**School Name:**

|  |
| --- |
| Please fill out this checklist on the computer.  Save to your computer and send via email to EMShelpdesk@browardschools.com  |

| **WATER CHECKLIST Yes** | **No** | **Work Order #** |
| --- | --- | --- |
| **Somat Machine** |  |  |  |
| **Pressure Cleaning** |  |  |  |
| **Toilet or Faucet’s running** |  |  |  |
| **A/C Chiller or Cooling Tower** **(overflowing, excess water around tower** |  |  |  |
| **Irrigation Issues** |  |  |  |

Any other findings or comments :

Click here to enter text.

If a work order was called in, please provide Work Order number: Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Name:** | Click here to enter text. | **Date:** |
|  **Title:** | Click here to enter text. | **Date:** |

Click here to enter a date.

Click here to enter a date.