

CHECKLIST SCHOOL ENTRANCES



DAILY CHECK

ARE ITEMS AVAILABLE & USABLE?	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Handwashing facility					
Water and soap at the handwashing facility					
Registration book					
Remarks					
Date					
Time of checking					
NAME & SIGNATURE					

WEEKLY CHECK

ARE POSTERS VISIBLE?

CHECK EVERY MONDAY / FIRST DAY OF THE WEEK

Make remarks, e.g. if items or posters are damaged.

Handwashing area:

School entrance:

Remarks



YES NO



YES NO



YES NO

Date

Time of checking

NAME & SIGNATURE

COMPLETED CHECKLIST VERIFIED BY:

MATRON/PATRON OF SCHOOL WASH-CLUB

SCHOOL HEAD

DATE SUBMITTED



CHECKLIST CLASSROOMS

CLASS ADVISER/TEACHER: _____

CLASSROOM NO/SECTION: _____



DAILY CHECK

ARE ITEMS DONE?	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Students wear a mask inside the classroom					
Handwashing facility with water and soap is readily accessible from the classroom					
Classroom is arranged for physical distancing – maximum 45 students in the classroom					
Windows and doors are open to improve air circulation					
Classroom and desks are cleaned with water and soap					
Remarks					
Date					
Time of checking					
NAME & SIGNATURE					

Monitor and report to the school head on irregular absenteeism patterns among students

WEEKLY CHECK

ARE POSTERS VISIBLE?

CHECK EVERY MONDAY / FIRST DAY OF THE WEEK

Inside the Classroom

 WASH HANDS	 WEAR FACE MASK	 MAINTAIN SPACE	 CLEAN YOUR DESK
YES <input type="radio"/>	YES <input type="radio"/>	YES <input type="radio"/>	YES <input type="radio"/>
NO <input type="radio"/>	NO <input type="radio"/>	NO <input type="radio"/>	NO <input type="radio"/>

Remarks

Date

Time of checking

NAME & SIGNATURE

COMPLETED CHECKLIST VERIFIED BY:

CLASS ADVISER / TEACHER

SCHOOL HEAD

DATE SUBMITTED



CHECKLIST TOILETS

SUPERVISING TEACHER:

TOILET LOCATION:



DAILY CHECK

ARE TOILETS AND TOILET FACILITIES CLEANED & DISINFECTED?	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
According to the toilet cleaning & disinfecting procedures										
Remarks										
Date										
Time cleaned										
NAME & SIGNATURE	AM:		AM:		AM:		AM:		AM:	
	PM:		PM:		PM:		PM:		PM:	
ARE MATERIALS AVAILABLE IN THE TOILET FOR USERS?	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Water										
Soap										
Trash bin										
Toilet brush										
Dipper/bucket										
Remarks										
Date										
Time of checking										
NAME & SIGNATURE										

COMPLETED CHECKLIST VERIFIED BY:

SUPERVISING TEACHER

SCHOOL WinS COORDINATOR / SCHOOL HEAD

DATE SUBMITTED

MAKE SURE THIS POSTER AND THE STICKERS ARE VISIBLE

