

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

Yes No NA

3	CANDO HEONERS	NAME OF SCHOOL:	Preschool	
		DATE INSPECTION CONDUCTED:	08/19/12	
		INSPECTOR'S NAME & TITLE:	Linda Richardson	
		hecklist should be used for inspecting major area ered either "YES", "NO", or "NA".	s related to safety and health in and around S	SCPS facilities. Each
2. 3.	Are all exterior doors c	re mats at entrances? ors tested weekly for ease of operation/locking lose securely by themselves?	and proper closure?	Yes No Yes No Yes No
4. 5.	Are door props are	n place and illuminated? ound exterior doors removed from premises? _		Yes No
 6. Are all windows free of cracks and broken glass? 7. Are all HVAC equipment such as pipes, ducts, air intakes, diffusers, steam lines and other heat source 			ers, steam lines and other heat sources:	Yes No
•	(b) properly in	erviceable condition and well maintained? nsulated and separated from all combustible n		Yes No
9.	Has the HVAC equipment been serviced within the past year?			
10. 11.	Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available?			
12.	Are the following a	d personnel received bloodborne pathogens training? vas free of accumulations of waste paper, rubbish, old furniture, stage scenery, flammable liquids and		
	other debris? (a) Mechanic	al Rooms and Electrical Panels?		Yes No NA
		orways/Exits? Rooms / Locker Rooms?		Yes No NA Yes No NA
13. 14.	Are areas ber	neath stairs free of storage materials and are scals (cleaning materials, gasoline, etc) labele		Yes No NA
	(a) are MSDS	S sheets on file in accordance with the hazard	communication program?,	Yes No NA
	(a) is the qua	peen taken within the past year for all chemica intity of hazardous chemicals limited as much	as practicable?	Yes No NA
17.	Are approved meta	al cans with self-closing covers/lids used for si al safety cans used for gasoline and other sim	ilar liquids?	Yes No NA Yes No NA
		anels and circuits properly labeled, effectively ers available in that no more than 100 feet tra		Yes No NA
20. 21	Have fire extinguis	shers been inspected or recharged within the	ast year?	Yes No NA
22.	Have all filters on ls all floor tile and	HVAC equipment been checked? DATE: 🚺	Jording on them	Yes No NA Yes No NA
24.	Have the grounds	been inspected for glass, pot holes, poison iv		

RETAIN ORIGINAL OF MONTHLY INSPECTION REPORT IN SCHOOL FILES; SUBMIT MONTHLY COPY TO:

26. Was a separate monthly playground inspection was conducted and documented? _____

Director of Operations, Brett N. Beaverson, 207 W. Main Street, Taylorsville, KY 40071

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