

**NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF SCHOOL FACILITIES
ANNUAL SUMMARY OF QUARTERLY INTERIOR CAULK INSPECTION FORM**

BUILDING CODE: _____

ISC/DISTRICT: _____

YEAR BUILT: _____

QUARTER	DATE/INSPECTED BY <small>(i.e. MM/DD/YYYY; Name/Title)</small>	LOCATION/AREA <small>(i.e. Room Number, Window Wall, Door frame)</small>	DEFICIENCIES NOTED <small>(i.e. Missing or Damaged Caulk)</small>	NOTIFICATION MADE <small>(i.e. Date, P.P. Work Request Number)</small>	STATUS <small>(i.e. Pending, In Progress or Complete)</small>
Initial Inspection					
1st (Jan, Feb, March)					
2nd (April, May, June)					
3rd (July, Aug, Sept)					
4th (Oct, Nov, Dec)					

Completed by: _____

Title: _____

Date: _____