



Campus Self-Audit

School: _____

Date: _____

Time: _____

Number of Devices On When Not in Use:													
Room	Lights	Computer	Monitor	Printer	Speakers	Laptop	Radio	Copier	Laminator	Lamp	Fan	Promethean Board	Other
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
TOTAL:													

What we did well:

Areas for improvement: