

SAFETY PROGRAM
(Facility Safety Inspection Report)

School/Site: _____ Date: _____

Inspector: _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location, and the date corrected shall be noted.

This form shall be sent to the:

- District Maintenance Supervisor
- District Superintendent/Designee
- District School Safety Coordinator

AREA INSPECTED	LOCATION(S)	CONDITION		
		Acceptable	Needs Attention	Date Corrected
GROUNDS				
Condition of steps				
Condition of walkways				
Condition of parking areas				
Handrails on all steps and ramps				
Security lights				
Holes in lawn				
Debris on grounds				
Conditions of seats/bleachers				
GENERAL AREAS				
Condition of floors				
Floors dry/not slippery				
Floor openings properly covered				
Intake vents clean				

FILE: EB-AF
Critical

AREA INSPECTED	LOCATION(S)	CONDITION		
		Acceptable	Needs Attention	Date Corrected
Exhaust vents clean				
Signs of basement water seepage				
Signs of roof leakage				
Ceiling material secure				
Water piping system				
Waste piping system				
Steam piping system				
Air piping system				
Loading dock				
Storage room(s)				
Waste disposal area(s)				
Broken Glass				
Adequate lighting in all areas				
Handrails secure				
Stair tread secure				
MEANS OF EGRESS				
Exits clearly marked				
Exits free of obstructions				
Fire doors kept closed				
Doors operate freely				
Evacuation plan(s) posted				
EMERGENCY PROCEDURES				
Written procedures				
Emergency call list posted				

AREA INSPECTED	LOCATION(S)	CONDITION		
		Acceptable	Needs Attention	Date Corrected
Personnel trained for emergencies				
First aid facilities				
First aid personnel				
MATERIAL STORAGE				
Storage areas kept clean				
Material properly stacked				
Proper lighting				
Flammable materials properly stored				
Material properly labeled				
MACHINERY/EQUIPMENT				
Condition of ladders				
Operating instructions posted				
Guards in place				
Personal protective equipment provided				
Condition of hand tools				
Condition of power tools				
Clean machinery/equipment				
Belts guarded in place				
Machinery and equipment properly anchored				
ELECTRICAL				
All electric circuits properly fused				
Condition of extension cords				
Extension cords not used extensively				

FILE: EB-AF
Critical

AREA INSPECTED	LOCATION(S)	CONDITION		
		Acceptable	Needs Attention	Date Corrected
Wiring and fixtures properly covered				
Control panels accessible				
Condition of switches and outlets				
FIRE PROTECTION				
Sprinkler valves accessible				
Sprinkler valves sealed open				
Fire alarm boxes unobstructed				
Adequate number of fire extinguishers				
Fire extinguishers properly maintained				
Standpipe and hose unobstructed and in good condition				
Automatic systems in kitchen(s) properly maintained				
Emergency lighting system operable				
Smoking properly controlled				
EMPLOYEES				
Lifting properly				
Utilizing personal protective equipment				
Using proper tool for the job				
Following prescribed job procedures				

A copy of this checklist shall be forwarded to the principal/site supervisor.

Signature of Recipient

Date

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Note: *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented:

Revised:

«AddressLine»

DRAFT