



## Green Cleaning Survey for Schools

Contact Information		
Primary Contact:	Phone:	Email:
Secondary Contact:	Phone:	Email:
Additional Contact:	Phone:	Email:
School District:		
Street Address, City, State, Zip:		
Schools Participating		
Names and Types of schools (elementary, middle, or high school) available for the pilot:		
Do you have interest from custodial staff in green cleaning? If yes, please briefly describe.		
Current Purchasing Practices		
How do you purchase your cleaning products?		
<input type="checkbox"/> Purchase materials as needed	<input type="checkbox"/> Purchase materials through procurement contracts <i>(please answer additional questions below)</i>	
<input type="checkbox"/> Other (Explain) _____		
<b><i>If you purchase through procurement contracts, please answer the following:</i></b>		
Does your current contract include any green specifications?	When does your current contract expire?	
List your existing vendors for janitorial supplies:		
Type of Training Desired		
<i>Choose all that apply:</i>		
<input type="checkbox"/> Legal compliance for handling of hazardous materials, MRSA req'ts	<input type="checkbox"/> How to select safer, healthier products	
<input type="checkbox"/> Worker safety	<input type="checkbox"/> Using automatic dilution equipment or other equipment	
<input type="checkbox"/> Achieving cost savings and benefits	<input type="checkbox"/> Health and environmental effects of cleaning	
<input type="checkbox"/> Cleaning for Healthy Schools Best Practices	<input type="checkbox"/> Other:	
Who is your target audience for each of the trainings selected (custodians, purchasers, facilities staff, other)?		
Priorities for Pilot Project		
<i>The main priorities will be to first evaluate the health, environment and cost attributes of the high-volume cleaning chemicals that are used most often general purpose bathroom, floor, and multipurpose cleaners. Please identify what other products you would like to address as a next priority. (choose all that apply):</i>		
<input type="checkbox"/> Disinfectants	<input type="checkbox"/> Floor finishes	<input type="checkbox"/> Floor strippers
<input type="checkbox"/> Graffiti removers	<input type="checkbox"/> Other (list below)	
Desired outcome:		Challenges:

*Note: To complete this survey, please also fill out the Green Cleaning Product Inventory Form.*



# Green Cleaning Product Evaluation for Schools



Green Cleaning Products																																										
Name:	School:	Phone Number:		Date:																																						
Green Product Name:	Name of Product Replacing:	Surfaces Used On:		Amount Used (oz per gallon):																																						
<b>Product Type:</b> <input type="checkbox"/> All-purpose Cleaner <input type="checkbox"/> Glass Cleaner <input type="checkbox"/> Disinfectant <input type="checkbox"/> Bathroom Cleaner (non-disinfecting) <input type="checkbox"/> Toilet Cleaner <input type="checkbox"/> Other _____		Please rate the product on the following attributes <i>compared to your existing product (circle rating)</i> . 1 = Very Poor performance (more work, more product needed, more time, less effective cleaning, worse smell) 5 = Exceptional performance (less work, less product needed, less time, more effective, better smell)			Other Comments:																																					
<b>Health Effects When Using Product?</b> <input type="checkbox"/> Skin rash <input type="checkbox"/> Headache <input type="checkbox"/> Wheezing <input type="checkbox"/> Chest Tightness <input type="checkbox"/> Asthma <input type="checkbox"/> None <input type="checkbox"/> Other _____		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>1 Very Poor</th> <th>2 Worse</th> <th>3 The same</th> <th>4 Better</th> <th>5 Exceptional</th> </tr> </thead> <tbody> <tr> <td>Work Effort</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Amount Used</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Cleaning Time</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Effectiveness (cleaning power)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Smell</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>						1 Very Poor	2 Worse	3 The same	4 Better	5 Exceptional	Work Effort	1	2	3	4	5	Amount Used	1	2	3	4	5	Cleaning Time	1	2	3	4	5	Effectiveness (cleaning power)	1	2	3	4	5	Smell	1	2	3	4	5
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Best Attribute: _____  Worst Attribute: _____																																										

Dilution Equipment and Microfiber Mops																																				
Green Product Name:	Name of Product Replacing:	Surfaces Used On:		Date:																																
<b>Equipment Type:</b> <input type="checkbox"/> Microfiber Mop <input type="checkbox"/> Microfiber Cloth <input type="checkbox"/> Dilution Equipment RTD (bottle-mounted) <input type="checkbox"/> Other Dilution _____ <input type="checkbox"/> None		Please rate the product on the following attributes <i>compared to your existing product (circle rating)</i> . 1 = Very Poor performance (more work, more product needed, more time, less effective cleaning, worse smell) 5 = Exceptional performance (less work, less product needed, less time, more effective, better smell)			Other Comments:																															
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**Floor Polishes and Strippers**

<b>Name:</b>	<b>School:</b>	<b>Phone Number:</b>	<b>Date:</b>
<b>Green Product Name:</b>	<b>Name of Product Replacing:</b>	<b>Surfaces Used On:</b>	<b>Amount Used (oz per gallon):</b>

**Flooring Type Used On:**

- Vinyl
- Concrete
- Stone
- Other \_\_\_\_\_

**Health Effects When Using Product?**

- Skin rash
- Headache
- Wheezing
- Chest Tightness
- Asthma
- None
- Other \_\_\_\_\_

Please rate the product on the following attributes *compared to your existing product (circle rating)*.  
**1 = Very Poor performance (more work, more product needed, more time, less effective cleaning, worse smell)**  
**5 = Exceptional performance (less work, less product needed, less time, more effective, better smell)**

	1 Very Poor	2 Worse	3 The same	4 Better	5 Exceptional
Work Effort	1	2	3	4	5
Amount Used	1	2	3	4	5
Cleaning Time	1	2	3	4	5
Effectiveness (cleaning power)	1	2	3	4	5
Smell	1	2	3	4	5
Look	1	2	3	4	5
Resistance to Scuffs	1	2	3	4	5

**Best Attribute:**

**Worst Attribute:**

**Other Comments:**

**Do you recommend your school use this product (circle)?**

YES

NO

**Green Cleaning Program Evaluation**

Do you have any comments, suggestions or questions relating to the Green Cleaning Pilot Test?