

CHECKLIST CLASSROOMS

CLASS ADVISER/TEACHER: _____

CLASSROOM NO/SECTION: _____



DAILY CHECK

ARE ITEMS DONE?	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Handwashing facility with water and soap is readily accessible from the classroom					
Classroom is arranged for physical distancing					
Windows and doors are open to improve air circulation					
Classroom is cleaned in accordance with surface cleaning and disinfecting procedure					
Remarks					
Date					
Time of checking					
NAME & SIGNATURE					

WEEKLY CHECK

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

ARE POSTERS VISIBLE?

CHECK EVERY MONDAY / FIRST DAY OF THE WEEK

Inside the Classroom

 <p>WASH HANDS</p> <p>YES <input type="radio"/></p> <p>NO <input type="radio"/></p>	 <p>WEAR FACE MASK</p> <p>YES <input type="radio"/></p> <p>NO <input type="radio"/></p>	 <p>MAINTAIN SPACE</p> <p>YES <input type="radio"/></p> <p>NO <input type="radio"/></p>	 <p>SNEEZE & COUGH? USE ELBOW</p> <p>YES <input type="radio"/></p> <p>NO <input type="radio"/></p>	 <p>SURFACE CLEANING & DISINFECTING PROCEDURES</p> <p>YES <input type="radio"/></p> <p>NO <input type="radio"/></p>
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Remarks

Date

Time of checking

NAME & SIGNATURE

COMPLETED CHECKLIST VERIFIED BY:

CLASS ADVISER / TEACHER

SCHOOL HEAD

DATE SUBMITTED

