NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF SCHOOL FACILTIES
QUARTERLY INTERIOR CAULK INSPECTION FORM

BUILDING CODE: _____ **ISC/DISTRICT:** _____ **YEAR BUILT:** _____

QUARTER: 1st (Jan, Feb, March)

DATE/INSPECTED BY (i.e. MM/DD/YYYY; Name/Title)	LOCATION/AREA (i.e. Room Number,Window Wall, Door frame)	DEFICIENCIES NOTED (i.e.Missing or Damaged Caulk)	NOTIFICATION MADE (i.e. Date, P.P. Work Request Number)	STATUS (i.e. Pending, In Progress or Complete)

Completed by: _____ **Title:** _____ **Date:** _____