Doors	3		
				33. Window	3		
Restroom/Shower				34. Lockers	3		
12. Floors	4			35. Drinking Fountains	4		
13. Walls	4			Supplies/Equipment			
14. Shower	4			36. Closet	4		
15. Toilet	4			37. Cart	4		
16. Sink	4			38. Equipment	4		
17. Urinal	4			39.			
18. Mirror	4			Hospitality			
19. Dispensers	3			40. Helpful	5		
20. Vents	3			41. Courteous	5		
21. Drains	3			42. Friendly	5		
22. Doors	4			43.			
23. Trash Receptacles	2						

28

24

21

43

12

15

143

Efficiency _____
Cleanliness _____% Condition _____% Total Ratings: _____

Comments for unsatisfactory rating: _____ Hospitality: _____

Corrective Action:

Area Inspected by: _____ With Associate: _____