

SUVA CITY COUNCIL

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Health Services Department



SCHOOL INSPECTION REPORT SHEET.

GENERAL INFORMATION:

1. NAME OF SCHOOL:
2. LOCATION:
3. POSTAL ADDRESS:
4. ADMINISTERED BY:
5. NAME OF HEADTEACHER/ PRINCIPAL:
6. BOARD MEMBERS:
- CHAIRMAN:
- SECRETARY:

7. OCCUPANCY:

OCCUPANTS	MALES	FEMALES	TOTAL
No. of teachers & staff			
No. of students			
TOTAL			

8. TOILET FACILITIES:

	SEX	W/C	URINAL	WH/BASIN	SHOWER
Teachers & staff	Males				
	Females		N/A		
Students	Males				
	Females		N/A		
Provision of toilet papers					
COMMENTS					

9. GARBAGE DISPOSAL METHOD:

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10. SURROUNDINGS:

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11. DRAINAGE SYSTEM: [waste & storm water]

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12. GENERAL DESCRIPTION OF SCHOOL:

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13. CANTEEN FACILITIES & TYPE OF FOOD SOLD: [details to be recorded in inspection report "A"]

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14. CONDITIONS OF PREMISES:

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15. DEFECTS NOTED:

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16. ACTION TAKEN NON-CONFORMANCE:

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17. RE-INSPECTION:

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<p>INSPECTED BY: _____ <i>(Print Name)</i></p> <p>SIGNATURE: _____</p> <p>DATE OF INSPECTION: _____</p>	<p>.....</p> <p>.....</p> <p>School representative & signature</p>
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