



# "KEEPING YOUR KIDS HEALTHY" SCHOOL PROGRAM



## ▲ COMPLIMENTARY BASELINE SCHOOL ASSESSMENT

YOUR SCHOOL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CONTACT NAME \_\_\_\_\_  
 CONTACT TELEPHONE # \_\_\_\_\_  
 CONTACT EMAIL \_\_\_\_\_

Please check ALL that apply:

- |                                       |                                      |                                  |
|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Preschool    | <input type="checkbox"/> Middle      | <input type="checkbox"/> Private |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> High School | <input type="checkbox"/> Public  |
| <input type="checkbox"/> Elementary   | <input type="checkbox"/> College     |                                  |

Please complete ALL that apply:

No. of Buildings \_\_\_ No. of Classrooms \_\_\_ No. of Restrooms \_\_\_ No. of Offices \_\_\_

Cafeteria:  no  yes

Auditorium:  no  yes

Nurse's office:  no  yes

Gymnasium:  no  yes

Teachers' Lounge:  no  yes

Locker Rooms:  no  yes

Size of custodial staff \_\_\_\_\_

Do you currently have written protocols in place  no  yes

Do you currently provide disinfection/infection control training to your  
custodial staff  no  yes

Other disinfection concerns: \_\_\_\_\_  
\_\_\_\_\_

Return completed baseline questionnaire to [techcenter@artemisbiosolutions.com](mailto:techcenter@artemisbiosolutions.com)