



**Milford Public Schools
CUSTODIAL SURVEY**

SCHOOL NAME: _____
DATE OF SURVEY: _____
NAME OF SURVEYOR & DEPT.: _____

RATE 0 – 5
0=WORST
5=BEST

CUSTOMER RELATIONSHIP

SET UP OF EVENTS

BATHROOMS

FLOORS AND HALLWAYS

DETAIL CLEANINGS

TOTAL POINTS

COMMENTS (Please be brief)

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