

SCHOOL / COLLEGES / HOSTEL INSPECTION CHECKLIST

(To be filled by Inspection Officer)

Basic Information

Name of the School / Hostel _____

UDISE Code _____

Mandal _____

Management _____

(Govt./MPP/ZPP/Aided/APTWRS/KGBV/GTWAHS/AP
SWRS/MJPBCW/APMS/Mini Gurukulam /GPS(TW)
/EMRS/Private)

Name of the Headmaster / Principal _____

Date of Inspection _____

Name & Designation of Inspecting Officer _____

I. Sanitation & Hygiene

Sl. No.	Item to be Verified	Observation / Remarks	Satisfactory (✓)	Needs Action (✗)
1	Toilets clean and functional (Boys & Girls separately)			
2	Adequate water supply to toilets			
3	Regular cleaning schedule maintained			
4	Soap/hand wash available			
5	Waste bins provided and in use			

II. Drinking Water & RO Plant

Sl. No.	Item to be Verified	Observation / Remarks	Satisfactory (✓)	Needs Action (✗)
1	Drinking water availability			
2	Water tanks cleaned recently (mention date)			
3	RO plant working condition			
4	Periodic maintenance records available			
5	Water quality testing done			

III. Kitchen & Dining

Sl. No.	Item to be Verified	Observation / Remarks	Satisfactory (✓)	Needs Action (✗)
1	Kitchen clean and smoke-free			
2	Cooking utensils clean and sufficient			
3	Food grain storage clean, dry, pest-free			
4	Mid-Day Meal prepared hygienically			
5	Dining area clean with proper seating			
6	Waste food disposal system in place			

IV. Classrooms & Campus

Sl. No.	Item to be Verified	Observation / Remarks	Satisfactory (✓)	Needs Action (✖)
1	Classrooms clean and well-ventilated			
2	Seating arrangements adequate			
3	Ceiling fans/lights working			
4	Blackboard/Teaching aids in good condition			
5	Campus surroundings clean			

V. Water Drainage & Waste Management

Sl. No.	Item to be Verified	Observation / Remarks	Satisfactory (✓)	Needs Action (✖)
1	Proper drainage of wastewater			
2	No stagnation of dirty water			
3	Waste segregated and disposed properly			
4	Compost pit / waste disposal area maintained			

VI. Health & Safety

Sl. No.	Item to be Verified	Observation / Remarks	Satisfactory (✓)	Needs Action (✖)
1	First aid box available and updated			
2	Health records of students maintained			
3	Sick students identified and referred to hospital			
4	Fire extinguisher / safety measures available			
5	Any health issues observed (specify)			

VII. Hostels / Residential Schools Only

Sl. No.	Item to be Verified	Observation / Remarks	Satisfactory (✓)	Needs Action (✖)
1	Dormitories clean and ventilated			
2	Adequate bedding for all students			
3	Separate toilets/bathrooms for boys & girls			
4	Wardens staying on campus			
5	Night attendance register maintained			

VIII. Documentation

Sl. No.	Item to be Verified	Observation / Remarks
1	Inspection register maintained	
2	School complex HM inspection report filed	
3	MEO / Dy.EO remarks noted	
4	Photos attached	
5	Follow-up actions initiated	

Remarks / Observations by Inspecting Officer

Signature of the HM/Principal

Name: _____

Date: _____

Contact No: _____

Signature of Inspecting Officer

Name: _____

Designation: _____

Date: _____

Contact No: _____